

2007 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: November 13, 2008

Comments:

Route to: _____

	2007	2006	Diff
REVENUE			
Contributions, gifts, and grants.....	9,050	0	9,050
Program service revenue.....	3,813,944	3,810,839	3,105
Interest on savings/temp cash invest.....	260,638	245,487	15,151
Other revenue.....	2,469	-10,199	12,668
Total revenue.....	4,086,101	4,046,127	39,974
EXPENSES			
Program services.....	3,666,781	3,825,802	-159,021
Management and general.....	234,049	109,652	124,397
Total expenses.....	3,900,830	3,935,454	-34,624
NET ASSETS OR FUND BALANCES			
Excess or (deficit) for the year.....	185,271	110,673	74,598
Net assets/fund bal. at beg. of year.....	5,559,411	5,448,738	110,673
Net assets/fund bal. at end of year.....	5,744,682	5,559,411	185,271

	2007	2006	Diff
REVENUE			
Interest.....	260,638	245,487	15,151
Other income.....	3,816,413	3,800,640	15,773
Gross contributions, gifts, & grants.....	9,050	0	9,050
Total income.....	4,086,101	4,046,127	39,974
EXPENSES AND DISBURSEMENTS			
Depreciation and depletion.....	347,495	328,343	19,152
Other deductions.....	3,553,335	3,607,111	-53,776
Total deductions.....	3,900,830	3,935,454	-34,624
Excess of receipts over disbursements...	185,271	110,673	74,598
FILING FEE			
Filing fee.....	0	0	0
Balance due.....	0	0	0
SCHEDULE L			
Beginning Assets.....	6,353,087	6,183,487	169,600
Beginning Liabilities & Net Worth.....	6,353,087	6,183,487	169,600
Ending Assets.....	7,183,906	6,353,087	830,819
Ending Liabilities & Net Worth.....	7,183,906	6,353,087	830,819

Federal Informational Diagnostics**General**

- The computer date of 11/13/2008 will be transmitted as organization's e-file PIN authorization signature date when the tax return is electronically filed.

California Overrides**Screen 63.011**

- An override entry of 'd' has been made in California "Exempt under section 23701 subsection [0]" (Screen 63.011, Code 21).

2007

General Information
University Union Operation of CSU,
Sacramento

Page 1

Client UUOCSUSA

51-0140156

Forms needed for this return

Federal: 990, Sch A, Sch B
California: 199, Sch B, RRF-1

Carryovers to 2008

None

The organization's Federal tax return is **NOT FINISHED** until you complete the following instructions.

Prior to transmission of the return

Form 990

The organization should review their Federal Return along with any accompanying schedules and statements.

Paperless e-file

The organization should read, sign and date the Form 8879-EO, IRS e-file Signature Authorization.

Even Return

No payment is required.

After transmission of the return

Receive acknowledgement of your e-file transmission status.

Within several hours, connect with Lacerte and get your first acknowledgement (ACK) that Lacerte has received your transmission file.

Connect with Lacerte again after 24 and then 48 hours to receive your Federal ACKs.

Keep a signed copy of Form 8879-EO, IRS e-file Signature Authorization in your files for 3 years.

Do not mail:

Form 8879-EO IRS e-file Signature Authorization

Projected Support Schedule for 2008

This worksheet projects if the organization will meet the support test for the tax year 2008 based on the data entered in screen 55 for the column 2007 .

