2006 TAX RETURN

Preparer File Copy

Client: UUOCSUSA

Prepared for:
University Union Operation of CSU, Sacramento
6000 J. Street
Sacramento, CA 95819
916-278-6784

Prepared by:
Rolland Vasin
Vasin, Heyn & Company
5000 N. Parkway Calabasas #301
Calabasas, CA 91302
(818) 222-3500

Date: May 12, 2008

Comments:

Route to: ____________ ____________ ____________ ____________

REVENUE

Program service revenue	3,810,839
Interest on savings/temp cash invest	245,487
Other revenue	-10,199
Total revenue	4,046,127

EXPENSES

Program services	3,825,802
Management and general	109,652
Total expenses	3,935,454

NET ASSETS OR FUND BALANCES

Excess or (deficit) for the year	110,673
Net assets/fund bal. at beg. of year	5,448,738
Net assets/fund bal. at end of year	5,559,411

REVENUE

Interest	245,487
Other income	3,800,640
Total income	4,046,127

EXPENSES AND DISBURSEMENTS

Depreciation and depletion	328,343
Other deductions	3,607,111
Total deductions	3,935,454
Excess of receipts over disbursements	110,673

FILING FEE

Filing fee	0
Balance due	0

SCHEDULE L

Beginning Assets	6,183,487
Beginning Liabilities & Net Worth	6,183,487
Ending Assets	6,353,087
Ending Liabilities & Net Worth	6,353,087

Federal Informational Diagnostics

Form 8913

- ☐ The credit for federal telephone excise tax paid was not claimed. If the organization incurred long distance telephone charges from March 2003 to July 2006 and has not received a credit or refund from its service provider, it may be entitled to a credit/refund of federal long distance excise taxes paid. Complete Form 8913 to claim the credit.

General

- ☐ Jump to a list of all input fields currently marked as missing data. To clear all of the missing data tags in this return, click the Tools menu, click Clear all missing data tags for client.

Forms needed for this return

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Federal:    990, Sch A
California: 199, RRF-1
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Carryovers to 2007

None

CLIENT UUOCSUSA

VASIN, HEYN & COMPANY
5000 N. PARKWAY CALABASAS #301
CALABASAS, CA 91302
(818) 222-3500

May 12, 2008

University Union Operation of CSU,
Sacramento
6000 J. Street
Sacramento, CA 95819

Dear Client:

Enclosed for your review and filing are the following:

Form 990	2006 Return of Organization Exempt from Income Tax
Form 199	2006 California Exempt Organization Return
Form RRF-1	2007 Registration/Renewal Fee Report

Each tax return or form listed above should be filed in accordance with the enclosed filing instructions.

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

Sincerely,

Rolland Vasin

Federal Filing Instructions

University Union Operation of CSU, Sacramento

FORM TO FILE:

Form 990 - 2006 Return of Organization Exempt From Income Tax

SIGNATURE:

Sign and date Form 990.

PAYMENT:

No payment is required.

WHEN TO FILE:

On or before May 15, 2008.

WHERE TO FILE:

Internal Revenue Service
Ogden, UT 84201-0027

Form **990**

Department of the Treasury
Internal Revenue Service

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.

OMB No. 1545-0047

2006

Open to Public Inspection

A For the 2006 calendar year, or tax year beginning 7/01 **, 2006, and ending** 6/30 , 2007

B Check if applicable:
- [ ] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Final return
- [ ] Amended return
- [ ] Application pending

C Please use IRS label or print or type. See specific instructions.
University Union Operation of CSU, Sacramento
6000 J. Street
Sacramento, CA 95819

D Employer Identification Number 51-0140156

E Telephone number 916-278-6784

F Accounting method: [ ] Cash [X] 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 [X] 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 [X] No

G Web site: ► N/A

J Organization type (check only one) ► [X] 501(c) 3 ◄ (insert no.) [ ] 4947(a)(1) **or** [ ] 527

I Group Exemption Number ►

K 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.

M Check ► [X] if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ► 4,046,127.

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

REVENUE	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	3,810,839.
	3	Membership dues and assessments		3	
	4	Interest on savings and temporary cash investments		4	245,487.
	5	Dividends and interest from securities		5	
	6a	Gross rents	6a		
	b	Less: rental expenses	6b		
	c	Net rental income or (loss). Subtract line 6b from line 6a		6c	
	7	Other investment income (describe ►)		7	

		(A) Securities		(B) Other
8a	Gross amount from sales of assets other than inventory		8a	
b	Less: cost or other basis and sales expenses		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 ► [ ]			
	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	-10,199.
	12	**Total revenue.** Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11		12	4,046,127.
EXPENSES	13	Program services (from line 44, column (B))		13	3,825,802.
	14	Management and general (from line 44, column (C))		14	109,652.
	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	3,935,454.
NET ASSETS	18	Excess or (deficit) for the year. Subtract line 17 from line 12		18	110,673.
	19	Net assets or fund balances at beginning of year (from line 73, column (A))		19	5,448,738.
	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	5,559,411.

