

**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)

Department of the Treasury  
Internal Revenue Service

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

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

|  |  |  |   |
|--|--|--|---|
| <b>B</b> Check if applicable:<br><br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Termination<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | Please use IRS label or print or type.<br><br>See Specific Instructions. | <b>C Name of organization</b><br><b>SONOMA STUDENT UNION CORPORATION</b><br>Doing Business As<br>Number and street (or P.O. box if mail is not delivered to street address) Room/suite<br><b>1801 E. COTATI AVE.</b><br>City or town, state or country, and ZIP + 4<br><b>ROHERT PARK, CA 94928</b><br><b>F Name and address of principal officer: MR. PETER NEVILLE</b><br><b>1801 EAST COTATI AVENUE, ROHNERT PARK, CA 94928</b> | <b>D Employer identification number</b><br><b>94-2341673</b><br><b>E Telephone number</b><br><b>707-664-3251</b><br><b>G Gross receipts \$</b> <b>2,483,379.</b><br><b>H(a) Is this a group return for affiliates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><b>H(b) Are all affiliates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "No," attach a list. (see instructions)<br><b>H(c) Group exemption number</b> |
| <b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c) ( 3 ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527  |  | <b>J Website:</b> WWW.SONOMA.EDU   |   |
| <b>K Type of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other  |  | <b>L Year of formation:</b> 1975 <b>M State of legal domicile:</b> CA  |   |

**Part I Summary**

|            |   |                          |                     |
|------------|---|--------------------------|---------------------|
| <b>1</b>   | Briefly describe the organization's mission or most significant activities: <b>SONOMA STUDENT UNION CORPORATION WAS ORGANIZED TO PROMOTE AND FURNISH FACILITIES FOR THE EDUCATIONAL</b> |                          |                     |
| <b>2</b>   | Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.   |                          |                     |
| <b>3</b>   | Number of voting members of the governing body (Part VI, line 1a)   | <b>3</b>                 | <b>15</b>           |
| <b>4</b>   | Number of independent voting members of the governing body (Part VI, line 1b)   | <b>4</b>                 | <b>15</b>           |
| <b>5</b>   | Total number of employees (Part V, line 2a)   | <b>5</b>                 | <b>251</b>          |
| <b>6</b>   | Total number of volunteers (estimate if necessary)  | <b>6</b>                 | <b>0</b>            |
| <b>7a</b>  | Total gross unrelated business revenue from Part VIII, line 12, column (C)  | <b>7a</b>                | <b>21,770.</b>      |
| <b>7b</b>  | Net unrelated business taxable income from Form 990-T, line 34  | <b>7b</b>                | <b>10,697.</b>      |
| <b>8</b>   | Contributions and grants (Part VIII, line 1h)   | <b>Prior Year</b>        | <b>Current Year</b> |
| <b>9</b>   | Program service revenue (Part VIII, line 2g)  | <b>2,118,312.</b>        | <b>2,837.</b>       |
| <b>10</b>  | Investment income (Part VIII, column (A), lines 3, 4, and 7d)   | <b>7,641.</b>            | <b>476.</b>         |
| <b>11</b>  | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  | <b>98,043.</b>           | <b>305,720.</b>     |
| <b>12</b>  | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)  | <b>2,223,996.</b>        | <b>2,483,379.</b>   |
| <b>13</b>  | Grants and similar amounts paid (Part IX, column (A), lines 1-3)  |                          |                     |
| <b>14</b>  | Benefits paid to or for members (Part IX, column (A), line 4)   |                          |                     |
| <b>15</b>  | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)   | <b>1,359,632.</b>        | <b>1,145,109.</b>   |
| <b>16a</b> | Professional fundraising fees (Part IX, column (A), line 11e)   |                          |                     |
| <b>16b</b> | Total fundraising expenses (Part IX, column (D), line 25)   |                          |                     |
| <b>17</b>  | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)  | <b>1,255,663.</b>        | <b>1,056,304.</b>   |
| <b>18</b>  | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)   | <b>2,615,295.</b>        | <b>2,201,413.</b>   |
| <b>19</b>  | Revenue less expenses. Subtract line 18 from line 12  | <b>&lt;391,299.&gt;</b>  | <b>281,966.</b>     |
| <b>20</b>  | Total assets (Part X, line 16)  | <b>Beginning of Year</b> | <b>End of Year</b>  |
| <b>21</b>  | Total liabilities (Part X, line 26)   | <b>471,315.</b>          | <b>571,636.</b>     |
| <b>22</b>  | Net assets or fund balances. Subtract line 21 from line 20  | <b>281,341.</b>          | <b>99,696.</b>      |
|            |   | <b>189,974.</b>          | <b>471,940.</b>     |

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here**

COPY

Signature of officer: **MR. PETER NEVILLE, EXECUTIVE DIRECTOR** Date: \_\_\_\_\_

Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature: **JAN A. ROSATI** Date: **03/10/10** Check if self-employed:  Preparer's identifying number (see instructions): \_\_\_\_\_

Firm's name (or yours if self-employed), address, and ZIP + 4: **MACIAS GINI & O'CONNELL LLP**  
**3000 S STREET, SUITE 300**  
**SACRAMENTO, CA 95816** EIN: \_\_\_\_\_ Phone no.: **916-418-2670**

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:
TO PROVIDE SERVICES TO COLLEGE STUDENTS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
If "Yes", describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?
If "Yes", describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.
Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 1,342,029. including grants of \$ ) (Revenue \$ 2,174,346.)
THE STUDENT UNION CORPORATION OPERATES A STUDENT UNION COMPLEX FOR THE USE OF THE STUDENTS ATTENDING SONOMA STATE UNIVERSITY. PROGRAM EXPENSES INCLUDE THOSE IN THE OPERATION OF RECREATION AND FITNESS PROGRAMS, INTERMURAL ATHLETICS, STUDENT ACTIVITIES AND STUDENT ORGANIZATIONS.

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services. (Describe in Schedule O.)
(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses \$ 1,342,029. (Must equal Part IX, Line 25, column (B).)

**Part IV Checklist of Required Schedules**

|  | Yes                                 | No                                  |
|--|-------------------------------------|-------------------------------------|
| 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?<br><i>If "Yes," complete Schedule A</i> .....  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 2 Is the organization required to complete Schedule B, Schedule of Contributors? .....   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i> .....  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 5 <b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i> .....  | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> .....   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .....                             | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 10 Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25?<br><i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i> .....  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i> .....  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 13 Is the organization a school as described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 14a Did the organization maintain an office, employees, or agents outside of the U.S.? .....   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <i>If "Yes," complete Schedule F, Part I</i> .....  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i> .....  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i> .....  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i> .....   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 19 Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i> .....  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i> .....  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25</i> ..... | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....  | <input type="checkbox"/>            | <input type="checkbox"/>            |
| c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....   | <input type="checkbox"/>            | <input type="checkbox"/>            |
| d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....  | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 25a <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i> .....  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> .....   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> .....   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |

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**Part IV Checklist of Required Schedules** (continued)

|   | Yes | No |
|---|-----|----|
| <b>28</b> During the tax year, did any person who is a current or former officer, director, trustee, or key employee:   |     |    |
| <b>a</b> Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i> ..... |     | X  |
| <b>b</b> Have a family member who had a direct or indirect business relationship with the organization?<br><i>If "Yes," complete Schedule L, Part IV</i> .....  |     | X  |
| <b>c</b> Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i> .....   |     | X  |
| <b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....   |     | X  |
| <b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....   |     | X  |
| <b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations?<br><i>If "Yes," complete Schedule N, Part I</i> .....  |     | X  |
| <b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....   |     | X  |
| <b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....   |     | X  |
| <b>34</b> Was the organization related to any tax-exempt or taxable entity?<br><i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> .....   | X   |    |
| <b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)?<br><i>If "Yes," complete Schedule R, Part V, line 2</i> .....   |     | X  |
| <b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization?<br><i>If "Yes," complete Schedule R, Part V, line 2</i> .....   |     | X  |
| <b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....  |     | X  |

