

TAXABLE YEAR

2007

# California Exempt Organization Annual Information Return

FORM

199

For calendar year 2007 or fiscal year beginning month 07 day 01 year 2007, and ending month 06 day 30 year 2008

**IMPORTANT: Your number is required.**

California corporation number

Federal employer identification number (FEIN)

1740418

77-0375841

Corporation/Organization name

CSUB Student Union, Inc

Address (including suite, room, or PMB no.)

9001 Stockdale Highway

City

State ZIP Code

Bakersfield, CA 93311

A Final return? Check applicable box. ☐ Yes ☒ No
☐ Dissolved ☐ Withdrawn ☐ Merged/Reorganized (attach explanation)

If a box is checked, enter date

B Check forms filed this year: State: ☐ 109 ☐ 100 ☐ 100S ☐ 100W Fed: ☒ 990Fed: ☐ 990EZ ☐ 990T ☐ 990PF ☐ 1041 ☐ 1120H ☐ 1120C If organization is exempt under R&TC Section 23701d and is a school, public charity, religious organization, or is controlled by a religious operation, check box. See General Instruction F. No filing fee is required. ☐D Is this a group filing? See General Instruction N ☐ Yes ☒ No

E Accounting method used: Accrual

F Type of organization ☒ Exempt under Section 23701 ☐ d (insert letter) ☐ IRC Section 4947(a)(1) trust**Part I** Complete Part I unless not required to file this form. See General Instructions B and C.

Receipts and Revenues (Enclose, but do not staple, any payment.)	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8.	1	58,417.
	2	Gross dues and assessments from members and affiliates.	2	502,962.
	3	Gross contributions, gifts, grants, and similar amounts received. See instructions.	3	
	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 C.	4	561,379.
	5	Cost of goods sold	5	
	6	Cost or other basis, and sales expenses of assets sold	6	
	7	Total costs. Add line 5 and line 6.	7	
	8	Total gross income. Subtract line 7 from line 4.	8	561,379.
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18.	9	549,917.
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8.	10	11,462.
Filing Fee	11	Filing fee \$10 or \$25. See General Instruction F.	11	10.
	12	Penalty for failure to file on time. See General Instruction L.	12	
	13	Use tax. See General Instruction M.	13	
	14	Balance due. Add line 11, line 12, and line 13.	14	10.

15 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

16 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

17 Is the organization exempt under R&TC Section 23701g? ☐ Yes ☒ No

If 'Yes,' enter amount of gross receipts from nonmember sources \$

18 Did the organization file Form 100, Form 100S, Form 100W, or Form 109 to report taxable income? ☐ Yes ☒ No

If 'Yes,' enter amount of total income reported \$

19 The financial records are in care of CSUB Student Union

Daytime telephone (661) 664-2178

located at 9001 Stockdale Highway 93311

Please Sign Here	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.	
	Signature of officer <i>Suzanne C. Muller</i>	Date 11/17/08
Paid Preparer's Use Only	Title Acctg Mgr.	
	Daytime telephone (661) 664-2178	
	Paid Preparer's signature Eric Xin <i>Eric Xin</i>	Date 11-12-08
	Firm's name (or yours, if self-employed) and address BROWN ARMSTRONG ACCOUNTANCY CORPORATION 4200 TRUXTUN AVE STE 300 BAKERSFIELD, CA 93309-0668	Check if self-employed <input type="checkbox"/> <input checked="" type="checkbox"/> Paid preparer's SSN or PTIN FEIN 95-3109182 Daytime telephone (661) 324-4971

**Part II** Organizations with gross receipts of more than \$25,000 and private foundations regardless of amount of gross receipts — complete Part II or furnish substitute information. See Specific Line Instructions.

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	1	
	2	Interest	2	
	3	Dividends	3	
	4	Gross rents	4	43,417.
	5	Gross royalties	5	
	6	Gross amount received from sale of assets	6	
	7	Other income. Attach schedule See Statement 1	7	15,000.
	8	<b>Total</b> gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1.	8	58,417.
Expenses and Disbursements	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule	9	
	10	Disbursements to or for members	10	
	11	Compensation of officers, directors, and trustees. Attach schedule See Statement 2	11	148,116.
	12	Other salaries and wages	12	141,821.
	13	Interest	13	
	14	Taxes	14	
	15	Rents	15	
	16	Depreciation and depletion	16	19,810.
	17	Other. Attach schedule See Statement 3	17	240,170.
	18	<b>Total</b> expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9.	18	549,917.