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.

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
22a Grants paid from donor advised funds (attach sch) (cash $ ____ non-cash $ ____) If this amount includes foreign grants, check here ► ☐	**22a**				
22b Other grants and allocations (att sch) (cash $ ____ non-cash $ ____) If this amount includes foreign grants, check here ► ☐	**22b**				
23 Specific assistance to individuals (attach schedule)	**23**				
24 Benefits paid to or for members (attach schedule)	**24**				
25a Compensation of current officers, directors, key employees, etc listed in Part V-A (attach sch)	**25a**	0.	0.	0.	0.
b Compensation of former officers, directors, key employees, etc listed in Part V-B (attach sch)	**25b**	0.	0.	0.	0.
c 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) (attach schedule)	**25c**	0.	0.	0.	0.
26 Salaries and wages of employees not included on lines 25a, b, and c	**26**				
27 Pension plan contributions not included on lines 25a, b, and c	**27**				
28 Employee benefits not included on lines 25a - 27	**28**				
29 Payroll taxes	**29**				
30 Professional fundraising fees	**30**				
31 Accounting fees	**31**				
32 Legal fees	**32**				
33 Supplies	**33**	112,318.	105,579.	6,739.	
34 Telephone	**34**	34,684.	32,603.	2,081.	
35 Postage and shipping	**35**	1,844.	1,733.	111.	
36 Occupancy	**36**				
37 Equipment rental and maintenance	**37**				
38 Printing and publications	**38**	11,642.	10,943.	699.	
39 Travel	**39**	34,200.	32,148.	2,052.	
40 Conferences, conventions, and meetings	**40**				
41 Interest	**41**				
42 Depreciation, depletion, etc (attach schedule)	**42**	328,343.	308,642.	19,701.	
43 Other expenses not covered above (itemize):					
a See Statement 1	**43a**	3,412,423.	3,334,154.	78,269.	
b	**43b**				
c	**43c**				
d	**43d**				
e	**43e**				
f	**43f**				
g	**43g**				
44 **Total functional expenses.** Add lines 22a through 43g. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	**44**	3,935,454.	3,825,802.	109,652.	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

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? ► See Statement 2 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 See Statement 3 (Grants and allocations $) If this amount includes foreign grants, check here ► ☐	3,825,802.
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) ►	3,825,802.

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
ASSETS 45 Cash — non-interest-bearing			125,882.	45	26,663.
46 Savings and temporary cash investments			3,622,633.	46	
47a Accounts receivable	47a	172,722.			
b Less: allowance for doubtful accounts	47b		103,931.	47c	172,722.
48a Pledges receivable	48a				
b Less: allowance for doubtful accounts	48b			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)	51a				
b Less: allowance for doubtful accounts	51b			51c	
52 Inventories for sale or use				52	
53 Prepaid expenses and deferred charges				53	
54a Investments — publicly-traded securities ► ☐ Cost ☐ FMV				54a	
b Investments — other securities (attach sch) ► ☐ Cost ☐ FMV				54b	
55a Investments — land, buildings, & equipment: basis	55a				
b Less: accumulated depreciation (attach schedule)	55b			55c	
56 Investments — other (attach schedule) See Stmt 4				56	3,720,123.
57a Land, buildings, and equipment: basis	57a	5,347,886.			
b Less: accumulated depreciation (attach schedule) Statement 5	57b	3,032,955.	2,331,041.	57c	2,314,931.
58 Other assets, including program-related investments (describe ► See Statement 6)				58	118,648.
59 **Total assets** (must equal line 74). Add lines 45 through 58			6,183,487.	59	6,353,087.
LIABILITIES 60 Accounts payable and accrued expenses			734,749.	60	196,672.
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)				64b	
65 Other liabilities (describe ► See Statement 7)				65	597,004.
66 **Total liabilities.** Add lines 60 through 65			734,749.	66	793,676.
NET ASSETS OR FUND BALANCES **Organizations that follow SFAS 117, check here** ► ☒ and complete lines 67 through 69 and lines 73 and 74.					
67 Unrestricted			5,448,738.	67	5,559,411.
68 Temporarily restricted				68	
69 Permanently restricted				69	
Organizations that do not follow SFAS 117, check here ► ☐ 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 **Total net assets or fund balances.** Add lines 67 through 69 **or** lines 70 through 72. (Column (A) **must** equal line 19 and column (B) **must** equal line 21)			5,448,738.	73	5,559,411.
74 **Total liabilities and net assets/fund balances.** Add lines 66 and 73			6,183,487.	74	6,353,087.