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**Part V Statements Regarding Other IRS Filings and Tax Compliance**

|            |  | Yes | No |
|------------|--|-----|----|
| <b>1a</b>  | Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable   |     |    |
| <b>1b</b>  | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  |     |    |
| <b>1c</b>  | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?   |     |    |
| <b>2a</b>  | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return  |     |    |
| <b>2b</b>  | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?<br><b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)  | X   |    |
| <b>3a</b>  | Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?   | X   |    |
| <b>3b</b>  | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O   | X   |    |
| <b>4a</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)?   |     | X  |
| <b>4b</b>  | If "Yes," enter the name of the foreign country:<br>See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  |     |    |
| <b>5a</b>  | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  |     | X  |
| <b>5b</b>  | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   |     | X  |
| <b>5c</b>  | If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?   |     |    |
| <b>6a</b>  | Did the organization solicit any contributions that were not tax deductible?   |     | X  |
| <b>6b</b>  | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  |     |    |
| <b>7</b>   | <b>Organizations that may receive deductible contributions under section 170(c).</b>   |     |    |
| <b>7a</b>  | Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?  |     | X  |
| <b>7b</b>  | If "Yes," did the organization notify the donor of the value of the goods or services provided?  |     |    |
| <b>7c</b>  | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?   |     | X  |
| <b>7d</b>  | If "Yes," indicate the number of Forms 8282 filed during the year  |     |    |
| <b>7e</b>  | Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  |     | X  |
| <b>7f</b>  | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?   |     | X  |
| <b>7g</b>  | For all contributions of qualified intellectual property, did the organization file Form 8899 as required?   |     |    |
| <b>7h</b>  | For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?  |     |    |
| <b>8</b>   | <b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? |     | X  |
| <b>9</b>   | <b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</b>   |     |    |
| <b>9a</b>  | Did the organization make any taxable distributions under section 4966?  |     | X  |
| <b>9b</b>  | Did the organization make a distribution to a donor, donor advisor, or related person?   |     | X  |
| <b>10</b>  | <b>Section 501(c)(7) organizations.</b> Enter: N/A   |     |    |
| <b>10a</b> | Initiation fees and capital contributions included on Part VIII, line 12   |     |    |
| <b>10b</b> | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  |     |    |
| <b>11</b>  | <b>Section 501(c)(12) organizations.</b> Enter: N/A  |     |    |
| <b>11a</b> | Gross income from members or shareholders  |     |    |
| <b>11b</b> | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)   |     |    |
| <b>12a</b> | <b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?  |     |    |
| <b>12b</b> | If "Yes," enter the amount of tax-exempt interest received or accrued during the year  |     |    |

**Part VI Governance, Management, and Disclosure** (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

**Section A. Governing Body and Management**

For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

|           |  | Yes | No |
|-----------|--|-----|----|
| <b>1a</b> | Enter the number of voting members of the governing body .....   |     |    |
| <b>1b</b> | Enter the number of voting members that are independent .....  |     |    |
| <b>2</b>  | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? .....  |     | X  |
| <b>3</b>  | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .....  |     | X  |
| <b>4</b>  | Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? .....  |     | X  |
| <b>5</b>  | Did the organization become aware during the year of a material diversion of the organization's assets? .....  |     | X  |
| <b>6</b>  | Does the organization have members or stockholders? .....  |     | X  |
| <b>7a</b> | Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? .....  | X   |    |
| <b>7b</b> | Are any decisions of the governing body subject to approval by members, stockholders, or other persons? .....  | X   |    |
| <b>8</b>  | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  |     |    |
| <b>8a</b> | a The governing body? .....  | X   |    |
| <b>8b</b> | b Each committee with authority to act on behalf of the governing body? .....  | X   |    |
| <b>9a</b> | Does the organization have local chapters, branches, or affiliates? .....  |     | X  |
| <b>9b</b> | b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? ..... |     |    |
| <b>10</b> | Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990 .....        | X   |    |
| <b>11</b> | Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O .....       |     | X  |

**Section B. Policies**

|            |  | Yes | No |
|------------|--|-----|----|
| <b>12a</b> | Does the organization have a written conflict of interest policy? If "No," go to line 13 .....   | X   |    |
| <b>12b</b> | b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? .....  | X   |    |
| <b>12c</b> | c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done .....   | X   |    |
| <b>13</b>  | Does the organization have a written whistleblower policy? .....   | X   |    |
| <b>14</b>  | Does the organization have a written document retention and destruction policy? .....  | X   |    |
| <b>15</b>  | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:   |     |    |
| <b>15a</b> | a The organization's CEO, Executive Director, or top management official? .....  | X   |    |
| <b>15b</b> | b Other officers or key employees of the organization? .....   |     | X  |
|            | Describe the process in Schedule O. (see instructions)   |     |    |
| <b>16a</b> | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? .....  |     | X  |
| <b>16b</b> | b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? ..... |     |    |

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **CA**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
 Own website  Another's website  Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **LETITIA COATE - 707-664-2836**  
**1801 E. COTATI AVE, ROHNERT PARK, CA 94928**

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if the organization did not compensate any officer, director, trustee, or key employee.

| (A)<br>Name and Title               | (B)<br>Average hours per week | (C)<br>Position (check all that apply) |                       |         |              |                              |         | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|-------------------------------------|-------------------------------|--|-----------------------|---------|--------------|------------------------------|---------|--|---|---|
|                                     |                               | Individual trustee or director         | Institutional trustee | Officer | Key employee | Highest compensated employee | Former  |  |   |   |
| COURTNEY BULJAN<br>CHAIR            | 3.00                          | X                                      |                       |         |              |                              | 2,600.  | 0.   | 0.  |   |
| STEPHANIE LONG<br>VICE CHAIR        | 2.00                          | X                                      |                       |         |              |                              | 1,200.  | 0.   | 0.  |   |
| TRAMEKA ABRAHAM<br>MEMBER           | 1.00                          | X                                      |                       |         |              |                              | 0.      | 0.   | 0.  |   |
| MEGHAN BUCKNER<br>MEMBER            | 2.00                          | X                                      |                       |         |              |                              | 600.    | 0.   | 0.  |   |
| ASHLEY CARRION<br>MEMBER            | 1.00                          | X                                      |                       |         |              |                              | 1,100.  | 0.   | 0.  |   |
| BENNETT HALL<br>MEMBER              | 1.00                          | X                                      |                       |         |              |                              | 2,400.  | 0.   | 0.  |   |
| SARA KAUFMAN<br>MEMBER              | 1.00                          | X                                      |                       |         |              |                              | 800.    | 0.   | 0.  |   |
| JANISHA MOORE<br>MEMBER             | 1.00                          | X                                      |                       |         |              |                              | 0.      | 600.   | 0.  |   |
| DAWN OWENS<br>MEMBER                | 1.00                          | X                                      |                       |         |              |                              | 0.      | 42,119.  | 22,508.   |   |
| KELLI SWENSON<br>MEMBER             | 1.00                          | X                                      |                       |         |              |                              | 400.    | 0.   | 0.  |   |
| GLORIA OGG<br>MEMBER                | 1.00                          | X                                      |                       |         |              |                              | 0.      | 138,972.   | 38,859.   |   |
| MATTHEW LOPEZ-PHILLIPS<br>MEMBER    | 1.00                          | X                                      |                       |         |              |                              | 0.      | 149,885.   | 31,424.   |   |
| HEATHER HOWARD<br>MEMBER            | 1.00                          | X                                      |                       |         |              |                              | 0.      | 62,694.  | 16,974.   |   |
| BILL INGELS<br>MEMBER               | 1.00                          | X                                      |                       |         |              |                              | 0.      | 122,374.   | 22,214.   |   |
| CHIP MCAULEY<br>MEMBER              | 1.00                          | X                                      |                       |         |              |                              | 0.      | 42,183.  | 828.  |   |
| PETER NEVILLE<br>EXECUTIVE DIRECTOR | 40.00                         | X                                      |                       |         |              |                              | 85,535. | 0.   | 20,452.   |   |



