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Form **990**

Department of the Treasury

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

2009

Open to Public

B Che		2009 cal	endar yea	r, or tax year beginning 0	7-01-2009 and ending 06-30-20	010		
– Addı	ck ıf aı	pplicable	Please	C Name of organization THE CAMPANILE FOUNDATION	DN		D Employer ide	entification number
	ress ch	ange	use IRS label or	Doing Business As			33-086841 E Telephone nu	
Nam	ne char	nge	print or type. See	Doing business As				
Initia	al retur	rn	Specific Instruc-		box if mail is not delivered to street add	lress) Room/suite	(619) 594-8 G Gross receipts	
Tem	nınated	d	tions.	5500 CAMPANILE DRIVE			C Gloss receipts	
- Ame	ended r	return		City or town, state or counti SAN DIEGO, CA 921828030		•	1	
Appl	lication	pending		3AN BIEGO, CA 321020030				
		Γ		ne and address of principa	ıl officer		– ns a group returr	
				uth Carleton CAMPANILE DRIVE		affili	ates?	⊤Yes ▼ No
			SAN D	IEGO,CA 921828030		H(b) Are a	ll affiliates includ	ed?
. Tav	-ovem	nt status	F 501(a)) (3) ◀ (insert no)				(see instructions)
					(a)(1) or 1 327	H(c) Gro	up exemption nu	mber 🟲
₩ e	ebsite	∷► www	newscent	er sdsu edu/tcf/				
				tion Trust Association	Other 🕨	L Year of fo	ormation 1999	State of legal domicile Ca
Par	tΙ							
	1	•		•	or most significant activities community expertise, oversight :	and advocacy t	o increase priva	te giving and to manaç
ا ج		the phila	nthropic a	ssets of the University				
aovemance								
.								
5	2	Check th	nis box 🛏	if the organization disco	ntinued its operations or dispose	ed of more than		
8			_		body (Part VI, line 1a)			3
Acuviues &					he governing body (Part VI, line	1b)		2
				nployees (Part V, line 2a)			5	
₹				olunteers (estimate if nece	n Part VIII, column (C), line 12		7-	
					n Form 990-T, line 34		7a 7t	
		TTCC GITTC	Tated Basi	Treas taxable meeme non	101111 3 30 17 11110 34 1 1	Prid	or Year	Current Year
	8	Contrib	utions and	d grants (Part VIII, line 1	h)		25,114,594	23,830,682
횰	9				g)			(
Revenue	10				, lines 3, 4, and 7d)		2,330,543	3,022,450
æ	11	Othern	evenue (P	art VIII, column (A), line	s 5, 6d, 8c, 9c, 10c, and 11e)			(
	12				st equal Part VIII, column (A), l	ıne	27 445 127	26 052 122
\longrightarrow	13				column (A), lines 1–3)		9,691,518	26,853,132
	14				olumn (A), line 4)	·	54,629	13,869,067
	15		•	, ,	enefits (Part IX, column (A), lines	5.5-	34,029	
8	15	10)	s, other co	imperisation, employee be	ments (rait IX, column (A), imes		4,464,058	C
Expenses	16a	Profess	ional fund	raising fees (Part IX, coli	ımn (A), lıne 11e)			C
ਡੈ∣	b	Total fun	draising exp	enses (Part IX, column (D), line	: 25) - 1,271,110	_		
_	17	Othere	xpenses ((Part IX, column (A), lines	11a-11d, 11f-24f)		6,037,009	5,655,892
	18				qual Part IX, column (A), line 25)		20,247,214	19,524,959
	19	Revenu	e less exp	enses Subtract line 18 f	rom line 12		7,197,923	7,328,173
Not Assets or Fund Balances						_	g of Current Year	End of Year
18 g	20	Total a	ssets (Par	rt X, line 16)			146,749,526	163,181,237
28 28 18	21			Part X, line 26)			18,178,177	16,291,104
2 <u>.</u>	22	Netass	ets or fun	d balances Subtract line	21 from line 20		128,571,349	146,890,133
Par	t II	Signa	ture Blo	ock				
					mined this return, including accompanyi ion of preparer (other than officer) is ba			
			., 10 13 1140, 1			isca on an informa	don or which prepar	er nas any knowleage
		****					-05-11	
_		Signa	ture of office	∶ r		Date		
_			J Slaughter or print nam					
_		iype	or brille Hatti	C and tide		I	1	
_		<u> r </u>			Date	Check If	Preparer's identif	ving number
Here		Preparer's				self-	(see instructions	
Sign Here Paid		signature	<u> </u>			self- empolyed •	(see instructions	
Here Paid Prepa		signature	me (or yours	s RSM McGladrey Inc			(see instructions	
Paid		signature Firm's nai	me (or yours	RSM McGladrey Inc 515 S Flower Street 41st F			()