Support Items	2007 (a)	2006 (b)	2005 (c)	2004 (d)	Total (e)
15. Gifts, grants, and contributions	9,050.		2,797,900.	2,332,409.	5,139,359.
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 purpose	3,813,944.	3,810,839.	1,169,833.	1,177,962.	9,972,578.
18. Gross income from interest, dividends, samount received from payments on securities loans, rents, royalties, and unrelated business taxable income from businesses acquired by the organization after 6/30/1975				69,370.	69,370.
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 furished 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. Do not include gain (or loss) from sale of capital assets				750.	750.
23. Total of lines 15 through 22	3,822,994.	3,810,839.	3,967,733.	3,580,491.	15,182,057.
24. Line 23 minus line 17	9,050.		2,797,900.	2,402,529.	5,209,479.
25. Enter 1% of line 23	38,230.	38,108.	39,677.	35,805.	
Organizations described on lines 10 or 11:					
26a. 2% of amount in column (e), line 24					104,190.
26b. Total of all individual contributions that exceed the line 26a amount					0.
26c. Total support for section 509(a)(1) test (line 24, column (e))					5,209,479.
26d. Add the amounts from column (e) for lines 18, 19, 22, and 26b					70,120.
26e. Public support (line 26c minus line 26d)					5,139,359.
26f. Public support percentage (line 26e divided by line 26c)					98.65%

CLIENT UUOCSUSA

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

November 13, 2008

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

Dear Client:

Enclosed for your review:

Form 990	2007 Return of Organization Exempt from Income Tax
Form 199	2007 California Exempt Organization Return
Form RRF-1	2008 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

2007

Federal Filing Instructions

University Union Operation of CSU,
Sacramento

Client UUOCSUSA

51-0140156

ELECTRONICALLY FILED:

Form 990 - 2007 Return of Organization Exempt From Income Tax

The above tax return will be electronically filed with the Internal Revenue Service upon receipt of a signed Form 8879-E0 - IRS e-file Signature Authorization.

PAYMENT:

No payment is required.

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2007, or fiscal year beginning 7/01, 2007, and ending 6/30, 2008.

▶ **Do not send to the IRS. Keep for your records.**
▶ **See instructions.**

2007

Department of the Treasury
Internal Revenue Service

Return ID (20-digit number) ▶ 95734020083150500008

Name of exempt organization
**University Union Operation of CSU,
Sacramento**

Employer identification number
51-0140156

Name and title of officer
Leslie Davis **Executive Direc**

Part I Tax Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount from the return if any. If you check the box on line **1a, 2a, 3a, 4a,** or **5a,** below, and the amount on that line for the return for which you are filing this form was blank, then leave line **1b, 2b, 3b, 4b,** or **5b,** whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a Form 990 check here.	▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, line 12)	1b <u>4,086,101.</u>
2a Form 990-EZ check here.	▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here.	▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here.	▶ <input type="checkbox"/>	b Tax Based on Investment Income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here.	▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2007 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize Vasin, Heyn & Company to enter my PIN 11539 as my signature
ERO firm name do not enter all zeros

on the organization's tax year 2007 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2007 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____ Date ▶ _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 95734005267
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2007 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers.

ERO's signature ▶ _____ Date ▶ _____

ERO Must Retain This Form – See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

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 Inspection

Department 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

C 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 [] Accrual [X] 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 [X] H (b) If 'Yes,' enter number of affiliates H (c) Are all affiliates included? ... Yes [] No [] H (d) Is this a separate return filed by an organization covered by a group ruling? ... Yes [] No [X] 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) [X] 501(c) 3 (insert no.) [] 4947(a)(1) or [] 527

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.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 4,086,101.

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

Table with 21 rows and 4 columns: Description, (A) Securities, (B) Other, and Amount. Includes sections for Revenue (lines 1-12), Expenses (lines 13-17), and Assets (lines 18-21).

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 *instruct.*)

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... <input type="checkbox"/>	22a				
22b Other grants and allocations (att sch) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here... <input type="checkbox"/>	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.....	25a	0.	0.	0.	0.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B.....	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).....	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	94,355.	88,694.	5,661.	
34 Telephone.....	34	42,393.	39,849.	2,544.	
35 Postage and shipping.....	35	876.	823.	53.	
36 Occupancy.....	36				
37 Equipment rental and maintenance.....	37				
38 Printing and publications.....	38	10,907.	10,253.	654.	
39 Travel.....	39	36,634.	34,436.	2,198.	
40 Conferences, conventions, and meetings.....	40	8,921.	8,386.	535.	
41 Interest.....	41				
42 Depreciation, depletion, etc (attach schedule).....	42	347,495.	326,645.	20,850.	
43 Other expenses not covered above (itemize):					
a See Statement 1.....	43a	3,359,249.	3,157,695.	201,554.	
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	3,900,830.	3,666,781.	234,049.	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? ▶ <u>See Statement 2</u> 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 <u>See Statement 3</u> ----- ----- ----- ----- (Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	3,666,781.
b ----- ----- ----- ----- (Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
c ----- ----- ----- ----- (Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
d ----- ----- ----- ----- (Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
e Other program services (Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶	3,666,781.