| Part VIII Statement of Revenue  |   |   | (A)<br>Total revenue | (B)<br>Related or<br>exempt function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from<br>tax under<br>sections 512,<br>513, or 514 |  |
|---|---|---|----------------------|---|---|--|--|
| Contributions, gifts, grants<br>and other similar amounts                 | 1 a Federated campaigns   | 1a  |                      |   |   |  |  |
|   | b Membership dues   | 1b  |                      |   |   |  |  |
|   | c Fundraising events  | 1c  |                      |   |   |  |  |
|   | d Related organizations   | 1d  |                      |   |   |  |  |
|   | e Government grants (contributions)   | 1e  |                      |   |   |  |  |
|   | f All other contributions, gifts, grants, and<br>similar amounts not included above   | 1f  | 2,837.               |   |   |  |  |
|   | g Noncash contributions included in lines 1a-1f: \$   |   |                      |   |   |  |  |
| h Total. Add lines 1a-1f  |   |   | 2,837.               |   |   |  |  |
| Program Service<br>Revenue  | 2 a STUDENT TUITION AND FE  | Business Code<br>611710                           | 1,865,000.           | 1,865,000.                                      |   |  |  |
|   | b SALES AND SERVICE OF A  | 611710  | 309,346.             | 287,576.  | 21,770.                                 |  |  |
|   | c   |   |                      |   |   |  |  |
|   | d   |   |                      |   |   |  |  |
|   | e   |   |                      |   |   |  |  |
|   | f All other program service revenue   |   |                      |   |   |  |  |
|   | g Total. Add lines 2a-2f  |   | 2,174,346.           |   |   |  |  |
| Other Revenue   | 3 Investment income (including dividends, interest, and<br>other similar amounts)   |   | 476.                 |   |   | 476.   |  |
|   | 4 Income from investment of tax-exempt bond proceeds  |   |                      |   |   |  |  |
|   | 5 Royalties   |   |                      |   |   |  |  |
|   | 6 a Gross Rents   | (i) Real  |                      |   |   |  |  |
|   |   | (ii) Personal                                     |                      |   |   |  |  |
|   |   | b Less: rental expenses                           |                      |   |   |  |  |
|   |   | c Rental income or (loss)                         |                      |   |   |  |  |
|   | d Net rental income or (loss)   |   |                      |   |   |  |  |
|   | 7 a Gross amount from sales of<br>assets other than inventory   | (i) Securities                                    |                      |   |   |  |  |
|   |   | (ii) Other  |                      |   |   |  |  |
|   |   | b Less: cost or other basis<br>and sales expenses |                      |   |   |  |  |
|   |   | c Gain or (loss)                                  |                      |   |   |  |  |
|   | d Net gain or (loss)  |   |                      |   |   |  |  |
|   | 8 a Gross income from fundraising events (not<br>including \$ _____ of<br>contributions reported on line 1c). See<br>Part IV, line 18 | a   |                      |   |   |  |  |
|   |   | b Less: direct expenses                           | b                    |   |   |  |  |
| c Net income or (loss) from fundraising events                            |   |   |                      |   |   |  |  |
| 9 a Gross income from gaming activities. See<br>Part IV, line 19          | a   |   |                      |   |   |  |  |
|   | b Less: direct expenses   | b   |                      |   |   |  |  |
|   | c Net income or (loss) from gaming activities   |   |                      |   |   |  |  |
| 10 a Gross sales of inventory, less returns<br>and allowances             | a   |   |                      |   |   |  |  |
|   | b Less: cost of goods sold  | b   |                      |   |   |  |  |
|   | c Net income or (loss) from sales of inventory  |   |                      |   |   |  |  |
| Miscellaneous Revenue   |   |   | Business Code        |   |   |  |  |
| 11 a NON-INVESTMENT RENTAL  | 611710  | 168,556.  |                      |   | 168,556.                                |  |  |
| b TRANSFER OF EMPLOYEE B  | 611710  | 113,780.  |                      |   | 113,780.                                |  |  |
| c OTHER INCOME (SCHOLARS  | 611710  | 23,384.   | 23,384.              |   |   |  |  |
| d All other revenue   |   |   |                      |   |   |  |  |
| e Total. Add lines 11a-11d  |   | 305,720.  |                      |   |   |  |  |
| 12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e |   | 2,483,379.  | 2,175,960.           | 21,770.   | 282,812.                                |  |  |

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.  
 All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.   | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21  |                       |                                 |  |                             |
| 2 Grants and other assistance to individuals in the U.S. See Part IV, line 22  |                       |                                 |  |                             |
| 3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16   |                       |                                 |  |                             |
| 4 Benefits paid to or for members  |                       |                                 |  |                             |
| 5 Compensation of current officers, directors, trustees, and key employees   | 94,635.               |                                 | 94,635.                                |                             |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)  | 914,959.              | 649,392.                        | 265,567.                               |                             |
| 7 Other salaries and wages   |                       |                                 |  |                             |
| 8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)  | 50,561.               | 29,600.                         | 20,961.                                |                             |
| 9 Other employee benefits  | 84,954.               | 62,789.                         | 22,165.                                |                             |
| 10 Payroll taxes   |                       |                                 |  |                             |
| 11 Fees for services (non-employees):  |                       |                                 |  |                             |
| a Management   |                       |                                 |  |                             |
| b Legal  |                       |                                 |  |                             |
| c Accounting   | 33,931.               |                                 | 33,931.                                |                             |
| d Lobbying   |                       |                                 |  |                             |
| e Professional fundraising services. See Part IV, line 17  |                       |                                 |  |                             |
| f Investment management fees   |                       |                                 |  |                             |
| g Other  |                       |                                 |  |                             |
| 12 Advertising and promotion   |                       |                                 |  |                             |
| 13 Office expenses   |                       |                                 |  |                             |
| 14 Information technology  |                       |                                 |  |                             |
| 15 Royalties   |                       |                                 |  |                             |
| 16 Occupancy   | 219,320.              | 163,911.                        | 55,409.                                |                             |
| 17 Travel  | 6,602.                | 6,249.                          | 353.                                   |                             |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials  |                       |                                 |  |                             |
| 19 Conferences, conventions, and meetings  |                       |                                 |  |                             |
| 20 Interest  |                       |                                 |  |                             |
| 21 Payments to affiliates  |                       |                                 |  |                             |
| 22 Depreciation, depletion, and amortization   | 22,681.               | 1,188.                          | 21,493.                                |                             |
| 23 Insurance   | 11,749.               |                                 | 11,749.                                |                             |
| 24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)   |                       |                                 |  |                             |
| a <b>CUSTODIAL</b>   | 330,806.              | 330,806.                        |  |                             |
| b <b>UNIVERSITY SERVICES</b>   | 149,958.              |                                 | 149,958.                               |                             |
| c <b>CONTRACT SERVICES</b>   | 60,876.               | 2,027.                          | 58,849.                                |                             |
| d <b>CMS EXPENSE</b>   | 28,085.               |                                 | 28,085.                                |                             |
| e <b>TELEPHONE AND TELECOMMU</b>   | 26,172.               | 5,228.                          | 20,944.                                |                             |
| f All other expenses   | 166,124.              | 90,839.                         | 75,285.                                |                             |
| 25 <b>Total functional expenses.</b> Add lines 1 through 24f   | 2,201,413.            | 1,342,029.                      | 859,384.                               | 0.                          |
| 26 <b>Joint Costs.</b> Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation ... |                       |                                 |  |                             |

**Part X Balance Sheet**

|                             |   | (A)<br>Beginning of year   |              | (B)<br>End of year |          |
|-----------------------------|---|--|--------------|--------------------|----------|
| Assets                      | 1   | Cash - non-interest-bearing .....  | 167,160.     | 1                  | 280,292. |
|                             | 2   | Savings and temporary cash investments .....   | 8,048.       | 2                  | 8,159.   |
|                             | 3   | Pledges and grants receivable, net .....   |              | 3                  |          |
|                             | 4   | Accounts receivable, net .....   | 460.         | 4                  | 10,495.  |
|                             | 5   | Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L .....                           |              | 5                  |          |
|                             | 6   | Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L .....     |              | 6                  |          |
|                             | 7   | Notes and loans receivable, net .....  |              | 7                  |          |
|                             | 8   | Inventories for sale or use .....  |              | 8                  |          |
|                             | 9   | Prepaid expenses and deferred charges .....  | 2,636.       | 9                  | 2,360.   |
|                             | 10a   | Land, buildings, and equipment: cost basis .....   | 10a 511,900. |                    |          |
|                             | b   | Less: accumulated depreciation. Complete Part VI of Schedule D .....   | 10b 241,570. |                    |          |
|                             |   |  | 293,011.     | 10c                | 270,330. |
|                             | 11  | Investments - publicly traded securities .....   |              | 11                 |          |
|                             | 12  | Investments - other securities. See Part IV, line 11 .....   |              | 12                 |          |
|                             | 13  | Investments - program-related. See Part IV, line 11 .....  |              | 13                 |          |
|                             | 14  | Intangible assets .....  |              | 14                 |          |
| 15                          | Other assets. See Part IV, line 11 .....  |  | 15           |                    |          |
| 16                          | <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....  | 471,315.   | 16           | 571,636.           |          |
| Liabilities                 | 17  | Accounts payable and accrued expenses .....  | 66,405.      | 17                 | 24,925.  |
|                             | 18  | Grants payable .....   |              | 18                 |          |
|                             | 19  | Deferred revenue .....   | 37,459.      | 19                 | 36,358.  |
|                             | 20  | Tax-exempt bond liabilities .....  |              | 20                 |          |
|                             | 21  | Escrow account liability. Complete Part IV of Schedule D .....   |              | 21                 |          |
|                             | 22  | Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L ..... |              | 22                 |          |
|                             | 23  | Secured mortgages and notes payable to unrelated third parties .....   |              | 23                 |          |
|                             | 24  | Unsecured notes and loans payable .....  |              | 24                 |          |
|                             | 25  | Other liabilities. Complete Part X of Schedule D .....   | 177,477.     | 25                 | 38,413.  |
|                             | 26  | <b>Total liabilities.</b> Add lines 17 through 25 .....  | 281,341.     | 26                 | 99,696.  |
| Net Assets or Fund Balances | <b>Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b> |  |              |                    |          |
|                             | 27  | Unrestricted net assets .....  |              | 27                 |          |
|                             | 28  | Temporarily restricted net assets .....  |              | 28                 |          |
|                             | 29  | Permanently restricted net assets .....  |              | 29                 |          |
|                             | <b>Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 30 through 34.</b>    |  |              |                    |          |
|                             | 30  | Capital stock or trust principal, or current funds .....   | <103,037.>   | 30                 | 201,610. |
|                             | 31  | Paid-in or capital surplus, or land, building, or equipment fund .....   | 293,011.     | 31                 | 270,330. |
|                             | 32  | Retained earnings, endowment, accumulated income, or other funds .....   | 0.           | 32                 | 0.       |
| 33                          | <b>Total net assets or fund balances</b> .....  | 189,974.   | 33           | 471,940.           |          |
| 34                          | <b>Total liabilities and net assets/fund balances</b> .....   | 471,315.   | 34           | 571,636.           |          |