Cat No 11282Y

Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

To provide San Diego State University with community expertise, oversight, and advocacy to increase private giving and to manage the philanthropic assets of the University

						Form 990 (2009)
4e	Total program serv	rice expenses►\$	17,920,54	6		
	(Expenses \$	6,640,328 inc	ludıng grants o	f\$ 3,32	6,080) (Revenue \$	9,760,138)
4d	Other program ser	vices (Describe in Sch	edule O) See a	also Additional Data	for Description	
	Foundation expended seducational mission of include but are not limitentrepreneurial Manage Business Administration	\$1,477,093 as part of progra the college, the foundation s ted to, the Schools of Accour ement Center and Business i include faculty support, stud	m services to suppurported various of tancy, Finance, I Development Profest Services	port College of Business A directed programs within information and Decisions grammatic services provices, program excellence,	ided in an effort to improve and	Beyond supporting the broad ration. These directed programs ent, Center for International Business continue the mission of the College of the Program service accomplishment.
4c	(Code) (Expenses \$	1,477,093	ıncludıng grants of \$	739,862) (Revenue	\$ 2,171,072)
		the Campanile Foundation p				State University During the year Alumni Center and several other
4b	(Code) (Expenses \$	3,850,878	including grants of \$	3,850,878) (Revenue	\$ 5,660,125)
	Office of Financial Aid a		AS works in coordi			Funds are provided to the University's applicable laws, policies and donor
4a	(Code) (Expenses \$	5,952,247	ıncludıng grants of \$	5,952,247) (Revenue	\$ 6,239,348)
4	Section 501(c)(3) a		ions and sectio	on 4947(a)(1) trusts	e largest program services are required to report the n service reported	
	If "Yes," describe th	ese changes on Sched	ule O			
3	Did the organization services?	cease conducting, or r	•	t changes in how it o	onducts, any program	┌ Yes ┌ No
	If "Yes," describe th	ese new services on So	hedule O			
2		undertake any signific or 990-EZ?			ar which were not listed on	┌ Yes ┌ No

Dart TV	Chackli	ct of Do	auirad	Schedules
2 II T 1 A	CHECKII	SL UI KE	:uuii eu	ociieuuie:

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		N o
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		N o
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	Yes	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	Yes	
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? If "Yes," complete Schedule D, Part IV	9	Yes	
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Νο
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		Νο
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 U S? If "Yes," complete Schedule F, Part II	15		Νο
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 U S ? <i>If "Yes," complete Schedule F, Part III</i>	16		Νο
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> " <i>Yes,"</i> complete Schedule G, Part I	17		Νο
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," complete Schedule G, Part II	18		Νο
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νo

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
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? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
Ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
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? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
	IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Νο
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		Νο
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Νο
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	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? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm 99 0	(2009)

Part V	Statements	Regarding	Other IR	S Filings and	Tax	Compliance
--------	------------	-----------	----------	---------------	-----	------------

			Yes	No
1a	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	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c		
2a	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	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		140
la	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)?	4a		No
b	If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
ā	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νο
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5с		
а	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		Νo
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Νo
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7e		Νo
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		Νo
	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		Νο
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		Νo
	Sponsoring organizations maintaining donor advised funds.			110
	Did the organization make any taxable distributions under section 4966?	9a		Νo
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		No
0	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
1	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			

5500 CAMPANILE DRIVE SAN DIEGO, CA 92182

(619) 594-8941

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Se	ection A. Governing Body and Management						
			Yes	No			
1a	Enter the number of voting members of the governing body 1a 31						
b	Enter the number of voting members that are independent 1b 27						
2	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?	2		Νο			
3	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?	3	Yes				
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Νο			
5	Did the organization become aware during the year of a material diversion of the organization's assets?						
6	Does the organization have members or stockholders?	6		Νo			
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes				
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Yes				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following						
а	The governing body?	8a	Yes				
b	Each committee with authority to act on behalf of the governing body?	8b	Yes				
9	Is there any officer, director, 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	9		Νο			
	ection B. Policies (This Section B requests information about policies not required by the Internal evenue Code.)						
			Yes	No			
10a	Does the organization have local chapters, branches, or affiliates?	10a	Yes				
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?	10b	Yes				
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes				
11A	A Describe in Schedule O the process, if any, used by the organization to review the Form 990						
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes				
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise						
	to conflicts?	12b	Yes				
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes				
13	Does the organization have a written whistleblower policy?	13	Yes				
14	Does the organization have a written document retention and destruction policy?	14	Yes				
15	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?						
	The organization's CEO, Executive Director, or top management official	15a	Yes				
b	Other officers or key employees of the organization	15b		Νο			
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νο			
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?	16b					
	List the Cates with which a case of this Form 000 is required to be fled to 0						
17 18	List the States with which a copy of this Form 990 is required to be filed CA						
10	Section 6104 requires an organization to make its Form 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. See Additional Data Table						
20	State the name, physical address, and telephone number of the person who possesses the books and records of th	ne orga	nızatıor	n 🕨			
	sarah slaughter CFO						