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	26,663.	45	50,854.
	46 Savings and temporary cash investments.....		46	260,463.
	47a Accounts receivable.....	47a 78,788.		
	b Less: allowance for doubtful accounts	47b	172,722.	47c 78,788.
	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.....	<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	55a		
	b Less: accumulated depreciation (attach schedule)	55b		55c
	56 Investments — other (attach schedule)	See Stmt. 4	3,720,123.	56 4,449,463.
	57a Land, buildings, and equipment: basis.....	57a 5,472,745.		
b Less: accumulated depreciation (attach schedule)	Statement 5	57b 3,340,888.	57c 2,314,931.	
58 Other assets, including program-related investments (describe ▶ <u>See Statement 6</u>)		118,648.	58 212,481.	
59 Total assets (must equal line 74). Add lines 45 through 58		6,353,087.	59 7,183,906.	
LIABILITIES	60 Accounts payable and accrued expenses	196,672.	60	220,374.
	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 ▶ <u>See Statement 7</u>)		597,004.	65 1,218,850.
	66 Total liabilities. Add lines 60 through 65		793,676.	66 1,439,224.
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted		5,559,411.	67 5,744,682.
	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 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)		5,559,411.	73 5,744,682.	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73		6,353,087.	74 7,183,906.	

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	4,086,101.
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	4,086,101.
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	4,086,101.

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

a	Total expenses and losses per audited financial statements	a	3,900,830.
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	3,900,830.
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	3,900,830.

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 at board meetings.	<u>15</u>		
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
<u>None</u>				

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 ▶ <u>N/A</u> and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> 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
82a 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
83a 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 <i>quid pro quo</i> contributions?.....	83b	X
84a 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
85a 501(c)(4), (5), or (6). 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
88a 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
89a 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
90a 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, 2007 (See instructions.).....	90b	0
91a The books are in care of ▶ Pat Worley Telephone number ▶ 916-278-6784 Located at ▶ 6000 J. Street Sacramento CA ZIP + 4 ▶ 95819		
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)

c At any time during the calendar year, did the organization maintain an office outside of the United States? **91 c** 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.)

	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					720,709.
b Program Service Fees					492,235.
c Student Activity Fee					2,601,000.
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	260,638.	
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 Gain(loss) Disp of Eq					2,469.
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E)).....				260,638.	3,816,413.
105 Total (add line 104, columns (B), (D), and (E)).....					4,077,051.

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	<input type="checkbox"/>	<input checked="" type="checkbox"/>

	(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	<input type="checkbox"/>	<input checked="" type="checkbox"/>

	(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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

▶ Leslie Davis, Executive Direc
Type or print name and title.

Paid Preparer's Use Only	Preparer's signature	▶ <u>Rolland Vasin</u>	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See General Instruction X) ▶ <u>N/A</u>
	Firm's name (or yours if self-employed), address, and ZIP + 4	▶ <u>Vasin, Heyn & Company</u> ▶ <u>5000 N. Parkway Calabasas #301</u> <u>Calabasas, CA 91302</u>		EIN	▶ <u>N/A</u>
				Phone no.	▶ <u>(818) 222-3500</u>

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 **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
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