Schedule L Balance Sheets		Beginning of taxable year		End of taxable year	
Assets		(a)	(b)	(c)	(d)
1	Cash		200,036.		165,681.
2	Net accounts receivable		25,766.		17,270.
3	Net notes receivable. Attach schedule				
4	Inventories				
5	Federal and state government obligations				
6	Investments in other bonds. Attach schedule				
7	Investments in stock. Attach schedule				
8	Mortgage loans (number of loans)				
9	Other investments. Attach schedule				
10a	Depreciable assets	209,573.		234,124.	
b	Less accumulated depreciation	173,774.	35,799.	120,138.	113,986.
11	Land				
12	Other assets. Attach schedule				
13	<b>Total assets</b>		261,601.		296,937.
Liabilities and net worth					
14	Accounts payable		37,350.		96,140.
15	Contributions, gifts, or grants payable				
16	Bonds and notes payable. Attach schedule				
17	Mortgages payable		37,414.		2,498.
18	Other liabilities. Attach schedule				
19	Capital stock or principle fund		186,837.		198,299.
20	Paid-in or capital surplus. Attach reconciliation				
21	Retained earnings or income fund				
22	<b>Total liabilities and net worth</b>		261,601.		296,937.

**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	11,462.	7	Income recorded on books this year not included in this return. Attach schedule	
2	Federal income tax		8	Deductions in this return not charged against book income this year. Attach schedule	
3	Excess of capital losses over capital gains		9	<b>Total.</b> Add line 7 and line 8	
4	Income not recorded on books this year. Attach schedule		10	<b>Net income per return</b>	
5	Expenses recorded on books this year not deducted in this return. Attach schedule			Subtract line 9 from line 6.	11,462.
6	<b>Total.</b> Add line 1 through line 5	11,462.			

CSUB Student Union, Inc

77-0375841

**Statement 1**  
**Form 199, Part II, Line 7**  
**Other Income**

Program Service Revenue . . . . . Total \$ 15,000.  
 \$ 15,000.

**Statement 2**  
**Form 199, Part II, Line 11**  
**Compensation of Officers, Directors, and Trustees**

**Current Officers:**

Name and Address	Title and Average Hours Per Week Devoted	Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
Alisha Flores 9001 Stockdale Highway Bakersfield, CA 93311	Chairman 0	\$ 0.	\$ 0.	\$ 0.
Zandre Azgoue 9001 Stockdale Highway Bakersfield, CA 93311	Vice Chair 0	0.	0.	0.
Mohammed Ali 9001 Stockdale Highway Bakersfield, CA 93311	Director 0	0.	0.	0.
Eman Shurbaji 9001 Stockdale Highway Bakersfield, CA 93311	Director 0	0.	0.	0.
Maria Rubolino 9001 Stockdale Highway Bakersfield, CA 93311	Director 0	0.	0.	0.
Marilyn Hallman 9001 Stockdale Highway Bakersfield, CA 93311	Director 0	0.	0.	0.
Elena Avina 9001 Stockdale Highway Bakersfield, CA 93311	Ex-officio 0	0.	0.	0.
Wendy Martinez 9001 Stockdale Highway Bakersfield, CA 93311	Ex-officio 0	0.	0.	0.
Horace Mitchell 9001 Stockdale Highway Bakersfield, CA 93311	Ex-officio 0	0.	0.	0.
Dr Shelley Ruelas 9001 Stockdale Highway Bakersfield, CA 93311	Ex-officio 40.00	148,116.	0.	0.

CSUB Student Union, Inc

77-0375841

Statement 2 (continued)  
Form 199, Part II, Line 11  
Compensation of Officers, Directors, and Trustees

## Current Officers:

Name and Address	Title and Average Hours Per Week Devoted	Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
Mike Neal 9001 Stockdale Highway Bakersfield, CA 93311	Ex-Officio 0	\$ 0.	\$ 0.	\$ 0.
Marina Avalos-Kegley 9001 Stockdale Highway Bakersfield, CA 93311	Ex-officio 0	0.	0.	0.
Robin Flores 9001 Stockdale Highway Bakersfield, CA 93311	Secretary 0	0.	0.	0.
Laura Catherman 9001 Stockdale Highway Bakersfield, CA 93311	Treasurer 0	0.	0.	0.
Suzanne Muller 9001 Stockdale Highway Bakersfield, CA 93311	VP Finance 0	0.	0.	0.
Total		\$ 148,116.	\$ 0.	\$ 0.

Statement 3  
Form 199, Part II, Line 17  
Other Expenses

Insurance.....	\$ 6,654.
Repair and Maintenance .....	62,619.
Space Rental.....	7,111.
Supplies.....	114,356.
Telephone.....	4,265.
Travel.....	7,169.
Utilities.....	37,996.
Total	\$ 240,170.

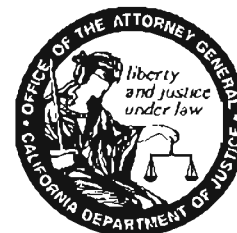
IN  
MAIL TO:  
Registry of Charitable Trusts  
P.O. Box 903447  
Sacramento, CA 94203-4470  
Telephone: (916) 445-2021

WEBSITE ADDRESS:  
<http://ag.ca.gov/charities/>

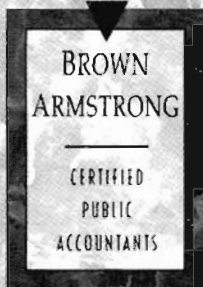
## ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code  
11 Cal. Code Regs. sections 301-307, 311 and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code Section 12586.1. IRS extensions will be honored.