Part VIII 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 Report compensation for the calendar year ending with or within the organization's tax year. 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 all of the organization's current key employees. See instructions for definition of "key employee."
- 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, or 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 i		sate any	/ curi	rent	or fo	rmer o	ffice	r, director, trustee	or key employee	
(A) Name and Title	(B) Average hours	Posit	(0	;) ched	:k al			(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
See add'l data										

1b	Total	25		278,896
2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶0			
			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> "Yes," complete Schedule J for such individual	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5	res	No
S	ection B. Independent Contractors			
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization			
	(A) Name and business address (B) Description of services		(C Compen	
2	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization > 0			
		F	orm 990	(2009)

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Form 990 (2009)

Form 99			-f Davisson					Page 9
Part V	<u> </u>	Statement o	of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513, or 514
nts nts	1a	Federated cam	paigns 1a					
Contributions, gifts, grants and other similar amounts	b	Membership du	es	302,036				
કે, ઉ	С	Fundraising eve	ents 1c					
≝,≝	d	Related organiz	ations 1d					
ns, imi	e	Government grants	s (contributions) 1e					
ntion er s	f	All other contribution	ons, gifts, grants, and 1f	23,528,646				
e de la composición dela composición de la composición de la composición de la composición dela composición de la composición dela composición dela composición dela composición de la composición de la composición del composición dela c	g	Noncash contri	butions included in					
혈		IIIIes Ta-TI \$ _	59,786 	_	22.020.600			
<u>5 2</u>	h	Total. Add lines	s 1a-1f	•	23,830,682			
<u> </u>				Business Code				
Program Service Revenue	2a							
<u>æ</u>	Ь							
MCA	С .							
<i>3</i> 8	d							
an E	e							
Ş	f	All other progra	ım service revenue					
<u>~</u>	g	Total. Add lines	s 2a-2f	▶				
	3		ome (including dividen		2.022.450	2 022 450		
	_		ar amounts) tment of tax-exempt bond		3,022,450	3,022,450		
	4 5			proceeds				
		Royalties	(ı) Real	(II) Personal				
	6a	Gross Rents	. ,	,				
	b	Less rental expenses						
	с	Rental income						
	d	or (loss) Net rental incoi	me or (loss)					
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of						
		assets other than inventory						
	ь	Less cost or other basis and						
		sales expenses						
	C .ı	Gain or (loss)	- \					
	d 8a	Gross income f	s)	· · · · · ·				
<u>e</u>		events (not inc						
Other Revenue		\$	reported on line 1c)					
چ م		See Part IV, lin						
<u>-</u>			a					
捶	b c		penses b loss) from fundraising	events ►				
_	9a		rom gaming activities					
		See Part IV, lin	e 19					
	ь	Laca direct ov	a penses b					
	c		loss) from gaming acti	lvities►				
	10a	Gross sales of						
		returns and allo	owances . a					
	ь	Less cost of a	oods sold b					
	c		loss) from sales of inve	entory 🕦				
		Miscellaneous		Business Code				
	11a							
	b							
	С							
	d	All other reven	ue					
	e	Total. Add lines	s 11a-11d					
	12	Total revenue	See Instructions .					
		. J. a. i . o v Ciludi		· ·	26,853,132	3,022,450	0	0

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).									
			(B), (C), and ((D).	(D)					
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses					
1	Grants and other assistance to governments and organizations in the U S $$ See Part IV , line 21 $$	13,869,067	13,869,067							
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									
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$									
7	Other salaries and wages									
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)									
9	Other employee benefits									
10	Payroll taxes									
11	Fees for services (non-employees)									
а	Management									
ь	Legal	11,381		11,206	175					
c	Accounting	40,000		40,000						
d	Lobbying	,								
e	Professional fundraising See Part IV, line 17									
f	Investment management fees	53,441		53,441						
g	Other	390,636	284,582	10,270	95,784					
12	Advertising and promotion	257,966	200,336	3,938	53,692					
13	Office expenses	2,580,447	2,318,634	53,830	207,983					
14	Information technology	, ,	, ,	,						
15	Royalties									
16	Occupancy	160,464	147,197	7,189	6,078					
17	Travel	456,314	69,134	1,200	387,180					
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	150/511	03,131		307,100					
19	Conferences, conventions, and meetings	92,580	57,838	13,993	20,749					
20	Interest	·								
21	Payments to affiliates									
22	Depreciation, depletion, and amortization									
23	Insurance									
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)									
а	TRUST DISTRIBUTIONS	821,000	821,000							
ь	Allocation of Reimburse	638,724		139,436	499,288					
c	temporary support	83,273	83,273							
d	Misc Expenses	69,666	69,485		181					
e										
f	All other expenses									
25	Total functional expenses. Add lines 1 through 24f	19,524,959	17,920,546	333,303	1,271,110					
26	Joint costs. Check here ► ☐ 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				rm 990 (2009)					