**Part XI Financial Statements and Reporting**

|    |   | Yes | No |
|----|---|-----|----|
| 1  | Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other  |     |    |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? .....   |     | X  |
| b  | Were the organization's financial statements audited by an independent accountant? .....  | X   |    |
| c  | If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? ..... | X   |    |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? .....  |     | X  |
| b  | If "Yes," did the organization undergo the required audit or audits? .....  |     |    |

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

**Public Charity Status and Public Support**

OMB No. 1545-0047

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

**2008**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Name of the organization **SONOMA STUDENT UNION CORPORATION** Employer identification number **94-2341673**

**Part I Reason for Public Charity Status** (All organizations must complete this part.) (see instructions)

The organization is not a private foundation because it is: (Please check only **one** organization.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**. (Attach Schedule H.)
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  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 exempt 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)**. (Complete the Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**. (see instructions)
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I
  - b  Type II
  - c  Type III - Functionally integrated
  - d  Type III - Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 

|          | Yes | No |
|----------|-----|----|
| 11g(i)   |     |    |
| 11g(ii)  |     |    |
| 11g(iii) |     |    |

  - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? \_\_\_\_\_
  - (ii) A family member of a person described in (i) above? \_\_\_\_\_
  - (iii) A 35% controlled entity of a person described in (i) or (ii) above? \_\_\_\_\_
- h Provide the following information about the organizations the organization supports.

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) | (iv) Is the organization in col. (i) listed in your governing document? |    | (v) Did you notify the organization in col. (i) of your support? |    | (vi) Is the organization in col. (i) organized in the U.S.? |    | (vii) Amount of support |
|------------------------------------|----------|---|---|----|--|----|---|----|-------------------------|
|                                    |          |   | Yes   | No | Yes  | No | Yes   | No |                         |
|                                    |          |   |   |    |  |    |   |    |                         |
|                                    |          |   |   |    |  |    |   |    |                         |
|                                    |          |   |   |    |  |    |   |    |                         |
|                                    |          |   |   |    |  |    |   |    |                         |
|                                    |          |   |   |    |  |    |   |    |                         |
|                                    |          |   |   |    |  |    |   |    |                         |
|                                    |          |   |   |    |  |    |   |    |                         |
| <b>Total</b>                       |          |   |   |    |  |    |   |    |                         |

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule A (Form 990 or 990-EZ) 2008

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in)  | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")  | 2008723. | 1371022. | 1557792. | 1831507. | 1891221. | 8660265.  |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf   |          |          |          |          |          |           |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge   |          |          |          |          |          |           |
| <b>4 Total.</b> Add lines 1 - 3  | 2008723. | 1371022. | 1557792. | 1831507. | 1891221. | 8660265.  |
| <b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) |          |          |          |          |          |           |
| <b>6 Public Support.</b> Subtract line 5 from line 4.  |          |          |          |          |          | 8660265.  |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in)  | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total  |
|--|----------|----------|----------|----------|----------|------------|
| <b>7</b> Amounts from line 4   | 2008723. | 1371022. | 1557792. | 1831507. | 1891221. | 8660265.   |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  | 8,564.   | 12,788.  | 119,125. | 124,863. | 169,032. | 434,372.   |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on  |          |          |          |          |          |            |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  |          |          |          |          | 113,780. | 113,780.   |
| <b>11 Total support.</b> Add lines 7 through 10  |          |          |          |          |          | 9208417.   |
| <b>12</b> Gross receipts from related activities, etc. (see instructions)  |          |          |          |          | 12       | 1,680,692. |
| <b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/> |          |          |          |          |          |            |

**Section C. Computation of Public Support Percentage**

|   |           |         |
|---|-----------|---------|
| <b>14</b> Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))  | <b>14</b> | 94.05 % |
| <b>15</b> Public support percentage from 2007 Schedule A, Part IV-A, line 26f   | <b>15</b> | 97.72 % |
| <b>16a 33 1/3% support test - 2008.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>   |           |         |
| <b>b 33 1/3% support test - 2007.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>   |           |         |
| <b>17a 10% -facts-and-circumstances test - 2008.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>    |           |         |
| <b>b 10% -facts-and-circumstances test - 2007.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/> |           |         |
| <b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>   |           |         |

**Part III Support Schedule for Organizations Described in Section 509(a)(2)** (Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶   | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....   |          |          |          |          |          |           |
| <b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....       |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....   |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....  |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 - 5 .....   |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....  |          |          |          |          |          |           |
| <b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 ..... |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b .....  |          |          |          |          |          |           |
| <b>8 Public support</b> (Subtract line 7c from line 6.)   |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶   | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6 .....  |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ..... |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....                          |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b .....  |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....     |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....                                 |          |          |          |          |          |           |
| <b>13 Total support</b> (Add lines 9, 10c, 11, and 12.)   |          |          |          |          |          |           |

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** .....

**Section C. Computation of Public Support Percentage**

|  |           |  |   |
|--|-----------|--|---|
| <b>15</b> Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) ..... | <b>15</b> |  | % |
| <b>16</b> Public support percentage from 2007 Schedule A, Part IV-A, line 27g .....                    | <b>16</b> |  | % |

**Section D. Computation of Investment Income Percentage**

|   |           |  |   |
|---|-----------|--|---|
| <b>17</b> Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) ..... | <b>17</b> |  | % |
| <b>18</b> Investment income percentage from 2007 Schedule A, Part IV-A, line 27h .....                      | <b>18</b> |  | % |

**19a 33 1/3% support tests - 2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

**b 33 1/3% support tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions .....

**Schedule D**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No. 1545-0047

**2008**

Open to Public Inspection

Name of the organization **SONOMA STUDENT UNION CORPORATION** Employer identification number **94-2341673**

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

|   | (a) Donor advised funds | (b) Funds and other accounts                             |
|---|-------------------------|--|
| 1 Total number at end of year .....   |                         |  |
| 2 Aggregate contributions to (during year) .....  |                         |  |
| 3 Aggregate grants from (during year) .....   |                         |  |
| 4 Aggregate value at end of year .....  |                         |  |
| 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....                                |                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? ..... |                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

- Purpose(s) of conservation easements held by the organization (check all that apply).
 

|   |  |
|---|--|
| <input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure) | <input type="checkbox"/> Preservation of an historically important land area |
| <input type="checkbox"/> Protection of natural habitat                                      | <input type="checkbox"/> Preservation of certified historic structure        |
| <input type="checkbox"/> Preservation of open space   |  |
- Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.
 

|  | Held at the End of the Year |
|--|-----------------------------|
| a Total number of conservation easements .....   | 2a                          |
| b Total acreage restricted by conservation easements .....                                 | 2b                          |
| c Number of conservation easements on a certified historic structure included in (a) ..... | 2c                          |
| d Number of conservation easements included in (c) acquired after 8/17/06 .....            | 2d                          |
- Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ \_\_\_\_\_
- Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_
- Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? .....
- Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ \_\_\_\_\_
- Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ \$ \_\_\_\_\_
- Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....
- In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.** Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.
- If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
 

|  |            |
|--|------------|
| (i) Revenues included in Form 990, Part VIII, line 1 ..... | ▶ \$ _____ |
| (ii) Assets included in Form 990, Part X .....             | ▶ \$ _____ |
- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:
 

|  |            |
|--|------------|
| a Revenues included in Form 990, Part VIII, line 1 ..... | ▶ \$ _____ |
| b Assets included in Form 990, Part X .....              | ▶ \$ _____ |

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange programs
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Trust, Escrow and Custodial Arrangements.** Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIV and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No
- b If "Yes," explain the arrangement in Part XIV.

**Part V Endowment Funds.** Complete if organization answered "Yes" to Form 990, Part IV, line 10.

|  | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance                     |                  |                |                    |                      |                     |
| b Contributions                                  |                  |                |                    |                      |                     |
| c Investment earnings or losses                  |                  |                |                    |                      |                     |
| d Grants or scholarships                         |                  |                |                    |                      |                     |
| e Other expenditures for facilities and programs |                  |                |                    |                      |                     |
| f Administrative expenses                        |                  |                |                    |                      |                     |
| g End of year balance                            |                  |                |                    |                      |                     |

- 2 Provide the estimated percentage of the year end balance held as:
- a Board designated or quasi-endowment  \_\_\_\_\_ %
  - b Permanent endowment  \_\_\_\_\_ %
  - c Term endowment  \_\_\_\_\_ %
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes    | No |
|---|--------|----|
| (i) unrelated organizations   | 3a(i)  |    |
| (ii) related organizations  | 3a(ii) |    |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | 3b     |    |
- 4 Describe in Part XIV the intended uses of the organization's endowment funds.