State Charity Registration Number <u>93510</u>		Check if: <input type="checkbox"/> Change of address <input type="checkbox"/> Amended report	
CSUB Student Union, Inc Name of Organization		Corporate or Organization No. <u>1740418</u>	
9001 Stockdale Highway Address (Number and Street)		Federal Employer ID No. <u>77-0375841</u>	
Bakersfield, CA 93311 City or Town		State <u>CA</u> ZIP Code <u>93311</u>	
<b>ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312)</b> Make Check Payable to Attorney General's Registry of Charitable Trusts			
Gross Annual Revenue	Fee	Gross Annual Revenue	Fee
Less than \$25,000	0	Between \$100,001 and \$250,000	\$50
Between \$25,000 and \$100,000	\$25	Between \$250,001 and \$1 million	\$75
		Between \$1,000,001 and \$10 million	\$150
		Between \$10,000,001 and \$50 million	\$225
		Greater than \$50 million	\$300
<b>PART A – ACTIVITIES</b>			
For your most recent full accounting period (beginning <u>7/01/07</u> ending <u>6/30/08</u> ) list: Gross annual revenue \$ <u>561,379</u> Total assets \$ <u>296,937</u>			
<b>PART B – STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT</b>			
Note: If you answer 'yes' to any of the questions below, you must attach a separate sheet providing an explanation and details for each 'yes' response. Please review RRF-1 instructions for information required.			
	Yes	No	
1 During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2 During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
3 During this reporting period, did non-program expenditures exceed 50% of gross revenues?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
4 During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
5 During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If 'yes,' provide an attachment listing the name, address, and telephone number of the service provider.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
6 During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
7 During this reporting period, did the organization hold a raffle for charitable purposes? If 'yes,' provide an attachment indicating the number of raffles and the date(s) they occurred.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
8 Does the organization conduct a vehicle donation program? If 'yes,' provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
9 Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Organization's area code and telephone number <u>(661) 664-2178</u>			
Organization's e-mail address _____			
I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete.			
Signature of authorized officer <u>Suzanne C. Muller</u>		Printed Name <u>Suzanne C. Muller Acctg. Mgr.</u> Date <u>11/17/08</u>	



**BROWN ARMSTRONG**  
**PAULDEN McCOWN STARBUCK THORNBURGH & KEETER**  
**CERTIFIED PUBLIC ACCOUNTANTS**

■ **Main Office**  
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Tel 661-324-4971 Fax 661-324-4997  
e-mail: info@bacpas.com

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560 Central Avenue  
Shafter, California 93263  
Tel 661-746-2145 Fax 661-746-1218

Andrew J. Paulden, CPA

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Burlon H. Armstrong, CPA, MST

Steven R. Starbuck, CPA

Aileen K. Keeter, CPA

Chris M. Thornburgh, CPA

Eric H. Xin, MBA, CPA

Richard L. Halle, CPA, MST

November 10, 2008

Ms. Suzanne Muller  
C.S.U.B. Student Union, Inc  
9001 Stockdale Highway  
Bakersfield, CA 93311

Dear Ms. Muller:

Enclosed is your 2007 Federal Return of Organization Exempt from Income Tax. The original should be signed at the bottom of page nine. No tax is payable with the filing of this return. Mail your Federal return on or before November 17, 2008 to:

DEPARTMENT OF TREASURY  
INTERNAL REVENUE SERVICE  
OGDEN, UT 84201-0027

Enclosed is your 2007 California Exempt Organization Annual Information Return. The original should be signed at the bottom of page one. There is a balance due of \$10 payable by November 17, 2008. Mail the California return on or before November 17, 2008 and make the check payable to:

FRANCHISE TAX BOARD  
P.O. BOX 942857  
SACRAMENTO, CA 94257-0701

Enclosed is your California Registration/Renewal Fee Report to the Attorney General. The original should be signed at the bottom of page one. There is a fee due of \$75 payable by November 17, 2008. Make the check or money order payable to "Department of Justice" and mail your California report on or before November 17, 2008 to:

REGISTRY OF CHARITABLE TRUSTS  
P.O. BOX 903447  
SACRAMENTO, CA 94203-4470

The returns, as you know, were prepared from data made available to but not audited by us. Before executing the returns, you should review the information reported on them to determine that there are no omissions or misstatements of material facts.

We recommend mailing all tax filings via certified mail, return receipt requested, for substantiation that your documents were mailed by the required due dates.

REGISTERED with the Public Company Accounting Oversight Board and MEMBER of the American Institute of Certified Public Accountants

Harvey J. McCown, MBA, CPA

Lynn R. Krausse, CPA, MST

Rosalva Flores, CPA

Connie M. Perez, CPA

Diana H. Branthoover, CPA

Thomas M. Young, CPA

Alicia Dias, CPA, MBA

Matthew R. Gilligan, CPA

Hanna J. Sheppard, CPA

Ryan L. Nielsen, CPA

Jian Ou-Yang, CPA

Ryan S. Johnson, CPA

Jialan Su, CPA

Ariadne S. Prunus, CPA

Samuel O. Newland, CPA

Brooke N. DeCuir, CPA

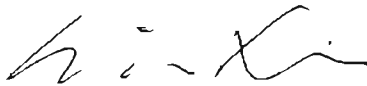
Kenneth J. Witham, CPA

Clint W. Baird, CPA

Please be sure to call us if you have any questions.