Pa	rt X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	87,442	1	
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	5,192,918	3	6,589,686
	4	Accounts receivable, net	984,480	4	537,914
	5	Receivables from current and former officers, directors, trustees, key employees, and			
		highest compensated employees 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			
70		Schedule L		6	
ssets	7	Notes and loans receivable, net	8,505,951	7	8,505,951
8	8	Inventories for sale or use		8	
⋖	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D			
	ь	Less accumulated depreciation 10b		10c	
	11	Investments—publicly traded securities	69,829,831	11	83,090,066
	12	Investments—other securities See Part IV, line 11	23,832,216	12	24,676,541
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	38,316,688	15	39,781,079
	16	Total assets. Add lines 1 through 15 (must equal line 34)	146,749,526	16	163,181,237
	17	Accounts payable and accrued expenses .	377,004	17	300,860
	18	Grants payable		18	
	19	Deferred revenue	4,035,649	19	3,777,288
10	20	Tax-exempt bond liabilities		20	
<u>. a</u>	21	Escrow or custodial account liability $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
Ï		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 to unrelated third parties		24	
	25	Other liabilities Complete Part X of Schedule D	13,765,524	25	12,212,956
	26	Total liabilities. Add lines 17 through 25	18,178,177	26	16,291,104
S)		Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27			
ĕ		through 29, and lines 33 and 34.	2 702 220		1 111 000
<u>ಣ</u>	27	Unrestricted net assets	-3,792,320	27	-1,111,990
Fund Balance	28	Temporarily restricted net assets	55,202,009	28	65,297,846
ĭ	29	Permanently restricted net assets	77,161,660	29	82,704,277
ΓFI		Organizations that do not follow SFAS 117, check here ► ☐ and complete lines 30 through 34.			
s or	30	Capital stock or trust principal, or current funds		30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund		31	
d SS	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net /	33	Total net assets or fund balances	128,571,349	33	146,890,133
Ž	34	Total liabilities and net assets/fund balances	146,749,526	34	163,181,237
. ——			1 .5,5,320		

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both			
	Separate basis Consolidated basis Both consolidated and separated basis			
3а	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?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Form **990** (2009)

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

Inspection

		ie organization ILE FOUNDATION	Employer identif	icat ion nui	mber					
			33-0868418							
Pa	rt I	Reason for Public Charity Status (All organizations must complete this pa	rt.) See ınstruc	tions						
The	organı	zation is not a private foundation because it is (For lines 1 through 11, check only one box)							
1	Γ	A church, convention of churches, or association of churches section 170(b)(1)(A)(i).								
2	Γ	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)								
3	Γ	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A	A)(iii).							
4	Γ	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	굣	An organization operated for the benefit of a college or university owned or operated by a g	governmental unit	t described	ın					
		section 170(b)(1)(A)(iv). (Complete Part II)								
6	Γ	A federal, state, or local government or governmental unit described in section 170(b)(1)((A)(v).							
7	Γ	An organization that normally receives a substantial part of its support from a government described in	tal unit or from the	e general p	ublic					
		section 170(b)(1)(A)(vi) (Complete Part II)								
8	Г	A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)								
9	Г	An organization that normally receives (1) more than 331/3% of its support from contribu	itions, membersh	ıp fees, and	d gros	S				
		receipts from activities related to its exempt functions—subject to certain exceptions, and	d (2) no more tha	n 331/3% d	of					
		its support from gross investment income and unrelated business taxable income (less se	ection 511 tax) fr	om busines	sses					
		acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part	III)							
10	Г	An organization organized and operated exclusively to test for public safety See section 5	09(a)(4).							
11	Γ	An organization organized and operated exclusively for the benefit of, to perform the functione or more publicly supported organizations described in section 509(a)(1) or section 50 the box that describes the type of supporting organization and complete lines 11e through a Type I b Type III c Type III - Functionally integrated	09(a)(2) See sec n 11h)(3).	Check				
e	Г	By checking this box, I certify that the organization is not controlled directly or indirectly other than foundation managers and other than one or more publicly supported organization section 509(a)(2)	•	•	•					
f		If the organization received a written determination from the IRS that it is a Type I, Type I check this box	II or Type III sup	porting or	ganıza	ation,				
g		Since August 17, 2006, has the organization accepted any gift or contribution from any of following persons?		_						
		(i) a person who directly or indirectly controls, either alone or together with persons descr	rıbed ın (ıı)		Yes	No				
		and (III) below, the governing body of the the supported organization?		11g(i)						
		(ii) a family member of a person described in (i) above?		11g(ii)						
		(iii) a 35% controlled entity of a person described in (i) or (ii) above?		11g(iii)						
h		Provide the following information about the supported organization(s)								