**Part VI Investments - Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

| Description of investment  | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Depreciation | (d) Book value  |
|--|--------------------------------------|---------------------------------|------------------|-----------------|
| 1a Land  |                                      |                                 |                  |                 |
| b Buildings  |                                      |                                 |                  |                 |
| c Leasehold improvements   |                                      | 464,082.                        | 203,251.         | 260,831.        |
| d Equipment  |                                      | 47,818.                         | 38,319.          | 9,499.          |
| e Other  |                                      |                                 |                  |                 |
| <b>Total.</b> Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).) |                                      |                                 |                  | <b>270,330.</b> |



**Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements**

|    |  |    |            |
|----|--|----|------------|
| 1  | Total revenue (Form 990, Part VIII, column (A), line 12)                         | 1  | 2,483,379. |
| 2  | Total expenses (Form 990, Part IX, column (A), line 25)                          | 2  | 2,201,413. |
| 3  | Excess or (deficit) for the year. Subtract line 2 from line 1                    | 3  | 281,966.   |
| 4  | Net unrealized gains (losses) on investments                                     | 4  |            |
| 5  | Donated services and use of facilities   | 5  |            |
| 6  | Investment expenses  | 6  |            |
| 7  | Prior period adjustments   | 7  |            |
| 8  | Other (Describe in Part XIV)   | 8  |            |
| 9  | Total adjustments (net). Add lines 4-8   | 9  | 0.         |
| 10 | Excess or (deficit) for the year per financial statements. Combine lines 3 and 9 | 10 | 281,966.   |

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

|   |   |    |            |
|---|---|----|------------|
| 1 | Total revenue, gains, and other support per audited financial statements          | 1  | 2,483,379. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12:               |    |            |
| a | Net unrealized gains on investments   | 2a |            |
| b | Donated services and use of facilities  | 2b |            |
| c | Recoveries of prior year grants   | 2c |            |
| d | Other (Describe in Part XIV)  | 2d |            |
| e | Add lines 2a through 2d   | 2e | 0.         |
| 3 | Subtract line 2e from line 1  | 3  | 2,483,379. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1:              |    |            |
| a | Investment expenses not included on Form 990, Part VIII, line 7b                  | 4a |            |
| b | Other (Describe in Part XIV)  | 4b |            |
| c | Add lines 4a and 4b   | 4c | 0.         |
| 5 | Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.) | 5  | 2,483,379. |

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

|   |  |    |            |
|---|--|----|------------|
| 1 | Total expenses and losses per audited financial statements                         | 1  | 2,201,413. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25:                  |    |            |
| a | Donated services and use of facilities   | 2a |            |
| b | Prior year adjustments   | 2b |            |
| c | Losses reported on Form 990, Part IX, line 25                                      | 2c |            |
| d | Other (Describe in Part XIV)   | 2d |            |
| e | Add lines 2a through 2d  | 2e | 0.         |
| 3 | Subtract line 2e from line 1   | 3  | 2,201,413. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1:                 |    |            |
| a | Investment expenses not included on Form 990, Part VIII, line 7b                   | 4a |            |
| b | Other (Describe in Part XIV)   | 4b |            |
| c | Add lines 4a and 4b  | 4c | 0.         |
| 5 | Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.) | 5  | 2,201,413. |

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

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**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

**2008**

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization **SONOMA STUDENT UNION CORPORATION** Employer identification number **94-2341673**

**Part I Questions Regarding Compensation**

|  | Yes                                 | No                               |
|--|-------------------------------------|----------------------------------|
| <b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.<br><input type="checkbox"/> First-class or charter travel<br><input type="checkbox"/> Travel for companions<br><input type="checkbox"/> Tax indemnification and gross-up payments<br><input type="checkbox"/> Discretionary spending account<br><input type="checkbox"/> Housing allowance or residence for personal use<br><input type="checkbox"/> Payments for business use of personal residence<br><input type="checkbox"/> Health or social club dues or initiation fees<br><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |                                     |                                  |
| <b>b</b> If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain   | <b>1b</b>                           |                                  |
| <b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?  | <b>2</b>                            |                                  |
| <b>3</b> Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.<br><input type="checkbox"/> Compensation committee<br><input type="checkbox"/> Independent compensation consultant<br><input type="checkbox"/> Form 990 of other organizations<br><input type="checkbox"/> Written employment contract<br><input checked="" type="checkbox"/> Compensation survey or study<br><input checked="" type="checkbox"/> Approval by the board or compensation committee  |                                     |                                  |
| <b>4</b> During the year, did any person listed in Form 990, Part VII, Section A, line 1a:<br><b>a</b> Receive a severance payment or change of control payment?<br><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?<br><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?<br>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.   | <b>4a</b><br><b>4b</b><br><b>4c</b> | <b>X</b><br><b>X</b><br><b>X</b> |
| <b>Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.</b>   |                                     |                                  |
| <b>5</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:<br><b>a</b> The organization?<br><b>b</b> Any related organization?<br>If "Yes," to line 5a or 5b, describe in Part III.   | <b>5a</b><br><b>5b</b>              | <b>X</b><br><b>X</b>             |
| <b>6</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:<br><b>a</b> The organization?<br><b>b</b> Any related organization?<br>If "Yes" to line 6a or 6b, describe in Part III.  | <b>6a</b><br><b>6b</b>              | <b>X</b><br><b>X</b>             |
| <b>7</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III  | <b>7</b>                            | <b>X</b>                         |
| <b>8</b> Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III   | <b>8</b>                            | <b>X</b>                         |

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2008

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

**Note.** The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

| (A) Name               | (B) Breakdown of W-2 and/or 1099-MISC compensation |                                     |                          | (C) Deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation reported in prior Form 990 or Form 990-EZ |
|------------------------|--|-------------------------------------|--------------------------|---------------------------|-------------------------|---------------------------------|--|
|                        | (i) Base compensation                              | (ii) Bonus & incentive compensation | (iii) Other compensation |                           |                         |                                 |  |
|                        | (i)  | 0.                                  | 0.                       | 0.                        | 0.                      | 0.                              | 0.   |
| GLORIA OGG             | (ii)   | 138,972.                            | 0.                       | 23,143.                   | 15,716.                 | 177,831.                        | 69,486.  |
|                        | (i)  | 0.                                  | 0.                       | 0.                        | 0.                      | 0.                              | 0.   |
| MATTHEW LOPEZ-PHILLIPS | (ii)   | 149,885.                            | 0.                       | 24,915.                   | 6,509.                  | 181,309.                        | 74,953.  |
|                        | (i)  |                                     |                          |                           |                         |                                 |  |
|                        | (ii)   |                                     |                          |                           |                         |                                 |  |
|                        | (i)  |                                     |                          |                           |                         |                                 |  |
|                        | (ii)   |                                     |                          |                           |                         |                                 |  |
|                        | (i)  |                                     |                          |                           |                         |                                 |  |
|                        | (ii)   |                                     |                          |                           |                         |                                 |  |
|                        | (i)  |                                     |                          |                           |                         |                                 |  |
|                        | (ii)   |                                     |                          |                           |                         |                                 |  |
|                        | (i)  |                                     |                          |                           |                         |                                 |  |
|                        | (ii)   |                                     |                          |                           |                         |                                 |  |
|                        | (i)  |                                     |                          |                           |                         |                                 |  |
|                        | (ii)   |                                     |                          |                           |                         |                                 |  |
|                        | (i)  |                                     |                          |                           |                         |                                 |  |
|                        | (ii)   |                                     |                          |                           |                         |                                 |  |
|                        | (i)  |                                     |                          |                           |                         |                                 |  |
|                        | (ii)   |                                     |                          |                           |                         |                                 |  |
|                        | (i)  |                                     |                          |                           |                         |                                 |  |
|                        | (ii)   |                                     |                          |                           |                         |                                 |  |
|                        | (i)  |                                     |                          |                           |                         |                                 |  |
|                        | (ii)   |                                     |                          |                           |                         |                                 |  |

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

**2008**

Open to Public Inspection

Name of the organization

SONOMA STUDENT UNION CORPORATION

Employer identification number

94-2341673

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

DEVELOPMENT AND ACADEMIC SERVICES OF SONOMA STATE UNIVERSITY.