Sincerely,

BROWN ARMSTRONG PAULDEN  
McCOWN STARBUCK THORNBURGH & KEETER  
ACCOUNTANCY CORPORATION

A handwritten signature in black ink, appearing to read "Eric Xin". The signature is fluid and cursive, with the first name "Eric" and the last name "Xin" clearly distinguishable.

By: Eric Xin

Enclosure(s)

## 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)

2007

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service(77)

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

A For the 2007 calendar year, or tax year beginning 7/01, 2007, and ending 6/30, 2008

B Check if applicable:

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Termination  
☐ Amended return  
☐ Application pending

Please use  
IRS label  
or print  
or type.  
See  
specific  
instruc-  
tions.C  
CSUB Student Union, Inc  
9001 Stockdale Highway  
Bakersfield, CA 93311

D Employer identification number

77-0375841

E Telephone number

(661) 664-2178

F Accounting method:

☐ Cash ☒ Accrual☐ Other (specify) ▶• Section 501(c)(3) organizations and 4947(a)(1) nonexempt  
charitable trusts must attach a completed Schedule A  
(Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations

H (a) Is this a group return for affiliates? ☐ Yes ☒ No

H (b) If 'Yes,' enter number of affiliates ▶

H (c) Are all affiliates included? ☐ Yes ☐ No

(If 'No,' attach a list. See instructions.)

H (d) Is this a separate return filed by an

organization covered by a group ruling? ☐ Yes ☒ No

I Group Exemption Number ▶

M Check ☒ if the organization is not required  
to attach Schedule B (Form 990, 990-EZ, or 990-PF).

G Web site: ▶ N/A

J Organization type  
(check only one)▶ ☒ 501(c) 3 (insert no) ☐ 4947(a)(1) or ☐ 527K Check here ☐ if the organization is not a 509(a)(3) supporting organization and its  
gross receipts are normally not more than \$25,000. A return is not required, but if the  
organization chooses to file a return, be sure to file a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 561,379.

## Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

1 Contributions, gifts, grants, and similar amounts received:					
a Contributions to donor advised funds		1a			
b Direct public support (not included on line 1a)		1b			
c Indirect public support (not included on line 1a)		1c			
d Government contributions (grants) (not included on line 1a)		1d			
e Total (add lines 1a through 1d) (cash \$ noncash \$)		1e		0.	
2 Program service revenue including government fees and contracts (from Part VII, line 93)		2		15,000.	
3 Membership dues and assessments		3		502,962.	
4 Interest on savings and temporary cash investments		4			
5 Dividends and interest from securities		5			
6a Gross rents		6a	43,417.		
b Less: rental expenses		6b			
c Net rental income or (loss). Subtract line 6b from line 6a		6c		43,417.	
7 Other investment income (describe ▶)		7			
8a Gross amount from sales of assets other than inventory		(A) Securities		(B) Other	
b Less: cost or other basis and sales expenses		8a		8b	
c Gain or (loss) (attach schedule)		8c			
d Net gain or (loss). Combine line 8c, columns (A) and (B)		8d			
9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>					
a Gross revenue (not including \$ of contributions reported on line 1b)		9a			
b Less: direct expenses other than fundraising expenses		9b			
c Net income or (loss) from special events. Subtract line 9b from line 9a		9c			
10a Gross sales of inventory, less returns and allowances		10a			
b Less: cost of goods sold		10b			
c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a		10c			
11 Other revenue (from Part VII, line 103)		11			
12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11		12		561,379.	
13 Program services (from line 44, column (B))		13		549,917.	
14 Management and general (from line 44, column (C))		14			
15 Fundraising (from line 44, column (D))		15			
16 Payments to affiliates (attach schedule)		16			
17 Total expenses. Add lines 16 and 44, column (A)		17		549,917.	
18 Excess or (deficit) for the year. Subtract line 17 from line 12		18		11,462.	
19 Net assets or fund balances at beginning of year (from line 73, column (A))		19		186,837.	
20 Other changes in net assets or fund balances (attach explanation)		20			
21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20		21		198,299.	