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organization in col (i) listed in your governing document?		col (i) of your col (i) organize support? in the U.S.?		Is the organization in col (i) organized		
		ınstructions))	Yes	No	Yes	No	Yes	No	
Total									

Support Schedule for Organizations Described in IRC 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.) Part II

	(Complete only if ye	d enecked the	box on line 3, 1	, or o or rure i	••/		
	ection A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
_	membership fees received (Do not	. 29 462 42	0 24 022 640	24 260 421	25 114 504	22 920 692	136,701,767
	ınclude any "unusual	28,463,42	0 24,923,640	34,369,431	25,114,594	23,830,682	130,701,767
	grants ")						
2	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its						
_	behalf						
3	The value of services or facilities furnished by a governmental unit						
	to the organization without						
	charge						
4	Total. Add lines 1 through 3	28,463,42	0 24,923,640	34,369,431	25,114,594	23,830,682	136,701,767
5	The portion of total contributions						
•	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						27,810,906
	on line 1 that exceeds 2% of the						
	amount shown on line 11, column						
_	(f)						
6	Public Support. Subtract line 5 from line 4						108,890,861
S	ection B. Total Support						
	endar year (or fiscal year	() 2005	(1) 2006	() 2007	(D 2000	() 2000	/C) T
	beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	A mounts from line 4	28,463,420	2,568,277	34,369,431	25,114,594	23,830,682	136,701,767
8	Gross income from interest,						
	dividends, payments received on	4 044 560	2 560 277	2.760.025	2 220 542	2 022 450	42 526 665
	securities loans, rents, royalties	1,844,560	2,568,277	2,760,835	2,330,543	3,022,450	12,526,665
	and income from similar						
9	sources Net income from unrelated						
9	business activities, whether or						
	not the business is regularly						
	carried on						
10	Other income (Explain in Part						
	IV) Do not include gain or loss						
	from the sale of capital						
	assets						
11	Total support (Add lines 7						149,228,432
12	through 10) L Gross receipts from related activity	los etc (See ins	tructions)			142	
				41		[12]	
13	First Five Years If the Form 990 is check this box and stop here	ioi the organizat	ion's mist, second,	, tillia, lourtii, or i	iitii tax year as a :	501 (C)(3) 01ga1112	.ation, ▶□
S	ection C. Computation of Pul						
14	Public Support Percentage for 200	9 (line 6 column	(f) divided by line	11 column (f))		14	72 970 %
15	Public Support Percentage for 200	8 Schedule A, Pa	art II, line 14			15	79 850 %
16a	33 1/3% support test-2009. If the	e organization did	not check the box	on line 13, and l	ine 14 is 33 1/3%	or more, check t	his box
	and stop here. The organization qua	•					▶ ▽
ь	33 1/3% support test—2008. If the				a, and line 15 is 3	33 1/3% or more,	- -
17~	box and stop here. The organizatio 10%-facts-and-circumstances test			-	na 13 165 ar 166	and line 14	►
L/a	is 10% or more, and if the organiza	-					
	in Part IV how the organization me						ed
	organization	Idets all	_ 3	organiz	and a qualified us	_ pasci, suppoi	.eu ▶□
Ь	10%-facts-and-circumstances test	— 2008. If the ord	janization did not d	heck a box on lir	ne 13, 16a, 16b, o	r 17a and line	•
	15 is 10% or more, and if the orga						
	Explain in Part IV how the organiza	ition meets the "	facts and circumst	ances" test The	organization qual	ifies as a publicly	
	supported organization						► □
18	Private Foundation If the organizat	tion did not checl	k a box on line 13,	16a, 16b, 17a o	r 17b, check this l	box and see	.
	ınstructıons						▶ □

Part III Support Schedule for Organizations Described in IRC 509(a)(2)