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. . . . ▶ \$ <u>N/A</u> (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) 2006	(b) 2005	(c) 2004	(d) 2003	(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.	7,564,802.
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	3,810,839.	1,169,833.	1,177,962.	938,040.	7,096,674.
18 Gross income from interest, dividends, amts 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.			69,370.	60,761.	130,131.
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.	3,810,839.	3,967,733.	3,580,491.	3,433,294.	14,792,357.
24 Line 23 minus line 17.		2,797,900.	2,402,529.	2,495,254.	7,695,683.
25 Enter 1% of line 23.	38,108.	39,677.	35,805.	34,333.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24. ▶					26a 153,914.
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. ▶					26b
c Total support for section 509(a)(1) test: Enter line 24, column (e). ▶					26c 7,695,683.
d Add: Amounts from column (e) for lines: 18 <u>130,131.</u> 19 _____ 22 <u>750.</u> 26b _____					26d 130,881.
e Public support (line 26c minus line 26d total). ▶					26e 7,564,802.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) ▶					26f 98.30 %
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: (2006) _____ (2005) _____ (2004) _____ (2003) _____					
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) _____					
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 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.) ----- ----- -----		
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.) ----- -----		
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.) ----- -----		
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		(a) Affiliated group totals	(b) To be completed for all electing organizations
(The term 'expenditures' means amounts paid or incurred.)			
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.)

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:		Amount
	Yes	No	
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		

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary Information for
line 1 of Form 990, 990-EZ and 990-PF (see instructions)

OMB No. 1545-0047

2007

Name of organization University Union Operation of CSU, Sacramento	Employer identification number 51-0140156
--	--

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

- 501(c)(3) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule – see instructions.)

General Rule –

- For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules –

- For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33-1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)
- For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)
- For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc, purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc, purpose. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc, contributions of \$5,000 or more during the year.) ▶ \$ _____

Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF) but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule **B** (Form 990, 990-EZ, or 990-PF) (2007)

Name of organization

Employer identification number

University Union Operation of CSU,

51-0140156

Part I Contributors (See Specific Instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	CA Cable & Telecommunications ----- 360 22nd Street, Ste 750 ----- Oakland, CA 94612 -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

University Union Operation of CSU,

51-0140156

Part II Noncash Property (See Specific Instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	N/A		
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

Name of organization: University Union Operation of CSU, Employer identification number: 51-0140156

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. (Complete cols (a) through (e) and the following line entry.)

For organizations completing Part III, enter total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once – see instructions.) \$ N/A

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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

	(A)	(B)	(C)	(D)
	Total	Program Services	Management & General	Fundraising
Advertising	5,719.	5,376.	343.	
Credit Card Discount Fees	666.	626.	40.	
Dues and Subscriptions	33,008.	31,028.	1,980.	
Insurance	33,137.	31,149.	1,988.	
Miscellaneous Expense	4,483.	4,214.	269.	
Office Expense	3,933.	3,697.	236.	
Outside Services	2,576,805.	2,422,197.	154,608.	
Repairs and Maintenance	200,362.	188,340.	12,022.	
Small Equipment	67,020.	62,999.	4,021.	
Special Events Expenses	135,842.	127,691.	8,151.	
Utilities	298,274.	280,378.	17,896.	
Total	\$ 3,359,249.	\$ 3,157,695.	\$ 201,554.	\$ 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

<u>Description</u>	<u>Grants and Allocations</u>	<u>Program Service Expenses</u>
<p>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.</p> <p>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.</p> <p>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 responsibility and for leadership. Through its boards,</p>		

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

Description	Grants and Allocations	Program Service Expenses
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.		3,666,781.
Includes Foreign Grants: No		
	<u>\$ 0.</u>	<u>\$ 3,666,781.</u>

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	\$ 4,449,463.
	Total	<u>\$ 4,449,463.</u>

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

Category	Basis	Accum. Deprec.	Book Value
Machinery and Equipment	\$ 2,829,282.	\$ 1,779,796.	\$ 1,049,486.
Improvements	2,621,753.	1,561,092.	1,060,661.
Miscellaneous	21,710.	0.	21,710.
Total	<u>\$ 5,472,745.</u>	<u>\$ 3,340,888.</u>	<u>\$ 2,131,857.</u>

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

Due from Related Parties..... \$ 212,481.
 Total \$ 212,481.