**Part II Statement of Functional Expenses** All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<b>22a</b> Grants paid from donor advised funds (attach sch) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22a				
<b>22b</b> Other grants and allocations (att sch) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22b				
<b>23</b> Specific assistance to individuals (attach schedule)	23				
<b>24</b> Benefits paid to or for members (attach schedule)	24				
<b>25a</b> Compensation of current officers, directors, key employees, etc. listed in Part V-A	25a	148,116.	148,116.	0.	0.
<b>b</b> Compensation of former officers, directors, key employees, etc. listed in Part V-B	25b	0.	0.	0.	0.
<b>c</b> Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	25c	0.	0.	0.	0.
<b>26</b> Salaries and wages of employees not included on lines 25a, b, and c	26	141,821.	141,821.		
<b>27</b> Pension plan contributions not included on lines 25a, b, and c	27				
<b>28</b> Employee benefits not included on lines 25a - 27	28				
<b>29</b> Payroll taxes	29				
<b>30</b> Professional fundraising fees	30				
<b>31</b> Accounting fees	31				
<b>32</b> Legal fees	32				
<b>33</b> Supplies	33	114,356.	114,356.		
<b>34</b> Telephone	34	4,265.	4,265.		
<b>35</b> Postage and shipping	35				
<b>36</b> Occupancy	36				
<b>37</b> Equipment rental and maintenance	37				
<b>38</b> Printing and publications	38				
<b>39</b> Travel	39	7,169.	7,169.		
<b>40</b> Conferences, conventions, and meetings	40				
<b>41</b> Interest	41				
<b>42</b> Depreciation, depletion, etc (attach schedule)	42	19,810.	19,810.		
<b>43</b> Other expenses not covered above (itemize)					
<b>a Insurance</b>	43a	6,654.	6,654.		
<b>b Repair and Maintenance</b>	43b	62,619.	62,619.		
<b>c Space Rental</b>	43c	7,111.	7,111.		
<b>d Utilities</b>	43d	37,996.	37,996.		
<b>e</b>	43e				
<b>f</b>	43f				
<b>g</b>	43g				
<b>44</b> Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	44	549,917.	549,917.	0.	0.

Joint Costs. Check ☐ if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☒ No

If 'Yes,' enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_; (ii) the amount allocated to Program services \$ \_\_\_\_\_; (iii) the amount allocated to Management and general \$ \_\_\_\_\_; and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_.

**Part III** Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ▶

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

**Program Service Expenses**  
(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts but optional for others.)

a The Student Union provides various services to CSUB students. The organization organizes campus activities for students.

(Grants and allocations \$ ) If this amount includes foreign grants, check here ☐

549,917.

b

(Grants and allocations \$ ) If this amount includes foreign grants, check here ☐

c

(Grants and allocations \$ ) If this amount includes foreign grants, check here ☐

d

(Grants and allocations \$ ) If this amount includes foreign grants, check here ☐

e Other program services

(Grants and allocations \$ ) If this amount includes foreign grants, check here ☐

f Total of Program Service Expenses (should equal line 44, column (B), Program services)

549,917.

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Form 990 (2007)

**Part IV Balance Sheets** (See the instructions.)**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
<b>ASSETS</b>	45 Cash — non-interest-bearing .....		45	
	46 Savings and temporary cash investments .....	200,036.	46	165,681.
	47a Accounts receivable .....	17,270.		
	b Less: allowance for doubtful accounts .....		47c	17,270.
	48a Pledges receivable .....			
	b Less: allowance for doubtful accounts .....		48c	
	49 Grants receivable .....		49	
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule) .....		50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule) .....		50b	
	51a Other notes and loans receivable (attach schedule) .....			
	b Less: allowance for doubtful accounts .....		51c	
	52 Inventories for sale or use .....		52	
	53 Prepaid expenses and deferred charges .....		53	
	54a Investments — publicly-traded securities .....	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54a	
	b Investments — other securities (attach sch) .....	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54b	
	55a Investments — land, buildings, & equipment: basis .....			
	b Less: accumulated depreciation (attach schedule) .....		55c	
	56 Investments — other (attach schedule) .....		56	
	57a Land, buildings, and equipment: basis .....	234,124.		
b Less: accumulated depreciation (attach schedule) .....	120,138.	35,799.	57c	113,986.
58 Other assets, including program-related investments (describe ► .....		58		
59 <b>Total assets</b> (must equal line 74). Add lines 45 through 58 .....	261,601.	59	296,937.	
<b>LIABILITIES</b>	60 Accounts payable and accrued expenses .....	37,350.	60	96,140.
	61 Grants payable .....		61	
	62 Deferred revenue .....		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule) .....		63	
	64a Tax-exempt bond liabilities (attach schedule) .....		64a	
	b Mortgages and other notes payable (attach schedule) .....	37,414.	64b	2,498.
	65 Other liabilities (describe ► .....		65	
	66 <b>Total liabilities.</b> Add lines 60 through 65 .....	74,764.	66	98,638.
<b>NET ASSETS OR FUND BALANCES</b>	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted .....	186,837.	67	198,299.
	68 Temporarily restricted .....		68	
	69 Permanently restricted .....		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds .....		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund .....		71	
	72 Retained earnings, endowment, accumulated income, or other funds .....		72	
	73 <b>Total net assets or fund balances.</b> Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21) .....	186,837.	73	198,299.
74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73 .....	261,601.	74	296,937.	