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return *(See the instructions.)*

a	Total revenue, gains, and other support per audited financial statements			a	4,046,127.
b	Amounts included on line **a** but not on Part I, line 12:				
	1 Net unrealized gains on investments	b1			
	2 Donated services and use of facilities	b2			
	3 Recoveries of prior year grants	b3			
	4 Other (specify):	b4			
	Add lines **b1** through **b4**			b	
c	Subtract line **b** from line **a**			c	4,046,127.
d	Amounts included on Part I, line 12, but not on line **a:**				
	1 Investment expenses not included on Part I, line 6b	d1			
	2 Other (specify):	d2			
	Add lines **d1** and **d2**			d	
e	**Total revenue** (Part I, line 12). Add lines **c** and **d** ►			e	4,046,127.

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total expenses and losses per audited financial statements			a	3,935,454.
b	Amounts included on line **a** but not on Part I, line 17:				
	1 Donated services and use of facilities	b1			
	2 Prior year adjustments reported on Part I, line 20	b2			
	3 Losses reported on Part I, line 20	b3			
	4 Other (specify):	b4			
	Add lines **b1** through **b4**			b	
c	Subtract line **b** from line **a**			c	3,935,454.
d	Amounts included on Part I, line 17, but not on line **a:**				
	1 Investment expenses not included on Part I, line 6b	d1			
	2 Other (specify):	d2			
	Add lines **d1** and **d2**			d	
e	**Total expenses** (Part I, line 17). Add lines **c** and **d** ►			e	3,935,454.

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) *(See the instructions.)*

(A) Name and address	**(B)** Title and average hours per week devoted to position	**(C)** Compensation **(if not paid, enter -0-)**	**(D)** Contributions to employee benefit plans and deferred compensation plans	**(E)** Expense account and other allowances
See Statement 8		0.	0.	0.

Part V-A Current Officers, Directors, Trustees, and Key Employees *(continued)*

		Yes	No
75a Enter the total number of officers, directors, and trustees permitted to vote on organization business as board meetings . . ► 12			
b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If 'Yes,' attach a statement that identifies the individuals and explains the relationship(s)	**75b**		X
c Do any officers, directors, trustees, or key employees listed in form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of 'related organization'	**75c**	X	
If 'Yes,' attach a statement that includes the information described in the instructions. See Statement 9			
d Does the organization have a written conflict of interest policy?	**75d**	X	

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits

(If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	**(B)** Loans and Advances	**(C)** Compensation (if not paid, enter -0-)	**(D)** Contributions to employee benefit plans and deferred compensation plans	**(E)** Expense account and other allowances
None				

Part VI Other Information *(See the instructions.)*

		Yes	No
76 Did the organization make a change in its activities or methods of conducting activities? If 'Yes,' attach a detailed statement of each change	**76**		X
77 Were any changes made in the organizing or governing documents but not reported to the IRS?	**77**		X
If 'Yes,' attach a conformed copy of the changes.			
78a Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	**78a**		X
b If 'Yes,' has it filed a tax return on **Form 990-T** for this year?	**78b**	N/A	
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement	**79**		X
80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc, to any other exempt or nonexempt organization?	**80a**		X
b If 'Yes,' enter the name of the organization ► N/A and check whether it is ☐ exempt **or** ☐ nonexempt.			
81a Enter direct and indirect political expenditures. (See line 81 instructions.) **81a** 0.			
b Did the organization file **Form 1120-POL** for this year?	**81b**		X