FORM 990, PART VI, SECTION A, LINE 7A: ONE STUDENT IS APPOINTED BY THE PRESIDENT OF THE ASSOCIATED STUDENTS INCORPORATED AS HIS/HER DESIGNEE TO SERVE A ONE (1) YEAR TERM CONCURRENTLY WITH THE TERM OF THAT ASI PRESIDENT. THIS APPOINTMENT IS CONFIRMED BY A VOTE OF A MAJORITY OF THE MEMBERS OF THE BOARD PRESENT AT A MEETING AT WHICH A QUORUM EXISTS. IF SUCH APPOINTMENT IS NOT MADE WITHIN 30 DAYS OF THE START OF THE FALL SEMESTER, THE BOARD MAY APPOINT THE REPRESENTATIVE THROUGH ITS NORMAL APPOINTMENT PROCESS. UPON DETERMINATION OF THE REMAINING NUMBER OF STUDENT BOARD REPRESENTATIVE VACANCIES, AND BASED ON THE NUMBER OF STUDENTS WHO HAVE RESPONDED TO A GENERAL CAMPUS-WIDE SOLICITATION, INTERVIEWED, AND RECOMMENDED BY THE APPROPRIATE BOARD OF DIRECTORS COMMITTEE, THE REPRESENTATIVES ARE APPROVED BY A VOTE OF THE BOARD AT A MEETING IN WHICH A QUORUM EXISTS.

FORM 990, PART VI, SECTION A, LINE 7B: THE APPROPRIATE BOARD OF DIRECTORS COMMITTEE WILL RECOMMEND TO THE BOARD OF DIRECTORS THE LENGTH OF TERM FOR EACH STUDENT MEMBER IN ORDER TO CREATE CONTINUITY OR OVERLAPPING TERMS FOR STUDENT MEMBERS.

FORM 990, PART VI, SECTION A, LINE 10: A COPY WAS MADE AVAILABLE TO ALL BOARD MEMBERS FOR REVIEW PRIOR TO THE FINAL VERSION BEING FILED.

FORM 990, PART VI, SECTION B, LINE 12C: ANNUAL PRESENTATION IS DONE BY

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule O (Form 990) 2008

832211  
12-18-08

SCHEDULE O  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

Open to Public  
Inspection

Name of the organization **SONOMA STUDENT UNION CORPORATION** Employer identification number **94-2341673**

EXECUTIVE DIRECTOR AND THE LAWS/REGULATIONS ARE REVIEWED. ALL BOARD MEMBERS ARE REQUIRED TO SIGN THAT THEY HAVE REVIEWED AND UNDERSTAND THE RULES. WHEN THEY SIGN EACH BOARD MEMBER MUST DISCLOSE A CONFLICT IF IT EXISTS.

FORM 990, PART VI, SECTION B, LINE 15: THE EXECUTIVE DIRECTOR PAY IS BASED ON THE MPP CLASS II RANGE WITH OCCASIONAL COLA INCREASES WHICH ARE APPLIED EVENLY TO ALL STAFF. THE BOARD APPROVES THE SALARY AS PART OF THE BUDGET.

FORM 990, PART VI, SECTION C, LINE 19: THE GOVERNING DOCUMENTS, POLICIES AND FINANCIAL STATEMENTS ARE ALL AVAILABLE UPON REQUEST. THE FINANCIAL STATEMENTS ARE ALSO AVAILABLE ON THE INTERNET.

FORM 990, PART XI, LINE 2C

AUDIT COMMITTEE OVERSIGHT

THE UNION'S COMMITTEE ACCEPTS RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF THE FINANCIAL STATEMENTS AND THE SELECTION OF THE INDEPENDENT ACCOUNTANTS.





**Part V Transactions With Related Organizations**

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV.

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

|   | Yes | No |
|---|-----|----|
| <b>a</b> Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity    |     | X  |
| <b>b</b> Gift, grant, or capital contribution to other organization(s)                                |     | X  |
| <b>c</b> Gift, grant, or capital contribution from other organization(s)                              |     | X  |
| <b>d</b> Loans or loan guarantees to or for other organization(s)                                     |     | X  |
| <b>e</b> Loans or loan guarantees by other organization(s)  |     | X  |
| <b>f</b> Sale of assets to other organization(s)  |     | X  |
| <b>g</b> Purchase of assets from other organization(s)  |     | X  |
| <b>h</b> Exchange of assets   |     | X  |
| <b>i</b> Lease of facilities, equipment, or other assets to other organization(s)                     | X   |    |
| <b>j</b> Lease of facilities, equipment, or other assets from other organization(s)                   |     | X  |
| <b>k</b> Performance of services or membership or fundraising solicitations for other organization(s) | X   |    |
| <b>l</b> Performance of services or membership or fundraising solicitations by other organization(s)  | X   |    |
| <b>m</b> Sharing of facilities, equipment, mailing lists, or other assets                             |     | X  |
| <b>n</b> Sharing of paid employees  | X   |    |
| <b>o</b> Reimbursement paid to other organization for expenses  |     | X  |
| <b>p</b> Reimbursement paid by other organization for expenses  |     | X  |
| <b>q</b> Other transfer of cash or property to other organization(s)                                  |     | X  |
| <b>r</b> Other transfer of cash or property from other organization(s)                                |     | X  |

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

|     | (A)<br>Name of other organization(s) | (B)<br>Transaction type (a-r) | (C)<br>Amount involved |
|-----|--------------------------------------|-------------------------------|------------------------|
| (1) |                                      |                               |                        |
| (2) |                                      |                               |                        |
| (3) |                                      |                               |                        |
| (4) |                                      |                               |                        |
| (5) |                                      |                               |                        |
| (6) |                                      |                               |                        |



# Exempt Organization Business Income Tax Return

(and proxy tax under section 6033(e))

## 2008

Department of the Treasury  
Internal Revenue Service

For calendar year 2008 or other tax year beginning **JUL 1, 2008** and ending **JUN 30, 2009**

Open to Public Inspection for  
501(c)(3) Organizations Only

|   |   |  |   |
|---|---|--|---|
| <b>A</b> <input type="checkbox"/> Check box if address changed          | <b>B</b> Exempt under section<br><input checked="" type="checkbox"/> 501(C)(3)<br><input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e)<br><input type="checkbox"/> 408A <input type="checkbox"/> 530(a)<br><input type="checkbox"/> 529(a)                           | Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.)<br><b>SONOMA STUDENT UNION CORPORATION</b><br>Number, street, and room or suite no. If a P.O. box, see page 9 of instructions.<br><b>1801 E. COTATI AVE.</b><br>City or town, state, and ZIP code<br><b>ROBERT PARK, CA 94928</b> | <b>D</b> Employer identification number (Employees' trust, see instructions for Block D on page 9.)<br><b>94-2341673</b><br><br><b>E</b> Unrelated business activity codes (See instructions for Block E on page 9.)<br><b>713940</b> |
| <b>C</b> Book value of all assets at end of year<br><br><b>571,636.</b> | <b>F</b> Group exemption number (See instructions for Block F.) ▶<br><b>G</b> Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust |  |   |

**H** Describe the organization's primary unrelated business activity. ▶ **SEE STATEMENT 1**

**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? .....  Yes  No  
 If "Yes," enter the name and identifying number of the parent corporation. ▶

**J** The books are in care of ▶ **LETITIA COATE** Telephone number ▶ **707-664-2836**

| Part I Unrelated Trade or Business Income   | (A) Income        | (B) Expenses | (C) Net        |
|---|-------------------|--------------|----------------|
| <b>1a</b> Gross receipts or sales <b>21,770.</b>  |                   |              |                |
| <b>b</b> Less returns and allowances <b>c</b> Balance ▶                                   | <b>1c</b> 21,770. |              |                |
| <b>2</b> Cost of goods sold (Schedule A, line 7)  | <b>2</b>          |              |                |
| <b>3</b> Gross profit. Subtract line 2 from line 1c                                       | <b>3</b> 21,770.  |              | <b>21,770.</b> |
| <b>4a</b> Capital gain net income (attach Schedule D)                                     | <b>4a</b>         |              |                |
| <b>b</b> Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)                 | <b>4b</b>         |              |                |
| <b>c</b> Capital loss deduction for trusts  | <b>4c</b>         |              |                |
| <b>5</b> Income (loss) from partnerships and S corporations (attach statement)            | <b>5</b>          |              |                |
| <b>6</b> Rent income (Schedule C)   | <b>6</b>          |              |                |
| <b>7</b> Unrelated debt-financed income (Schedule E)                                      | <b>7</b>          |              |                |
| <b>8</b> Interest, annuities, royalties, and rents from controlled organizations (Sch. F) | <b>8</b>          |              |                |
| <b>9</b> Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) | <b>9</b>          |              |                |
| <b>10</b> Exploited exempt activity income (Schedule I)                                   | <b>10</b>         |              |                |
| <b>11</b> Advertising income (Schedule J)   | <b>11</b>         |              |                |
| <b>12</b> Other income (See instructions; attach schedule.)                               | <b>12</b>         |              |                |
| <b>13 Total.</b> Combine lines 3 through 12   | <b>13</b> 21,770. |              | <b>21,770.</b> |

**Part II Deductions Not Taken Elsewhere** (see instructions for limitations on deductions.)  
 (Except for contributions, deductions must be directly connected with the unrelated business income.)