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Form 990 (2007)





**Part VI Other Information (continued)**

		Yes	No
<b>82a</b>	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
<b>82b</b>	If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	N/A	
<b>83a</b>	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
<b>83b</b>	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	X	
<b>84a</b>	Did the organization solicit any contributions or gifts that were not tax deductible?		X
<b>84b</b>	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A	
<b>85a</b>	<b>501(c)(4), (5), or (6).</b> Were substantially all dues nondeductible by members?	N/A	
<b>85b</b>	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	N/A	
If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.			
<b>85c</b>	Dues, assessments, and similar amounts from members	N/A	
<b>85d</b>	Section 162(e) lobbying and political expenditures	N/A	
<b>85e</b>	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	N/A	
<b>85f</b>	Taxable amount of lobbying and political expenditures (line 85d less 85e)	N/A	
<b>85g</b>	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	N/A	
<b>85h</b>	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	N/A	
<b>86</b>	<b>501(c)(7) organizations.</b> Enter: <b>a</b> Initiation fees and capital contributions included on line 12.	N/A	
<b>86b</b>	Gross receipts, included on line 12, for public use of club facilities	N/A	
<b>87</b>	<b>501(c)(12) organizations.</b> Enter: <b>a</b> Gross income from members or shareholders.	N/A	
<b>87b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	N/A	
<b>88a</b>	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX.		X
<b>88b</b>	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Part XI.		X
<b>89a</b>	<b>501(c)(3) organizations.</b> Enter: Amount of tax imposed on the organization during the year under: section 4911 <u>0</u> ; section 4912 <u>0</u> ; section 4955 <u>0</u> .		
<b>89b</b>	<b>501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction.		X
<b>89c</b>	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <u>0</u> .		
<b>89d</b>	Enter: Amount of tax on line 89c, above, reimbursed by the organization <u>0</u> .		
<b>89e</b>	<b>All organizations.</b> At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
<b>89f</b>	<b>All organizations.</b> Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
<b>89g</b>	<b>For supporting organizations and sponsoring organizations maintaining donor advised funds.</b> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
<b>90a</b>	List the states with which a copy of this return is filed <u>CA</u>		
<b>90b</b>	Number of employees employed in the pay period that includes March 12, 2007 (See instructions.)	0	
<b>91a</b>	The books are in care of <u>CSUB Student Union</u> Telephone number <u>(661) 664-2178</u> Located at <u>9001 Stockdale Highway Bakersfield CA</u> ZIP + 4 <u>93311</u>		
<b>91b</b>	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)? If 'Yes,' enter the name of the foreign country <u></u>		X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			

**Part VI Other Information (continued)**

Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c ☐ Yes ☒ No

If 'Yes,' enter the name of the foreign country: \_\_\_\_\_

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here ☐ N/A ☐ ☐and enter the amount of tax-exempt interest received or accrued during the tax year. 92 ☐ N/A**Part VII Analysis of Income-Producing Activities (See the instructions.)**

Note: Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a Food & Drink					15,000.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					502,962.
95 Interest on savings & temporary cash invmnts					
96 Dividends & interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					43,417.
b not debt-financed property					
98 Net rental income or (loss) from pers prop.					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))					561,379.
105 Total (add line 104, columns (B), (D), and (E))					561,379.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)**

Line No. Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).

93 Food and Drink service provided to students.

94 Student Membership fees to fund the Student Union.

97 Rents received from Student Credit Union.

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)**

(A)	(B)	(C)	(D)	(E)
Name, address, and EIN of corporation, partnership, or disregarded entity	Percentage of ownership interest	Nature of activities	Total income	End-of-year assets
N/A	de			
	de			
	de			
	de			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)**

a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No

b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

Note: If 'Yes' to (b), file Form 8870 and Form 4720 (see instructions)

**Part XI** Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

				Yes	No
106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If 'Yes,' complete the schedule below for each controlled entity.					X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

				Yes	No
107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If 'Yes,' complete the schedule below for each controlled entity.					X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

				Yes	No
108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?					X

Please Sign Here	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 <u>Suzanne C. Muller</u> Date <u>11/17/08</u> Type or print name and title. <u>Suzanne C. Muller, Accounting Manager</u>			
Paid Preparer's Use Only	Preparer's signature	<u>Eric Xin</u> <u>Xi Xin</u>	Date	<u>11-12-08</u>
	Firm's name (or yours if self-employed), address, and ZIP + 4	BROWN ARMSTRONG ACCOUNTANCY CORPORATION 4200 TRUXTON AVE STE 300 BAKERSFIELD, CA 93309-0668		
	Check if self-employed	<input type="checkbox"/>	Preparer's SSN or PTIN (See General Instruction X)	N/A
	EIN	N/A		
	Phone no.	(661) 324-4971		

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Form 990 (2007)



**SCHEDULE A**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Organization Exempt Under  
Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information — (See separate instructions.)

► **MUST** be completed by the above organizations and attached to their Form 990 or 990-EZ.

OMB No 1545-0047

**2007**

Name of the organization

CSUB Student Union, Inc

Employer identification number

77-0375841

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See instructions. List each one. If there are none, enter 'None'.)