Part VI Other Information *(continued)*

			Yes	No
82 a 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?		**82a**		X
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.)	**82b** N/A			
83 a Did the organization comply with the public inspection requirements for returns and exemption applications?		**83a**	X	
b Did the organization comply with the disclosure requirements relating to *quid pro quo* contributions?		**83b**	X	
84 a Did the organization solicit any contributions or gifts that were not tax deductible?		**84a**		X
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		**84b**	N/A	
85 *501(c)(4), (5), or (6) organizations.* **a** Were substantially all dues nondeductible by members?		**85a**	N/A	
b Did the organization make only in-house lobbying expenditures of $2,000 or less?		**85b**	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.				
c Dues, assessments, and similar amounts from members	**85c** N/A			
d Section 162(e) lobbying and political expenditures	**85d** N/A			
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	**85e** N/A			
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	**85f** N/A			
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		**85g**	N/A	
h 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?		**85h**	N/A	
86 *501(c)(7) organizations.* Enter: **a** Initiation fees and capital contributions included on line 12	**86a** N/A			
b Gross receipts, included on line 12, for public use of club facilities	**86b** N/A			
87 *501(c)(12) organizations.* Enter: **a** Gross income from members or shareholders	**87a** N/A			
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	**87b** N/A			
88 a 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		**88a**		X
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 ►		**88b**		X
89 a *501(c)(3) organizations*. Enter: Amount of tax imposed on the organization during the year under: section 4911 ► 0. ; section 4912 ► 0. ; section 4955 ► 0.				
b *501(c)(3) and 501(c)(4) organizations.* 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		**89b**		X
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ►	0.			
d Enter: Amount of tax on line 89c, above, reimbursed by the organization ►	0.			
e *All organizations.* At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		**89e**		X
f *All organizations.* Did the organization acquire a direct or indirect interest in any applicable insurance contract?		**89f**		X
g *For supporting organizations and sponsoring organizations maintaining donor advised funds.* Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		**89g**		X

90 a List the states with which a copy of this return is filed ► CA

b Number of employees employed in the pay period that includes March 12, 2006 (See instructions.) **90b** 0

91 a The books are in care of ► Darlene Gillum Telephone number ► 916-278-6784

Located at ► 6000 J. Street, Sacramento CA ZIP + 4 ► 95819

		Yes	No
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)?	**91b**		X
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.			

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?	**91 c**		X

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 Contract & Lease Paym					704,344.
b Program Service Fees					556,495.
c Student Activity Fee					2,550,000.
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts			14	245,487.	
96 Dividends & interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
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 Loss on Disposal of E					-10,199.
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				245,487.	3,800,640.

105 Total (add line 104, columns (B), (D), and (E)) ► 4,046,127.

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).
93a	Facilities to house university departments, admission is charged for some lectures, concerts, and performances in an effort to offset a portion of the artists' fees and production costs.

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

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

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 | Date

► Type or print name and title.

Paid Preparer's Use Only

Preparer's signature ► Rolland Vasin	Date 5/12/08	Check if self-employed ► ☐	Preparer's SSN or PTIN (See General Instruction W) N/A
Firm's name (or yours if self-employed), address, and ZIP + 4 ► Vasin, Heyn & Company 5000 N. Parkway Calabasas #301 Calabasas, CA 91302		EIN ► N/A Phone no. ► (818) 222-3500	

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

2006

Name of the organization: University Union Operation of CSU, Sacramento

Employer identification number: 51-0140156

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
Mike Ybarra 6000 J St. Sacramento, CA 95819	Maint Super 40	71,688.	17,772.	0.
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		

Part III Statements About Activities (See instructions.)

		Line	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	
Total ►					0.

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

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) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	2,797,900.	2,332,409.	2,434,493.	2,251,456.	9,816,258.
16 Membership fees received					0.
17 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	1,169,833.	1,177,962.	938,040.	1,163,030.	4,448,865.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975		69,370.	60,761.	77,733.	207,864.
19 Net income from unrelated business activities not included in line 18					0.
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0.
21 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.
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets See Stmt 10		750.			750.
23 Total of lines 15 through 22	3,967,733.	3,580,491.	3,433,294.	3,492,219.	14,473,737.
24 Line 23 minus line 17	2,797,900.	2,402,529.	2,495,254.	2,329,189.	10,024,872.
25 Enter 1% of line 23	39,677.	35,805.	34,333.	34,922.	

26 Organizations described on lines 10 or 11: **a** Enter 2% of amount in column (e), line 24 ► **26a** 200,497.

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 2002 through 2005 exceeded the amount shown in line 26a. **Do not file this list with your return.** Enter the total of all these excess amounts ► **26b**

c Total support for section 509(a)(1) test: Enter line 24, column (e) ► **26c** 10,024,872.

d Add: Amounts from column (e) for lines: 18 207,864. 19 ____ 22 750. 26b ____ **26d** 208,614.

e Public support (line 26c minus line 26d total) ► **26e** 9,816,258.

f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) ► **26f** 97.92 %

27 Organizations described on line 12: N/A

a 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:

(2005) ____ (2004) ____ (2003) ____ (2002) ____

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:

(2005) ____ (2004) ____ (2003) ____ (2002) ____

c Add: Amounts from column (e) for lines: 15 ____ 16 ____ 17 ____ 20 ____ 21 ____ **27c**

d Add: Line 27a total ____ and line 27b total ____ **27d**

e Public support (line 27c total minus line 27d total) ► **27e**

f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) ► **27f**

g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) ► **27g** %

h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) ► **27h** %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, 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?	**29**		
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?	**30**		
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?	**31**		
	If 'Yes,' please describe; if 'No,' please explain. (If you need more space, attach a separate statement.)			
32	Does the organization maintain the following:			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	**32a**		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	**32b**		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	**32c**		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	**32d**		
	If you answered 'No' to any of the above, please explain. (If you need more space, attach a separate statement.)			
33	Does the organization discriminate by race in any way with respect to:			
a	Students' rights or privileges?	**33a**		
b	Admissions policies?	**33b**		
c	Employment of faculty or administrative staff?	**33c**		
d	Scholarships or other financial assistance?	**33d**		
e	Educational policies?	**33e**		
f	Use of facilities?	**33f**		
g	Athletic programs?	**33g**		
h	Other extracurricular activities?	**33h**		
	If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement.)			
34a	Does the organization receive any financial aid or assistance from a governmental agency?	**34a**		
b	Has the organization's right to such aid ever been revoked or suspended?	**34b**		
	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.	**35**		

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 –			
If the amount on line 40 is – / **The lobbying nontaxable amount is –**			
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	41		
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.)

	Lobbying Expenditures During 4 -Year Averaging Period				
Calendar year (or fiscal year beginning in) ►	**(a)** 2006	**(b)** 2005	**(c)** 2004	**(d)** 2003	**(e)** Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable 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.

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See instructions)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

		Yes	No
a Transfers from the reporting organization to a noncharitable exempt organization of:			
(i) Cash	**51 a (i)**		X
(ii) Other assets	**a (ii)**		X
b Other transactions:			
(i) Sales or exchanges of assets with a noncharitable exempt organization	**b (i)**		X
(ii) Purchases of assets from a noncharitable exempt organization	**b (ii)**		X
(iii) Rental of facilities, equipment, or other assets	**b (iii)**		X
(iv) Reimbursement arrangements	**b (iv)**		X
(v) Loans or loan guarantees	**b (v)**		X
(vi) Performance of services or membership or fundraising solicitations	**b (vi)**		X
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees	**c**		X

d If the answer to any of the above is 'Yes,' complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

(a) Line no.	**(b)** Amount involved	**(c)** Name of noncharitable exempt organization	**(d)** Description of transfers, transactions, and sharing arrangements
N/A			

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ► ☐ **Yes** ☒ **No**

b If 'Yes,' complete the following schedule:

(a) Name of organization	**(b)** Type of organization	**(c)** Description of relationship
N/A		

Statement 1
Form 990, Part II, Line 43
Other Expenses

	(A) Total	(B) Program Services	(C) Management & General	(D) Fundraising
Advertising	1,754.	1,649.	105.	
Conferences	1,295.	1,217.	78.	
Dues and Subscriptions	18,287.	17,190.	1,097.	
Insurance	39,127.	36,779.	2,348.	
Miscellaneous Expense	4,200.	3,948.	252.	
Office Expense	8,369.	7,866.	503.	
Outside Services	473,540.	445,128.	28,412.	
Reimbursed Personnel Costs	2,107,948.	2,107,948.		
Repairs and Maintenance	227,035.	213,413.	13,622.	
Small Equipment	23,884.	22,451.	1,433.	
Special Events Expenses	226,630.	213,032.	13,598.	
Utilities	280,354.	263,533.	16,821.	
Total	$ 3,412,423.	$ 3,334,154.	$ 78,269.	$ 0.

Statement 2
Form 990 , Part III
Organization's Primary Exempt Purpose

Provides services to university staff, faculty, and students in pursuit of their educational mission.

Statement 3
Form 990, Part III, Line a
Statement of Program Service Accomplishments

Description	Grants and Allocations	Program Service Expenses
The CSUS University Union (Student Center) is a community center for the University, for all members of the university family-students, faculty, administration, staff, alumni and guests (27,000 students, 2,300 faculty and 300 staff). It is more than just a building. It is also services and programs, which together represent a well-considered plan for the community life of the University.		

The University Union provides for the services, conveniences and amenities the members of the university family need in their daily life on the campus and for getting to know and understand one another through informal association outside the classroom. As the community center, the Union provides support for university community relations and public service and acts as the living room of the campus as we host the larger community. Over 10,000 people enter the university union on a daily basis.