	(Complete only if you	cnecked the	box on line 9 o	r Part I.)			
	ction A. Public Support				1	T	ı
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
_	include any "unusual grants ")						
2	Gross receipts from admissions, merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt						
3	purpose Gross receipts from activities that				+		
3	are not an unrelated trade or						
	business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
_	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5				-		
7a	A mounts included on lines 1, 2, and 3 received from disqualified						
	persons				1		
ь	Amounts included on lines 2 and 3						
	received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
8	Public Support (Subtract line 7c						
	from line 6)						
	ction B. Total Support		1			1	Γ
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
ь	Unrelated business taxable						
	ıncome (less section 511 taxes)						
	from businesses acquired after						
_	June 30, 1975 Add lines 10a and 10b						
c 11	Net income from unrelated						
11	business activities not included						
	ın lıne 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include gain or loss from the sale of						
	capital assets (Explain in Part						
	IV)						
13	Total support (Add lines 9, 10c,						
14	11 and 12) First Five Years If the Form 990 is for	or the organizat	lon's first, second	L third fourth or	l fifth tax vear as a	1 a 501(c)(3) organ	l uzation
	check this box and stop here	or the organizat		., 4,	men tax your as t	(c)(c) c.gu.	▶ ┌
	ction C. Computation of Publ						
15	Public Support Percentage for 2009	(line 8 column	(f) divided by line	13 column (f))		15	
16	Public support percentage from 200	8 Schedule A , F	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	ome Percenta	ge			
17	Investment income percentage for 2	009 (line 10c c	olumn (f) dıvıded	by line 13 columi	n (f))	17	
18	Investment income percentage from	2008 Schedule	A, Part III, line 1	L 7		18	
19a	33 1/3% support tests—2009. If the	organization di	d not check the b	ox on line 14, and	d line 15 is more	than 33 1/3% and	d line 17 is not
	more than 33 1/3%, check this box a	ind stop here. T					
L	organization 33 1/3% support tests—2008. If the	► C	d not chastes here	on line 14 amilion	100 and line 4	5 ic mara +ha= 22	1/20/2 and line
b	שר בו בע suppoit tests—zouo. If the	organization (I	и посепеска вох	OILLINE TH OLINE	= ⊥⊃a, anu nne 1(us more man 33	1/370 and ine

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Schedule A (Form 990 or 990-EZ) 2009

DLN: 93493136043041

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions.

Name of the organization **Employer identification number** THE CAMPANILE FOUNDATION 33-0868418

Pa	organizations Maintaining Donor A		inds or Account	s. Complete if the
	organization answered "Yes" to Form 9	(a) Donor advised funds	(h) Funds and	other accounts
1	Total number at end of year	12	(D) Farius and	
2	Aggregate contributions to (during year)	59,804		
3	Aggregate grants from (during year)	0		
4	Aggregate value at end of year	680,367		
5	Did the organization inform all donors and donor adv	visors in writing that the assets held in dono	or advised	✓ Yes 「No
_	funds are the organization's property, subject to the)* 165 NO
6	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the be conferring impermissible private benefit	5 5	•	✓ Yes
Pai	rt III Conservation Easements. Complete	e if the organization answered "Yes" to	Form 990, Part I	V, line 7.
2	Purpose(s) of conservation easements held by the of Preservation of land for public use (e.g., recreated Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qua	tion or pleasure) Preservation of an Preservation of a c	ertified historic stru	
	easement on the last day of the tax year	Г		- 1 (1) 1/
_	Total number of conservation easements		2a Held at th	e End of the Year
a b	Total acreage restricted by conservation easement	e	2b	
c	Number of conservation easements on a certified hi		2c	
d	Number of conservation easements included in (c) a	``'	2d	
		_ ·		
3	Number of conservation easements modified, transf the taxable year ▶	erred, released, extinguished, or terminated	a by the organization	i during
4	Number of states where property subject to conserv	∕ation easement is located ►		
5	Does the organization have a written policy regardir enforcement of the conservation easements it holds	ng the periodic monitoring, inspection, hand s?	ling of violations, an	d Yes No
6	Staff and volunteer hours devoted to monitoring, ins	pecting and enforcing conservation easeme	ents during the year	>
7	A mount of expenses incurred in monitoring, inspect	ing, and enforcing conservation easements	during the year ► \$	
8	Does each conservation easement reported on line 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	2(d) above satisfy the requirements of sect	cion	┌ Yes
9	In Part XIV, describe how the organization reports of balance sheet, and include, if applicable, the text of the organization's accounting for conservation ease	the footnote to the organization's financial		
Par	Complete if the organization answered		or Other Similar	Assets.
1a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fi	d for public exhibition, education or researc	h ın furtherance of p	
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these item	public exhibition, education, or research in		•
	(i) Revenues included in Form 990, Part VIII, line	1	► \$	859,786
	(ii) Assets included in Form 990, Part X		► \$	859,786
2	If the organization received or held works of art, his following amounts required to be reported under SFA			
а	Revenues included in Form 990, Part VIII, line 1		► \$	