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
None				

Total number of other employees paid over \$50,000

0

**Part II — A Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See instructions. List each one (whether individuals or firms). If there are none, enter 'None'.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		

Total number of others receiving over \$50,000 for professional services

0

**Part II — B Compensation of the Five Highest Paid Independent Contractors for Other Services**  
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter 'None.' See instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		

Total number of other contractors receiving over \$50,000 for other services

0

**BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ.**

Schedule A (Form 990 or 990-EZ) 2007

**Part III** Statements About Activities (See instructions.)

Yes No

- 1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities. **\$ N/A**
- (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)

1 X

Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking 'Yes' must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.

- 2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.)

a Sale, exchange, or leasing of property? . . . . .

2a X

b Lending of money or other extension of credit? . . . . .

2b X

c Furnishing of goods, services, or facilities? . . . . .

2c X

d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? . . . . .

2d X

e Transfer of any part of its income or assets? . . . . .

2e X

- 3a Did the organization make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how the organization determines that recipients qualify to receive payments.) . . . . .

3a X

b Did the organization have a section 403(b) annuity plan for its employees? . . . . .

3b X

c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' attach a detailed statement . . . . .

3c X

d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services? . . . . .

3d X

- 4a Did the organization maintain any donor advised funds? If 'Yes,' complete lines 4b through 4g. If 'No,' complete lines 4f and 4g. . . . .

4a X

b Did the organization make any taxable distributions under section 4966? . . . . .

4b N/A

c Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .

4c N/A

d Enter the total number of donor advised funds owned at the end of the tax year. . . . . **N/A**

e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year. . . . . **N/A**

f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts. . . . . **0**

g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year. . . . . **0**

**Part IV Reason for Non-Private Foundation Status** (See instructions.)I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 ☐ A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: \_\_\_\_\_
- 10 ☒ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 ☐ 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 charitable, etc., 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). (Also complete the **Support Schedule** in Part IV-A.)
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:   
☐ Type I ☐ Type II ☐ Type III-Functionally Integrated ☐ Type III-Other

Provide the following information about the supported organizations. (See instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
<b>Total</b>					<b>0.</b>

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See instructions.)

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Schedule A (Form 990 or 990-EZ) 2007

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) *Use cash method of accounting.***Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in) .....	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
<b>15</b> Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)					0.
<b>16</b> Membership fees received.	358,549.	387,624.	403,972.	306,300.	1,456,445.
<b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc. purpose .....	50,265.	49,126.	36,406.	58,013.	193,810.
<b>18</b> Gross income from interest, dividends, apts rec'd from payments on securities loans (sec. 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less sec. 511 taxes) from businesses acquired by the organization after June 30, 1975 .....				801.	801.
<b>19</b> Net income from unrelated business activities not included in line 18 .....					0.
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf. ....					0.
<b>21</b> The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge .....					0.
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets .....					0.
<b>23</b> Total of lines 15 through 22 ...	408,814.	436,750.	440,378.	365,114.	1,651,056.
<b>24</b> Line 23 minus line 17. ....	358,549.	387,624.	403,972.	307,101.	1,457,246.
<b>25</b> Enter 1% of line 23. ....	4,088.	4,368.	4,404.	3,651.	
<b>26 Organizations described on lines 10 or 11:</b> <b>a</b> Enter 2% of amount in column (e), line 24 .....					<b>26a</b> 29,145.
<b>b</b> Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts .....					<b>26b</b>
<b>c</b> Total support for section 509(a)(1) test: Enter line 24, column (e) .....					<b>26c</b> 1,457,246.
<b>d</b> Add: Amounts from column (e) for lines: <b>18</b> 801. <b>19</b> .....					<b>26d</b> 801.
<b>e</b> Public support (line 26c minus line 26d total) .....					<b>26e</b> 1,456,445.
<b>f</b> Public support percentage (line 26e (numerator) divided by line 26c (denominator)) .....					<b>26f</b> 99.95 %
<b>27 Organizations described on line 12:</b> N/A					
<b>a</b> For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' Do not file this list with your return. Enter the sum of such amounts for each year: (2006) _____ (2005) _____ (2004) _____ (2003) _____					
<b>b</b> For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2006) _____ (2005) _____ (2004) _____ (2003) _____					
<b>c</b> Add: Amounts from column (e) for lines: <b>15</b> _____ <b>16</b> _____ <b>17</b> _____ <b>20</b> _____ <b>21</b> _____					<b>27c</b> _____
<b>d</b> Add: Line 27a total. .... and line 27b total. ....					<b>27d</b> _____
<b>e</b> Public support (line 27c total minus line 27d total) .....					<b>27e</b> _____
<b>f</b> Total support for section 509(a)(2) test: Enter amount from line 23, column (e) .....					<b>27f</b> _____
<b>g</b> Public support percentage (line 27e (numerator) divided by line 27f (denominator)) .....					<b>27g</b> %
<b>h</b> Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) .....					<b>27h</b> %
<b>28 Unusual Grants:</b> For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.					