The University Union is part of the educational program of the campus. Its program and organization serves as a laboratory for citizenship, training students for social

Statement 3 (continued)
Form 990, Part III, Line a
Statement of Program Service Accomplishments

Description	Grants and Allocations	Program Service Expenses
responsibility and for leadership. Through its boards, committees, and staff, it provides a cultural, social and recreational program aiming to make free-time activity a cooperative factor with study in education. It encourages activities, which give maximum opportunity for self-realization and growth with a goal of the development of persons, as well as intellects. The union supports the view that what a student does educationally in the hours outside the classroom is of major importance and that the Union can assist in giving an additional dimension to education--vastly expanding the time and the means through which the University educates. The University Union held over 7,500 events, meetings and program sin 2006-2007. Finally, and not incidentally, through its programs, services and facilities, the University Union intends to serve as a unifying force in the life of the University and its family, cultivating enduring regard the and loyalty to the California State University Sacramento.		3,825,802.
Includes Foreign Grants: No		
	$ 0.	$ 3,825,802.

Statement 4
Form 990, Part IV, Line 56
Investments - Other

Description of Investment	Valuation Method	Book Value
St of CA Local Agency Investment Fund	Market Value	$ 3,720,123.
	Total	$ 3,720,123.

Statement 5
Form 990, Part IV, Line 57
Land, Buildings, and Equipment

Category	Basis	Accum. Deprec.	Book Value
Machinery and Equipment	$ 2,702,470.	$ 1,700,772.	$ 1,001,698.
Improvements	2,621,753.	1,332,183.	1,289,570.
Miscellaneous	23,663.	0.	23,663.
Total	$ 5,347,886.	$ 3,032,955.	$ 2,314,931.

Statement 6
Form 990, Part IV, Line 58
Other Assets

Due from Related Parties	$ 118,648.
Total	$ 118,648.

Statement 7
Form 990, Part IV, Line 65
Other Liabilities

Due to Related Parties	$ 597,004.
Total	$ 597,004.

Statement 8
Form 990, Part V-A
List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours Per Week Devoted	Compensation	Contribution to EBP & DC	Expense Account/ Other
Leslie Baren 7980 La Riviera Drive Sacramento, CA 95826	Chairman 0	$ 0.	$ 0.	$ 0.
Jennifer Parkes 1304 Gladstone Drive Sacramento, CA 95864	Vice Chair 0	0.	0.	0.
Sean Basso 2021 Wright St. #8 Sacramento, CA 95825	Sec/Treasurer 0	0.	0.	0.
Ryan Christenson 6730 4th Ave. #622 Sacramento, CA 95817	Director 0	0.	0.	0.
Erica Thomas 1750 Jerron Place #8 Sacramento, CA 95825	Director 0	0.	0.	0.
Shannon Dickson Eureka Hall 6079 Sacramento, CA	Director 0	0.	0.	0.
Missy Anapolsky 1734 34th Street Sacramento, CA 95816	Director 0	0.	0.	0.
Lori Varlotta LAS 3008 Sacramento, CA	Director 0	0.	0.	0.

Statement 8 (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
Mathew Altier BS 3rd Sacramento, CA	Director 0	$ 0.	$ 0.	$ 0.
Ronald Grant SAC 272 Sacramento, CA	Director 0	0.	0.	0.
Jesus Andrade 6227 Center Mall Way Sacramento, CA 95823	Director 0	0.	0.	0.
Leslie Davis University Union Sacramento, CA	Director 0	0.	0.	0.
	Total	$ 0.	$ 0.	$ 0.

Statement 9
Form 990, Part V-A, Line 75c
Individuals Compensation By Related Organizations

Lori Varlotta

Related Organization:	CaliforniaStateUniv,Sacramento
FEIN:	68-0365325
Relationship Explanation:	University has the authority to approve the budget of the University Union.
Compensation Paid:	$ 167,676.
Benefit Plan Contributions:	$ 43,068.
Expense Account:	$ 0.
Compensation Arrangement:	Wages earned as employee of the CA State University, Sacramento in the capacity of Vice-President of Student Affairs Admin IV.

Mathew Altier

Related Organization:	CaliforniaStateUniv,Sacramento
FEIN:	68-0365325
Relationship Explanation:	University has the authority to approve the budget of the University Union.
Compensation Paid:	$ 172,796.
Benefit Plan Contributions:	$ 51,051.
Expense Account:	$ 0.
Compensation Arrangement:	Wages earned as employee of the C State University, Sacramento in the capacity of University Ent. Inc. Admin IV.

Ronald Grant

Statement 9 (continued)
Form 990, Part V-A, Line 75c
Individuals Compensation By Related Organizations

Related Organization:	CaliforniaStateUniv,Sacramento
FEIN:	68-0365325
Relationship Explanation:	University has the authority to approve the budget of the University Union.
Compensation Paid:	$ 112,536.
Benefit Plan Contributions:	$ 37,552.
Expense Account:	$ 0.
Compensation Arrangement:	Wages earned as employee of the CA State University, Sacramento in the capacity of Support Services Admin III.