b Assets included in Form 990, Part X

Part	Organizations Maintaining Co	llections of Art	, His	tori	<u>cal Tre</u>	asur	es, or (<u>Othe</u>	<u>r Simil</u>	<u>ar Asse</u>	ets (c	ontınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any	y of th	ne foll	lowing tha	at are	a signific	ant u	se of its	collectio	n	
а	Public exhibition		d	Γ	Loan or	excha	nge prog	ırams				
ь	Scholarly research		e	Γ	Other							
С	Preservation for future generations											
4	Provide a description of the organization's co	ollections and expla	ın hov	w the	y further	the or	ganızatıo	n's ex	empt pu	rpose in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than to								ıılar	حا حا	Yes	┌ No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an ar	ements. Comple	ete ıf	the	organiza	ation			es" to F	orm 99	0,	
1a	Is the organization an agent, trustee, custoo included on Form 990, Part X?	ian or other interme	dıary	for c	ontributio	ons or	other as	sets r	not	Γ	Yes	✓ No
b	If "Yes," explain the arrangement in Part XI	/ and complete the	follow	ing ta	able					A mo	unt	
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 Fo	orm 990 Part V June	ر 1 ر م								Yes	
			c 21'							10	1 65	, 140
	If "Yes," explain the arrangement in Part XI\ rt V Endowment Funds. Complete		ı anc	Wer/	ad "Vec"	to Fo	orm QQA	Dar	t IV lin	e 10		
Га	Endowment Funds. Complete	(a)Current Year		b)Prior						ars Back (e)Four Y	'ears Back
1a	Beginning of year balance	102,654,245	,-		0,635,167			1				
b	Contributions	6,487,185		13	3,297,100							
c	Investment earnings or losses	14,013,060		-16	6,235,405							
d	Grants or scholarships	1,523,904		:	1,264,225							
e	Other expenditures for facilities and programs	5,189,782		13	3,039,442							
f	Administrative expenses	729,844			738,950							
g	End of year balance	115,710,960		102	2,654,245							
2	Provide the estimated percentage of the yea	r end balance held a	as					I				
а	Board designated or quasi-endowment	18.000 %										
ь	Permanent endowment - 82.000 %											
c	Term endowment ► 0 %											
3a	Are there endowment funds not in the posse	ssion of the organiza	atıon	that a	are held a	ınd adı	mınıstere	ed for	the			
	organization by	J									Yes	No
	(i) unrelated organizations									. 3a(i)		No
_	(ii) related organizations									3a(ii)	1	No
	If "Yes" to 3a(II), are the related organizatio	•						•	• •	. 3b		
4 Date	Describe in Part XIV the intended uses of the tVI Investments—Land, Building:) Da.:	+ V 1:5-	10				
Feli	t VI Investments—Land, Building	s, anu Equipme	11 6. 5				i '					
	Description of investment				a) Cost or o		(b)Cost o basis (o			cumulated reciation	(d) E	Book value
1a	Land											
b	Buildings								1			
С	Leasehold improvements		•						1			
d	Equipment											
	Other											
Tota	I. Add lines 1a-1e <i>(Column (d) should equal Fo</i>	orm 990, Part X, colur	nn (B,), line	10(c).)				•	•		0
									Sche	edule D (Form 9	90) 20

Part VII Investments—Other Securities. See (a) Description of security or category		d of valuation
(including name of security)	(b)Book value	year market value
Financial derivatives	_	
Closely-held equity interests Other		
SSGA - COMINGLED INDEX FUND	13,579,238	F
Blackrock	3,618,129	F
RREEF - REAL ESTATE INVESTMENT TRUST	7,479,174	F
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	, ,	
Part VIII Investments—Program Related. See		d of valuation
(a) Description of investment type	(b) Book value	year market value
		_
	_	_
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)		
Part IX Other Assets. See Form 990, Part X, lir		
(a) Descrip	tion	(b) Book value
DUE FROM AFFILIATE - SDSURF - See Sch D, Part XIV BENEFICIAL INTEREST IN TRUST		35,566,767 4,214,312
DENETICINE IN TREEST IN TROOP		7,211,312
		_
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1	5.)	 39,781,079
Part X Other Liabilities. See Form 990, Part X		
	7, line 25.	
1 (a) Description of Liability	(, line 25. (b) A mount	
1 (a) Description of Liability Federal Income Taxes	(b) A mount	
1 (a) Description of Liability Federal Income Taxes ACCRUED LIABILITIES	(b) A mount	
1 (a) Description of Liability Federal Income Taxes	(b) A mount	
1 (a) Description of Liability Federal Income Taxes ACCRUED LIABILITIES	(b) A mount	
1 (a) Description of Liability Federal Income Taxes ACCRUED LIABILITIES	(b) A mount	
1 (a) Description of Liability Federal Income Taxes ACCRUED LIABILITIES	(b) A mount	
1 (a) Description of Liability Federal Income Taxes ACCRUED LIABILITIES	(b) A mount	
1 (a) Description of Liability Federal Income Taxes ACCRUED LIABILITIES	(b) A mount	
1 (a) Description of Liability Federal Income Taxes ACCRUED LIABILITIES	(b) A mount	
1 (a) Description of Liability Federal Income Taxes ACCRUED LIABILITIES	(b) A mount	
1 (a) Description of Liability Federal Income Taxes ACCRUED LIABILITIES	(b) A mount	
1 (a) Description of Liability Federal Income Taxes ACCRUED LIABILITIES	(b) A mount	
1 (a) Description of Liability Federal Income Taxes ACCRUED LIABILITIES	(b) A mount	
1 (a) Description of Liability Federal Income Taxes ACCRUED LIABILITIES	(b) A mount	