|  |            |                |
|--|------------|----------------|
| <b>14</b> Compensation of officers, directors, and trustees (Schedule K)   | <b>14</b>  |                |
| <b>15</b> Salaries and wages   | <b>15</b>  |                |
| <b>16</b> Repairs and maintenance  | <b>16</b>  |                |
| <b>17</b> Bad debts  | <b>17</b>  |                |
| <b>18</b> Interest (attach schedule)   | <b>18</b>  |                |
| <b>19</b> Taxes and licenses   | <b>19</b>  |                |
| <b>20</b> Charitable contributions (See instructions for limitation rules.)  | <b>20</b>  |                |
| <b>21</b> Depreciation (attach Form 4562)  | <b>21</b>  |                |
| <b>22</b> Less depreciation claimed on Schedule A and elsewhere on return  | <b>22a</b> | <b>22b</b>     |
| <b>23</b> Depletion  | <b>23</b>  |                |
| <b>24</b> Contributions to deferred compensation plans   | <b>24</b>  |                |
| <b>25</b> Employee benefit programs  | <b>25</b>  |                |
| <b>26</b> Excess exempt expenses (Schedule I)  | <b>26</b>  |                |
| <b>27</b> Excess readership costs (Schedule J)   | <b>27</b>  |                |
| <b>28</b> Other deductions (attach schedule)   | <b>28</b>  | <b>10,073.</b> |
| <b>29 Total deductions.</b> Add lines 14 through 28  | <b>29</b>  | <b>10,073.</b> |
| <b>30</b> Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13                                       | <b>30</b>  | <b>11,697.</b> |
| <b>31</b> Net operating loss deduction (limited to the amount on line 30)  | <b>31</b>  |                |
| <b>32</b> Unrelated business taxable income before specific deduction. Subtract line 31 from line 30   | <b>32</b>  | <b>11,697.</b> |
| <b>33</b> Specific deduction (Generally \$1,000, but see instructions for exceptions)  | <b>33</b>  | <b>1,000.</b>  |
| <b>34 Unrelated business taxable income.</b> Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32 | <b>34</b>  | <b>10,697.</b> |

**Part III Tax Computation**

|   |  |            |        |
|---|--|------------|--------|
| <b>35 Organizations Taxable as Corporations.</b> See instructions for tax computation.<br>Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> See instructions and:                     |  |            |        |
| <b>a</b> Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):<br>(1) \$ _____ (2) \$ _____ (3) \$ _____   |  |            |        |
| <b>b</b> Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ _____<br>(2) Additional 3% tax (not more than \$100,000) \$ _____   |  |            |        |
| <b>c</b> Income tax on the amount on line 34  |  | <b>35c</b> | 1,605. |
| <b>36 Trusts Taxable at Trust Rates.</b> See instructions for tax computation. Income tax on the amount on line 34 from:<br><input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) |  | <b>36</b>  |        |
| <b>37 Proxy tax.</b> See instructions   |  | <b>37</b>  |        |
| <b>38 Alternative minimum tax</b>   |  | <b>38</b>  |        |
| <b>39 Total.</b> Add lines 37 and 38 to line 35c or 36, whichever applies   |  | <b>39</b>  | 1,605. |

**Part IV Tax and Payments**

|  |            |        |        |
|--|------------|--------|--------|
| <b>40a</b> Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)   | <b>40a</b> |        |        |
| <b>b</b> Other credits (see instructions)  | <b>40b</b> |        |        |
| <b>c</b> General business credit. Attach Form 3800   | <b>40c</b> |        |        |
| <b>d</b> Credit for prior year minimum tax (attach Form 8801 or 8827)  | <b>40d</b> |        |        |
| <b>e</b> Total credits. Add lines 40a through 40d  | <b>40e</b> |        |        |
| <b>41</b> Subtract line 40e from line 39   | <b>41</b>  |        | 1,605. |
| <b>42</b> Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule) | <b>42</b>  |        |        |
| <b>43</b> Total tax. Add lines 41 and 42   | <b>43</b>  |        | 1,605. |
| <b>44a</b> Payments: A 2007 overpayment credited to 2008   | <b>44a</b> |        |        |
| <b>b</b> 2008 estimated tax payments   | <b>44b</b> |        |        |
| <b>c</b> Tax deposited with Form 8868  | <b>44c</b> | 1,709. |        |
| <b>d</b> Foreign organizations: Tax paid or withheld at source (see instructions)  | <b>44d</b> |        |        |
| <b>e</b> Backup withholding (see instructions)   | <b>44e</b> |        |        |
| <b>f</b> Other credits and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other _____ Total  | <b>44f</b> |        |        |
| <b>45</b> Total payments. Add lines 44a through 44f  | <b>45</b>  |        | 1,709. |
| <b>46</b> Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>  | <b>46</b>  |        | 54.    |
| <b>47</b> Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed <b>STATEMENT 3</b>  | <b>47</b>  |        |        |
| <b>48</b> Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid   | <b>48</b>  |        | 50.    |
| <b>49</b> Enter the amount of line 48 you want: Credited to 2009 estimated tax _____ Refunded _____  | <b>49</b>  |        | 10.    |

**Part V Statements Regarding Certain Activities and Other Information** (See instructions on page 18)

|   |     |    |
|---|-----|----|
| <b>1</b> At any time during the 2008 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here | Yes | No |
|   |     | X  |
| <b>2</b> During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see page 5 of the instructions for other forms the organization may have to file.  |     | X  |
| <b>3</b> Enter the amount of tax-exempt interest received or accrued during the tax year \$ _____   |     |    |

**Schedule A - Cost of Goods Sold.** Enter method of inventory valuation

N/A

|   |           |    |   |          |    |
|---|-----------|----|---|----------|----|
| <b>1</b> Inventory at beginning of year | <b>1</b>  | 0. | <b>6</b> Inventory at end of year   | <b>6</b> | 0. |
| <b>2</b> Purchases                      | <b>2</b>  |    | <b>7</b> Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2                                  | <b>7</b> |    |
| <b>3</b> Cost of labor                  | <b>3</b>  |    | <b>8</b> Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? | Yes      | No |
| <b>4a</b> Additional section 263A costs | <b>4a</b> |    |   |          | X  |
| <b>b</b> Other costs (attach schedule)  | <b>4b</b> |    |   |          |    |
| <b>5</b> Total. Add lines 1 through 4b  | <b>5</b>  |    |   |          |    |

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer: **COPY** Date: \_\_\_\_\_ Title: **EXECUTIVE DIRECTOR**

May the IRS discuss this return with the preparer shown below (see instructions)?  Yes  No

**Paid Preparer's Use Only**

Preparer's signature: **JAN A. ROSATI** Date: **03/10/10** Check if self-employed  Preparer's SSN or PTIN: **P00047985**

Firm's name (or yours if self-employed), address, and ZIP code: **MACIAS GINI & O'CONNELL LLP**  
**3000 S STREET, SUITE 300**  
**SACRAMENTO, CA 95816**

EIN: **68-0300457** Phone no.: **916-418-2670**

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)(see instr. on pg 19)

1 Description of property

Table with 4 rows for property descriptions (1-4).

Table for Rent received or accrued, with columns (a) From personal property, (b) From real and personal property, and 3(a) Deductions directly connected with the income.

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) 0. (b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) 0.

Schedule E - Unrelated Debt-Financed Income (See instructions on page 19)

Table for Unrelated Debt-Financed Income, with columns 1-4: Description of debt-financed property, Gross income from or allocable to debt-financed property, Deductions directly connected with or allocable to debt-financed property (a) Straight line depreciation, (b) Other deductions.

Table for Unrelated Debt-Financed Income, with columns 4-8: Amount of average acquisition debt on or allocable to debt-financed property, Average adjusted basis of or allocable to debt-financed property, Column 4 divided by column 5, Gross income reportable (column 2 x column 6), Allocable deductions (column 6 x total of columns 3(a) and 3(b)).

Totals 0. Total dividends-received deductions included in column 8 0.

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (See instructions on page 20)

Table for Controlled Organizations, with columns 1-6: Name of controlled organization, Employer identification number, Net unrelated income (loss), Total of specified payments made, Part of column 4 that is included in the controlling organization's gross income, Deductions directly connected with income in column 5.

Table for Nonexempt Controlled Organizations, with columns 7-11: Taxable income, Net unrelated income (loss), Total of specified payments made, Part of column 9 that is included in the controlling organization's gross income, Deductions directly connected with income in column 10.

Totals 0. Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A). Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).

**Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization**  
(see instructions on page 21)

| 1 Description of income | 2 Amount of income | 3 Deductions directly connected (attach schedule) | 4 Set-asides (attach schedule) | 5 Total deductions and set-asides (col. 3 plus col. 4) |
|-------------------------|--------------------|---|--------------------------------|--|
| (1)                     |                    |   |                                |  |
| (2)                     |                    |   |                                |  |
| (3)                     |                    |   |                                |  |
| (4)                     |                    |   |                                |  |
| <b>Totals</b>           | 0.                 |   |                                | 0.   |

**Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income**  
(see instructions on page 21)

| 1 Description of exploited activity | 2 Gross unrelated business income from trade or business | 3 Expenses directly connected with production of unrelated business income | 4 Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7. | 5 Gross income from activity that is not unrelated business income | 6 Expenses attributable to column 5 | 7 Excess exempt expenses (column 6 minus column 5, but not more than column 4). |
|-------------------------------------|--|--|---|--|-------------------------------------|---|
| (1)                                 |  |  |   |  |                                     |   |
| (2)                                 |  |  |   |  |                                     |   |
| (3)                                 |  |  |   |  |                                     |   |
| (4)                                 |  |  |   |  |                                     |   |
| <b>Totals</b>                       | 0.   | 0.   |   |  |                                     | 0.  |

**Schedule J - Advertising Income** (see instructions on page 21)

**Part I Income From Periodicals Reported on a Consolidated Basis**

| 1 Name of periodical                       | 2 Gross advertising income | 3 Direct advertising costs | 4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7. | 5 Circulation income | 6 Readership costs | 7 Excess readership costs (column 6 minus column 5, but not more than column 4). |
|--|----------------------------|----------------------------|---|----------------------|--------------------|--|
| (1)  |                            |                            |   |                      |                    |  |
| (2)  |                            |                            |   |                      |                    |  |
| (3)  |                            |                            |   |                      |                    |  |
| (4)  |                            |                            |   |                      |                    |  |
| <b>Totals (carry to Part II, line (5))</b> | 0.                         | 0.                         |   |                      |                    | 0.   |

**Part II Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

| 1 Name of periodical               | 2 Gross advertising income | 3 Direct advertising costs | 4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7. | 5 Circulation income | 6 Readership costs | 7 Excess readership costs (column 6 minus column 5, but not more than column 4). |
|------------------------------------|----------------------------|----------------------------|---|----------------------|--------------------|--|
| (1)                                |                            |                            |   |                      |                    |  |
| (2)                                |                            |                            |   |                      |                    |  |
| (3)                                |                            |                            |   |                      |                    |  |
| (4)                                |                            |                            |   |                      |                    |  |
| (5) <b>Totals from Part I</b>      | 0.                         | 0.                         |   |                      |                    | 0.   |
| <b>Totals, Part II (lines 1-5)</b> | 0.                         | 0.                         |   |                      |                    | 0.   |

**Schedule K - Compensation of Officers, Directors, and Trustees** (see instructions on page 22)

| 1 Name       | 2 Title | 3 Percent of time devoted to business | 4 Compensation attributable to unrelated business |
|--------------|---------|---------------------------------------|---|
|              |         | %                                     |   |
|              |         | %                                     |   |
|              |         | %                                     |   |
|              |         | %                                     |   |
| <b>Total</b> |         |                                       | 0.  |

FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY STATEMENT 1

MEMBERSHIP DUES COLLECTED FROM ALUMNI AND FAMILY MEMBERS OF THE UNION MEMBERS

TO FORM 990-T, PAGE 1

FORM 990-T OTHER DEDUCTIONS STATEMENT 2

| DESCRIPTION                          | AMOUNT  |
|--------------------------------------|---------|
| THIRD PARTY MEMBERSHIP EXPENSE       | 10,073. |
| TOTAL TO FORM 990-T, PAGE 1, LINE 28 | 10,073. |

FORM 990-T INTEREST AND PENALTIES STATEMENT 3

|                                 |        |
|---------------------------------|--------|
| AMOUNT FROM FORM 990-T, PART IV | <104.> |
| UNDERPAYMENT PENALTY            | 54.    |
| LATE PAYMENT INTEREST           | 16.    |
| LATE PAYMENT PENALTY            | 24.    |
| TOTAL AMOUNT DUE                | <10.>  |

FORM 990-T LATE PAYMENT INTEREST STATEMENT 4

| DESCRIPTION                 | DATE     | AMOUNT   | BALANCE | RATE  | DAYS | INTEREST |
|-----------------------------|----------|----------|---------|-------|------|----------|
| TAX DUE                     | 11/15/09 | 1,605.   | 1,605.  | .0400 | 92   | 16.      |
| EXTENSION PAYMENT           | 02/15/10 | <1,709.> | <88.>   | .0400 | 11   |          |
| DATE FILED                  | 02/26/10 |          | <88.>   |       |      |          |
| TOTAL LATE PAYMENT INTEREST |          |          |         |       |      | 16.      |

FORM 990-T

LATE PAYMENT PENALTY

STATEMENT 5

| DESCRIPTION                | DATE     | AMOUNT   | BALANCE | MONTHS | PENALTY |
|----------------------------|----------|----------|---------|--------|---------|
| TAX DUE                    | 11/15/09 | 1,605.   | 1,605.  | 3      | 24.     |
| EXTENSION PAYMENT          | 02/15/10 | <1,709.> | <104.>  | 1      |         |
| DATE FILED                 | 02/26/10 |          | <104.>  |        |         |
| TOTAL LATE PAYMENT PENALTY |          |          |         |        | 24.     |

# Application for Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box  ▶
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).  ▶

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only  ▶

*All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.*

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

|  |  |   |
|--|--|---|
| <b>Type or print</b>   | Name of Exempt Organization<br><b>SONOMA STUDENT UNION CORPORATION</b>   | Employer identification number<br><b>94-2341673</b> |
| File by the due date for filing your return. See instructions. | Number, street, and room or suite no. If a P.O. box, see instructions.<br><b>1801 E. COTATI AVE.</b>                     |   |
|  | City, town or post office, state, and ZIP code. For a foreign address, see instructions.<br><b>ROHERT PARK, CA 94928</b> |   |

**Check type of return to be filed** (file a separate application for each return):

- |                                      |   |                                    |
|--------------------------------------|---|------------------------------------|
| <input type="checkbox"/> Form 990    | <input checked="" type="checkbox"/> Form 990-T (corporation)      | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 8870 |

**LETITIA COATE**

- The books are in the care of ▶ **1801 E. COTATI AVE - ROHNET PARK, CA 94928**  
Telephone No. ▶ **707-664-2836** FAX No. ▶ \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box  ▶
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension will cover.

**1** I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **MAY 15, 2010**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
▶  calendar year \_\_\_\_\_ or  
▶  tax year beginning **JUL 1, 2008**, and ending **JUN 30, 2009**.

**2** If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

|   |           |                  |
|---|-----------|------------------|
| <b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.  | <b>3a</b> | \$ <b>1,709.</b> |
| <b>b</b> If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.   | <b>3b</b> | \$ <b>0.</b>     |
| <b>c Balance Due.</b> Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. | <b>3c</b> | \$ <b>1,709.</b> |

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box  **X**

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

|   |  |   |                                |
|---|--|---|--------------------------------|
| <b>Part II</b>  |  | <b>Additional (Not Automatic) 3-Month Extension of Time.</b> Only file the original (no copies needed). |                                |
| Type or print<br>File by the extended due date for filing the return. See instructions. | Name of Exempt Organization  |   | Employer identification number |
|   | SONOMA STUDENT UNION CORPORATION   |   | 94-2341673                     |
|   | Number, street, and room or suite no. If a P.O. box, see instructions.<br>1801 E. COTATI AVE.                      |   | For IRS use only               |
|   | City, town or post office, state, and ZIP code. For a foreign address, see instructions.<br>ROHNERT PARK, CA 94928 |   |                                |

**Check type of return to be filed** (File a separate application for each return):

Form 990   
  Form 990-EZ   
  Form 990-T (sec. 401(a) or 408(a) trust)   
  Form 1041-A   
  Form 5227   
  Form 8870  
 Form 990-BL   
  Form 990-PF   
  Form 990-T (trust other than above)   
  Form 4720   
  Form 6069

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

LETITIA COATE

• The books are in the care of **▶ 1801 E. COTATI AVE - ROHNERT PARK, CA 94928**  
 Telephone No. **▶ 707-664-2836**      FAX No. **▶**

• If the organization does not have an office or place of business in the United States, check this box  **X**

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box  **X**. If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **MAY 15, 2010**

5 For calendar year \_\_\_\_\_, or other tax year beginning **JUL 1, 2008**, and ending **JUN 30, 2009**

6 If this tax year is for less than 12 months, check reason:  Initial return     Final return     Change in accounting period

7 State in detail why you need the extension  
**ADDITIONAL TIME IS REQUESTED IN ORDER TO GATHER NEEDED INFORMATION NECESSARY TO PROCESS AN ACCURATE RETURN.**

|  |           |               |
|--|-----------|---------------|
| <b>8a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.   | <b>8a</b> | \$            |
| <b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. | <b>8b</b> | \$            |
| <b>c Balance Due.</b> Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.              | <b>8c</b> | \$ <b>N/A</b> |

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature **▶** \_\_\_\_\_ Title **▶ EXECUTIVE DIRECTOR** Date **▶** \_\_\_\_\_