Shannon Dickson

Related Organization:	CaliforniaStateUniv,Sacramento
FEIN:	68-0365325
Relationship Explanation:	University has the authority to approve the budget of the University Union.
Compensation Paid:	$ 70,995.
Benefit Plan Contributions:	$ 19,894.
Expense Account:	$ 0.
Compensation Arrangement:	Wages earned as employee of the CA State University, Sacramento in the capacity of Counselor Ed Assistant Professor AY.

Statement 10
Schedule A, Part IV-A, Line 22
Other Income

Description	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
Miscellaneous Income	$ 0.	$ 750.	$ 0.	$ 0.	$ 750.
Total	$ 0.	$ 750.	$ 0.	$ 0.	$ 750.

California Filing Instructions

University Union Operation of CSU, Sacramento

FORM TO FILE:

Form 199 - 2006 California Exempt Organization Annual Information Return

SIGNATURE:

Sign and date Form 199.

WHEN TO FILE:

On or before June 16, 2008.

WHERE TO FILE:

Franchise Tax Board
P.O. Box 942857
Sacramento, CA 94257-0700

FORM TO FILE:

Form RRF-1 - Registration/Renewal Fee Report to Attorney General of California

SIGNATURE:

Sign and date Form RRF-1, page 1.

PAYMENT:

There is a fee due of $150 which is payable by May 15, 2008. Attach a check or money order for the full amount payable to "Attorney General's Registry of Charitable Trusts" and write the California charity registration number on the payment.

WHEN TO FILE:

On or before May 15, 2008.

WHERE TO FILE:

Registry of Charitable Trusts
P.O. Box 903447
Sacramento, CA 94203-4470

YEAR **2006**

California Exempt Organization Annual Information Return

FORM **199**

For calendar or fiscal year beginning month 07 day 01 year 2006 and ending month 06 day 30 year 2007

IMPORTANT: Your number is required.

California corporation number: 0727212

Federal employer identification number (FEIN): 51-0140156

Corporation/Organization name: University Union Operation of CSU, Sacramento

Address including Suite, Room, or PMB no.: 6000 J. Street

City / State / ZIP Code: Sacramento, CA 95819

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: ☒ 990
Fed: ☐ 990EZ ☐ 990T ☐ 990PF ☐ 1041 ☐ 1120H ☐ 1120

C 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	4,046,127.
	2	Gross dues and assessments from members and affiliates ●	2	
	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	4,046,127.
	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	4,046,127.
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	3,935,454.
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	110,673.
Filing Fee	11	Filing fee $10 or $25. See General Instruction F	11	
	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	

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, 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 Darlene Gillum Daytime telephone 916-278-6784
located at 6000 J. Street 95819

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 — Date — Title
● 916-278-6784 Daytime telephone

Paid Preparer's Use Only

Paid Preparer's signature: Rolland Vasin — Date: 5/12/08 — Check if self-employed ☐ — Paid preparer's SSN or PTIN ● [redacted]

Firm's name (or yours, if self-employed) and address: Vasin, Heyn & Company, 5000 N. Parkway Calabasas #301, Calabasas, CA 91302

FEIN ● 95-4401626

Daytime telephone ● (818) 222-3500

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	245,487.
	3	Dividends	3	
	4	Gross rents	4	
	5	Gross royalties	5	
	6	Gross amount received from sale of assets	6	
	7	Other income. Attach schedule See Statement 1	7	3,800,640.
	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	4,046,127.
Expenses and Disburse-ments	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	0.
	12	Other salaries and wages	12	
	13	Interest	13	
	14	Taxes	14	
	15	Rents	15	
	16	Depreciation and depletion	16	328,343.
	17	Other. Attach schedule See Statement 3	17	3,607,111.
	18	**Total** expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	18	3,935,454.

Schedule L **Balance Sheets**

	Beginning of taxable year		End of taxable year	
Assets	(a)	(b)	(c)	(d)
1 Cash		3,748,515.		26,663.
2 Net accounts receivable		103,931.		172,722.
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 St 4				3,720,123.
10a Depreciable assets	5,047,325.		5,347,886.	
b Less accumulated depreciation	2,716,284.	2,331,041.	3,032,955.	2,314,931.
11 Land				
12 Other assets. Attach schedule St 5				118,648.
13 Total assets		6,183,487.		6,353,087.
Liabilities and net worth				
14 Accounts payable		734,749.		196,672.
15 Contributions, gifts, or grants payable				
16 Bonds and notes payable. Attach schedule				
17 Mortgages payable				
18 Other liabilities. Attach schedule St 6				597,004.
19 Capital stock or principle fund		5,448,738.		5,559,411.
20 Paid-in or capital surplus. Attach reconciliation				
21 Retained earnings or income fund				
22 Total liabilities and net worth		6,183,487.		6,353,087.