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

Due to Related Parties..... \$ 1,218,850.
 Total \$ 1,218,850.

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	Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
Erica Thomas 1750 Jerron Place #8 Sacramento, CA 95825	President 0	\$ 0.	\$ 0.	\$ 0.
Felix Barba 5824 H Street Sacramento, CA 95819	Vice President 0	0.	0.	0.
Amelia Stults 2715 Land Park Drive Sacramento, CA 95818	Director 0	0.	0.	0.
Shannon Dickson Eureka Hall 6079 Sacramento, CA 95819	Director 0	0.	0.	0.
Lori Varlotta LAS 3008 Sacramento, CA 95819	Director 0	0.	0.	0.
Ronald Grant SAC 272 Sacramento, CA 95819	Director 0	0.	0.	0.
Ruben Velazquez 7761 College Town Drive #215 Sacramento, CA 95816	Director 0	0.	0.	0.
Meredith Dinnie 8855-A Salmon Falls Drive Sacramento, CA 95826	Secre/Treasurer 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
Christina Romero 3587 Blanchett Way Rancho Cordova, CA 95670	Director 0	\$ 0.	\$ 0.	\$ 0.
Missy Anapolsky 1734 34th Street Sacramento, CA 95816	Director 0	0.	0.	0.
Mathew Altier BS 3rd Sacramento, CA 95819	Director 0	0.	0.	0.
Leslie Davis University Union Sacramento, CA 95819	Executive Direc 0	0.	0.	0.
Bill Olmsted University Union Sacramento, CA 95819	Director, UU 0	0.	0.	0.
Dean Sorenson University Union Sacramento, CA 95819	Assoc Direc, UU 0	0.	0.	0.
Mirjana Gavric University Union Sacramento, CA 95819	Dir, Rec Center 0	0.	0.	0.
Total		<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>

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: \$ 180,672.
 Benefit Plan Contributions: \$ 45,043.
 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

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

FEIN: 68-0365325
 Relationship Explanation: University has the authority to approve the budget of the University Union.
 Compensation Paid: \$ 187,354.
 Benefit Plan Contributions: \$ 50,369.
 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

Related Organization: CaliforniaStateUniv,Sacramento
 FEIN: 68-0365325
 Relationship Explanation: University has the authority to approve the budget of the University Union.
 Compensation Paid: \$ 94,639.
 Benefit Plan Contributions: \$ 19,536.
 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: \$ 75,942.
 Benefit Plan Contributions: \$ 22,834.
 Expense Account: \$ 0.
 Compensation Arrangement: Wages earned as employee of the CA State University, Sacramento in the capacity of Counselor Ed Assistant Professor AY.

Leslie Davis

Related Organization: CaliforniaStateUniv,Sacramento
 FEIN: 68-0365325
 Relationship Explanation: University has the authority to approve the budget of the University Union
 Compensation Paid: \$ 117,384.
 Benefit Plan Contributions: \$ 40,775.
 Expense Account: \$ 0.
 Compensation Arrangement: Wages earned as employee of the CA State University, Sacramento in the capacity of Executive Director of University Union.

William Olmsted

Related Organization: University Enterprises Inc.
 FEIN: 94-1337638
 Relationship Explanation: By MOU, University Union contract with University

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

Compensation Paid: Enterprises Inc for HR Services.
 \$ 53,253.
 Benefit Plan Contributions: \$ 25,454.
 Expense Account: \$ 0.
 Compensation Arrangement: Wages earned as employee of the University
 Enterprises Inc in the capacity of Director of
 University Union.

Dean Sorensen

Related Organization: University Enterprises Inc.
 FEIN: 94-1337638
 Relationship Explanation: By MOU, University Union contract with University
 Enterprises Inc for HR Services.