**Part V Private School Questionnaire** (See instructions.)  
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

N/A

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? .....		
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? .....		
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? .....		
If 'Yes,' please describe; if 'No,' please explain. (If you need more space, attach a separate statement.)		
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32 Does the organization maintain the following:		
a Records indicating the racial composition of the student body, faculty, and administrative staff? .....		
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? .....		
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? .....		
d Copies of all material used by the organization or on its behalf to solicit contributions? .....		
If you answered 'No' to any of the above, please explain. (If you need more space, attach a separate statement.)		
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33 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges? .....		
b Admissions policies? .....		
c Employment of faculty or administrative staff? .....		
d Scholarships or other financial assistance? .....		
e Educational policies? .....		
f Use of facilities? .....		
g Athletic programs? .....		
h Other extracurricular activities? .....		
If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement.)		
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34a Does the organization receive any financial aid or assistance from a governmental agency? .....		
b Has the organization's right to such aid ever been revoked or suspended? .....		
If you answered 'Yes' to either 34a or b, please explain using an attached statement.		
-----		
35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If 'No,' attach an explanation. ....		

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See instructions.)  
(To be completed ONLY by an eligible organization that filed Form 5768)

N/A

Check ☐ **a** if the organization belongs to an affiliated group. Check ☐ **b** if you checked 'a' and 'limited control' provisions apply.**Limits on Lobbying Expenditures**

(The term 'expenditures' means amounts paid or incurred.)

		(a) Affiliated group totals	(b) To be completed for all electing organizations
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount. Enter the amount from the following table —		
	<b>If the amount on line 40 is —</b>		
	Not over \$500,000	20% of the amount on line 40	
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	
	Over \$17,000,000	\$1,000,000	
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	

**Caution:** If there is an amount on either line 43 or line 44, you must file Form 4720

**4-Year Averaging Period Under Section 501(h)**(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.  
See the instructions for lines 45 through 50.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45	Lobbying nontaxable amount				
46	Lobbying ceiling amount (150% of line 45(e))				
47	Total lobbying expenditures				
48	Grassroots non-taxable amount				
49	Grassroots ceiling amount (150% of line 48(e))				
50	Grassroots lobbying expenditures				

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See instructions.)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h.)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (add lines c through h.)			

If 'Yes' to any of the above, also attach a statement giving a detailed description of the lobbying activities.

BAA

Schedule A (Form 990 or 990-EZ) 2007



CSUB Student Union, Inc

77-0375841

Statement 1  
Form 990, Part IV, Line 57  
Land, Buildings, and Equipment

<u>Category</u>	<u>Basis</u>	<u>Accum. Deprec.</u>	<u>Book Value</u>
Machinery and Equipment	\$ 234,124.	\$ 120,138.	\$ 113,986.
Total	<u>\$ 234,124.</u>	<u>\$ 120,138.</u>	<u>\$ 113,986.</u>

Statement 2  
Form 990, Part V-A  
List of Officers, Directors, Trustees, and Key Employees

<u>Name and Address</u>	<u>Title and Average Hours Per Week Devoted</u>	<u>Compensation</u>	<u>Contribution to EBP &amp; DC</u>	<u>Expense Account/ Other</u>
Alisha Flores 9001 Stockdale Highway Bakersfield, CA 93311	Chairman 0	\$ 0.	\$ 0.	\$ 0.
Zandre Azgoue 9001 Stockdale Highway Bakersfield, CA 93311	Vice Chair 0	0.	0.	0.
Mohammed Ali 9001 Stockdale Highway Bakersfield, CA 93311	Director 0	0.	0.	0.
Eman Shurbaji 9001 Stockdale Highway Bakersfield, CA 93311	Director 0	0.	0.	0.
Maria Rubolino 9001 Stockdale Highway Bakersfield, CA 93311	Director 0	0.	0.	0.
Marilyn Hallman 9001 Stockdale Highway Bakersfield, CA 93311	Director 0	0.	0.	0.
Elena Avina 9001 Stockdale Highway Bakersfield, CA 93311	Ex-officio 0	0.	0.	0.
Wendy Martinez 9001 Stockdale Highway Bakersfield, CA 93311	Ex-officio 0	0.	0.	0.
Horace Mitchell 9001 Stockdale Highway Bakersfield, CA 93311	Ex-officio 0	0.	0.	0.



CSUB Student Union, Inc

77-0375841

## Statement 2 (continued)

Form 990, Part V-A

## List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours Per Week Devoted	Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
Dr Shelley Ruelas 9001 Stockdale Highway Bakersfield, CA 93311	Ex-officio 40.00	\$ 148,116.	\$ 0.	\$ 0.
Mike Neal 9001 Stockdale Highway Bakersfield, CA 93311	Ex-Officio 0	0.	0.	0.
Marina Avalos-Kegley 9001 Stockdale Highway Bakersfield, CA 93311	Ex-officio 0	0.	0.	0.
Robin Flores 9001 Stockdale Highway Bakersfield, CA 93311	Secretary 0	0.	0.	0.
Laura Catherman 9001 Stockdale Highway Bakersfield, CA 93311	Treasurer 0	0.	0.	0.
Suzanne Muller 9001 Stockdale Highway Bakersfield, CA 93311	VP Finance 0	0.	0.	0.
	Total	\$ 148,116.	\$ 0.	\$ 0.