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	110,673.	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 Total. Add line 7 and line 8	
4 Income not recorded on books this year. Attach schedule		10 Net income per return. Subtract line 9 from line 6	110,673.
5 Expenses recorded on books this year not deducted in this return. Attach schedule			
6 Total. Add line 1 through line 5	110,673.		

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

Loss on Disposal of Equip	$	-10,199.
Program Service Revenue		3,810,839.
Total	$	3,800,640.

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

Name and Address	Title and Average Hours Per Week Devoted	Compen-sation	Contri-bution to EBP & DC	Expense Account/ Other
Leslie Baren 7980 La Riviera Drive Sacramento, CA 95826	Chairman None	$ 0.	$ 0.	$ 0.
Jennifer Parkes 1304 Gladstone Drive Sacramento, CA 95864	Vice Chair None	0.	0.	0.
Sean Basso 2021 Wright St. #8 Sacramento, CA 95825	Sec/Treasurer None	0.	0.	0.
Ryan Christenson 6730 4th Ave. #622 Sacramento, CA 95817	Director None	0.	0.	0.
Erica Thomas 1750 Jerron Place #8 Sacramento, CA 95825	Director None	0.	0.	0.
Shannon Dickson Eureka Hall 6079 Sacramento, CA	Director None	0.	0.	0.
Missy Anapolsky 1734 34th Street Sacramento, CA 95816	Director None	0.	0.	0.
Lori Varlotta LAS 3008 Sacramento, CA	Director None	0.	0.	0.
Mathew Altier BS 3rd Sacramento, CA	Director None	0.	0.	0.
Ronald Grant SAC 272 Sacramento, CA	Director None	0.	0.	0.

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

Name and Address	Title and Average Hours Per Week Devoted	Compen-sation	Contri-bution to EBP & DC	Expense Account/ Other
Jesus Andrade 6227 Center Mall Way Sacramento, CA 95823	Director None	$ 0.	$ 0.	$ 0.
Leslie Davis University Union Sacramento, CA	Director None	0.	0.	0.
	Total	$ 0.	$ 0.	$ 0.

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

Advertising	$ 1,754.
Conferences	1,295.
Dues and Subscriptions	18,287.
Insurance	39,127.
Miscellaneous Expense	4,200.
Office Expense	8,369.
Outside Services	473,540.
Postage and Shipping	1,844.
Printing and Publications	11,642.
Reimbursed Personnel Costs	2,107,948.
Repairs and Maintenance	227,035.
Small Equipment	23,884.
Special Events Expenses	226,630.
Supplies	112,318.
Telephone	34,684.
Travel	34,200.
Utilities	280,354.
Total	$ 3,607,111.

Statement 4
Form 199, Schedule L, Line 9
Other Investments

St of CA Local Agency Investment Fund	$ 3,720,123.
Total	$ 3,720,123.

Statement 5
Form 199, Schedule L, Line 12
Other Assets

Due from Related Parties		118,648.
	Total	$ 118,648.

Statement 6
Form 199, Schedule L, Line 18
Other Liabilities

Due to Related Parties		597,004.
	Total	$ 597,004.

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.

OFFICE OF THE ATTORNEY GENERAL • CALIFORNIA DEPARTMENT OF JUSTICE • liberty and justice under law

State Charity Registration Number 16798

University Union Operation of CSU, Sacramento
Name of Organization

6000 J. Street
Address (Number and Street)

Sacramento, CA 95819
City or Town State ZIP Code

Check if:
☐ **Change of address**
☐ **Amended report**

Corporate or Organization No. 0727212

Federal Employer ID No. 51-0140156

ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311and 312)
Make Check Payable to Attorney General's Registry of Charitable Trusts

Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee
Less than $25,000	0	Between $100,001and $250,000	$50	Between $1,000,001 and $10 million	$150
Between $25,000 and $100,000	$25	Between $250,001 and $1 million	$75	Between $10,000,001 and $50 million	$225
				Greater than $50 million	$300

PART A — ACTIVITIES

For your most recent full accounting period (beginning 7/01/06 **ending** 6/30/07 **) list:**
Gross annual revenue $ 4,046,127. **Total assets** $ 6,353,087.

PART B — STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

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?	☐	X
2	During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?	☐	X
3	During this reporting period, did non-program expenditures exceed 50% of gross revenues?	☐	X
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.	☐	X
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.	☐	X
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.	☐	X
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.	☐	X
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.	☐	X
9	Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?	X	☐

Organization's area code and telephone number 916-278-6784

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 Printed Name Title Date