Compensation Paid: \$ 61,824.
 Benefit Plan Contributions: \$ 27,151.
 Expense Account: \$ 0.
 Compensation Arrangement: Wages earned as employee of the University
 Enterprises Inc in the capacity of Associate
 Director of University Union.

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

Description	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
Miscellaneous Income	\$ 0.	\$ 0.	\$ 750.	\$ 0.	\$ 750.
Total	\$ 0.	\$ 0.	\$ 750.	\$ 0.	\$ 750.

2007

California Filing Instructions

University Union Operation of CSU,
Sacramento

Client UUOCSUSA

51-0140156

FORM TO FILE:

Form 199 - 2007 California Exempt Organization Annual Information
Return

SIGNATURE:

Sign and date Form 199.

WHEN TO FILE:

On or before November 17, 2008.

WHERE TO FILE:

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

2007

California Filing Instructions

University Union Operation of CSU,
Sacramento

Client UUOCSUSA

51-0140156

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 November 17, 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 November 17, 2008.

WHERE TO FILE:

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

California Exempt Organization Annual Information Return

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.		A Final return? Check applicable box. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Dissolved <input type="checkbox"/> Withdrawn <input type="checkbox"/> Merged/Reorganized (attach explanation) If a box is checked, enter date
California corporation number 0727212	Federal employer identification number (FEIN) 51-0140156	
Corporation/Organization name University Union Operation of CSU, Sacramento		B Check forms filed this year: State: <input type="checkbox"/> 109 <input type="checkbox"/> 100 <input type="checkbox"/> 100S <input type="checkbox"/> 100W Fed: <input checked="" type="checkbox"/> 990 Fed: <input type="checkbox"/> 990EZ <input type="checkbox"/> 990T <input type="checkbox"/> 990PF <input type="checkbox"/> 1041 <input type="checkbox"/> 1120H <input type="checkbox"/> 1120
Address (including suite, room, or PMB no.) 6000 J. Street City State ZIP Code Sacramento, CA 95819		
		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. <input checked="" type="checkbox"/>
		D Is this a group filing? See General Instruction N. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		E Accounting method used . <u>Accrual</u>
		F Type of organization <input checked="" type="checkbox"/> Exempt under Section 23701 <u>d</u> (insert letter) <input type="checkbox"/> 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 <small>(Enclose, but do not staple, any payment.)</small>	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	●	1	4,077,051.
	2	Gross dues and assessments from members and affiliates.	●	2	
	3	Gross contributions, gifts, grants, and similar amounts received. See instructions See Sch. B	●	3	9,050.
	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	4,086,101.
	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	4,086,101.
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18		9	3,900,830.
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8		10	185,271.
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, 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. Pat Worley 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.		Executive Direc	
	Signature of officer	Date	Title ● 916-278-6784 Daytime telephone	
Paid Preparer's Use Only	Paid Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Paid preparer's SSN or PTIN
	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	260,638.
	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	3,816,413.
	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	4,077,051.
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.....	11	0.
	12 Other salaries and wages.....	12	
	13 Interest.....	13	
	14 Taxes.....	14	
	15 Rents.....	15	
	16 Depreciation and depletion.....	16	347,495.
	17 Other. Attach schedule..... See Statement. 2.....	17	3,553,335.
	18 Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9.....	18	3,900,830.

Schedule L Balance Sheets	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
Assets				
1 Cash.....		26,663.		311,317.
2 Net accounts receivable.....		172,722.		78,788.
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. 3.....		3,720,123.		4,449,463.
10a Depreciable assets.....	5,347,886.		5,472,745.	
b Less accumulated depreciation.....	3,032,955.	2,314,931.	3,340,888.	2,131,857.
11 Land.....				
12 Other assets. Attach schedule... St. 4.....		118,648.		212,481.
13 Total assets.....		6,353,087.		7,183,906.
Liabilities and net worth				
14 Accounts payable.....		196,672.		220,374.
15 Contributions, gifts, or grants payable.....				
16 Bonds and notes payable. Attach schedule.....				
17 Mortgages payable.....				
18 Other liabilities. Attach schedule... St. 5.....		597,004.		1,218,850.
19 Capital stock or principle fund.....		5,559,411.		5,744,682.
20 Paid-in or capital surplus. Attach reconciliation.....				
21 Retained earnings or income fund.....				
22 Total liabilities and net worth.....		6,353,087.		7,183,906.

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.....	185,271.	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.....	
5 Expenses recorded on books this year not deducted in this return. Attach schedule.....			
6 Total. Add line 1 through line 5.....	185,271.		185,271.

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

California Copy
Schedule of Contributors

Supplementary Information for
line 1 of Form 990, 990-EZ and 990-PF (see instructions)

OMB No. 1545-0047

2007

Name of organization University Union Operation of CSU, Sacramento	Employer identification number 51-0140156
--	--

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

- 501(c)(3) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule – see instructions.)

General Rule –

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules –

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33-1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc, purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc, purpose. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc, contributions of \$5,000 or more during the year.) ▶ \$ _____

Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF) but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule **B** (Form 990, 990-EZ, or 990-PF) (2007)

Name of organization

Employer identification number

University Union Operation of CSU,

51-0140156

Part I Contributors (See Specific Instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	CA Cable & Telecommunications ----- 360 22nd Street, Ste 750 ----- Oakland, CA 94612 -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

University Union Operation of CSU,

51-0140156

Part II Noncash Property (See Specific Instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	N/A		
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

BAA

Name of organization: University Union Operation of CSU, Employer identification number: 51-0140156

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. (Complete cols (a) through (e) and the following line entry.)

For organizations completing Part III, enter total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once – see instructions.) \$ N/A

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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

Gain(loss) Disp of Equip.....	\$	2,469.
Program Service Revenue.....		3,813,944.
Total	\$	<u>3,816,413.</u>

Statement 2
Form 199, Part II, Line 17
Other Expenses

Advertising.....	\$	5,719.
Conferences, Conventions, and Meetings.....		8,921.
Credit Card Discount Fees.....		666.
Dues and Subscriptions.....		33,008.
Insurance.....		33,137.
Miscellaneous Expense.....		4,483.
Office Expense.....		3,933.
Outside Services.....		2,576,805.
Postage and Shipping.....		876.
Printing and Publications.....		10,907.
Repairs and Maintenance.....		200,362.
Small Equipment.....		67,020.
Special Events Expenses.....		135,842.
Supplies.....		94,355.
Telephone.....		42,393.
Travel.....		36,634.
Utilities.....		298,274.
Total	\$	<u>3,553,335.</u>

Statement 3
Form 199, Schedule L, Line 9
Other Investments

St of CA Local Agency Investment Fund.....	\$	4,449,463.
Total	\$	<u>4,449,463.</u>

Statement 4
Form 199, Schedule L, Line 12
Other Assets

Due from Related Parties.....		212,481.
Total	\$	<u>212,481.</u>

Statement 5
Form 199, Schedule L, Line 18
Other Liabilities

Due to Related Parties.....	1,218,850.
Total	<u>\$ 1,218,850.</u>

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>16798</u> University Union Operation of CSU, Sacramento <small>Name of Organization</small> 6000 J. Street <small>Address (Number and Street)</small> Sacramento, CA 95819 <small>City or Town State ZIP Code</small>	Check if: <input type="checkbox"/> Change of address <input type="checkbox"/> Amended report Corporate or Organization No. <u>0727212</u> Federal Employer ID No. <u>51-0140156</u>
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ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 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 \$100,001 and \$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 7/01/07 ending 6/30/08) list:
 Gross annual revenue \$ 4,086,101. Total assets \$ 7,183,906.

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?	<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 checked="" type="checkbox"/>	<input type="checkbox"/>

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.

Leslie Davis	Executive Direc	
<small>Signature of authorized officer</small>	<small>Printed Name</small>	<small>Title</small>
		<small>Date</small>