Pai	TEXT Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	26,853,132
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	19,524,959
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	7,328,173
4	Net unrealized gains (losses) on investments	4	10,990,611
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	10,990,611
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	18,318,784
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	37,843,743
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
е	Add lines 2a through 2d	2e	10,990,611
3	Subtract line 2e from line 1	3	26,853,132
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
С	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	26,853,132
	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	
1	Total expenses and losses per audited financial statements	1	19,524,959
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
ь	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	19,524,959
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	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	19,524,959
Dai	t 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 Also complete this part to provide any

Ident if ier	Return Reference	Explanat ion
Part III, Line 1a		The Campanile Foundation accepts various historical collections and treasures as donations in kind on behalf of San Diego State University (SDSU) Once accepted by the Foundation, donations of historical treasures and works of art are transferred to the custody of SDSU pursuant to Donor Stipulations and / or due to the value of the item in furthering the University's educational mission
Part V, Line 4	Description of Intended Use of Endowment Funds	The Campanile Foundation's Endowment funds are dedicated for the benefit of San Diego State University Endowments generally support program excellence, student scholarships administered by the University and Faculty excellence. The vast majority of The Campanile Foundation's endowments are donor restricted to a specific use at San Diego State University.
		Part IX, Line 1a Due From Affiliate - Reflects Amounts held on behalf of the Campanile Foundation by the San Diego State University Research Foundation Amounts are held in a pooled cash portfolio containing Primarily short duration U S Government Securities, U S Government Agency Securities and Investment grade Corporate Securities The focus of the pooled portfolio investment policy is principal protection Part IX, Line 1b Beneficial Interest in Trust - The Campanile Foundation acts as trustee for various charitable remainder trusts Discounted value of the beneficial interest of these trusts is reported as an asset on the face of the Foundation's financial statements Part X, Line 1 The Campanile Foundation (SDSURF) to participate in its long-term investment pool Amounts are recorded as a Due to SDSURF on The Campanile Foundation has adopted certain provisions of ASC 740 (FIN 48), accounting for income taxes The organization has reviewed its tax position for all open tax years and concluded that the adoption of the provisions of ASC 740 (FIN 48) did not have an impact on the financial statement position

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Part I General Information on Grants and Assistance

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. ► Attach to Form 990

OMB No 1545-0047

2009

DLN: 93493136043041

Open to Public Inspection

Internal Revenue Service |
Name of the organization
THE CAMPANILE FOUNDATION

Department of the Treasury

Schedule I

(Form 990)

Inspection Employer identification number

33-0868418

Form 990, Part I	V, line 21 for any	o Governments and recipient that received to be additional space	d more than \$5,000.	Check this box if r	no one recipient rec	eived more than \$5,	000. Use
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAN DIEGO STATE JNIVERSITY	330373293	170	11,449,512		Book		SCHOLARSHIPS AND REIMBURSED SALARIES AND BENEFITS
San Diego State University Research Foundation	956042721	501(c)(3)	2,419,555		Book		Reimbursed salaries and benefits
Enter total number of sect Enter total number of othe		-					-

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
	l		l .	I	

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Ident if ier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S		Schedule I, Part I, Line 2 The Campanile Foundation accepts contributions to Student Scholarship Programs on behalf of San Diego State University Scholarship funds are provided by the University's Office of Financial Aid and Scholarships (OFAS) OFAS administers the University Scholarship programs in accordance with the policies of the California State University System and San Diego State University, applicable federal law and regulations, along with the restrictions contained in individual donor agreements. The amount of Scholarships awarded by the OFAS and funded by the Campanile Foundation was \$5,952,247. The Campanile Foundation contributed to certain capital construction activities and other programs administered by San Diego State University. The amount of funds granted to the University for this purpose during the year reported on this return was \$3,850,877. Additionally, the Campanile Foundation reimburses its related organizations, the San Diego State University Research Foundation and San Diego State University, for certain salaries and benefits paid to staff on respective organizations when philanthropic dollars are raised to support such salaries and benefits. The amount of funds granted for this purpose during the year reported on this return was \$2,419,556 to San Diego State University Research Foundation and \$1,646,387 to San Diego State University.

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DLN: 93493136043041

OMB No 1545-0047

Schedule J

Compensation Information (Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees ► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name of the organization THE CAMPANILE FOUNDATION

Department of the Treasury

Internal Revenue Service

Employer identification number

33-0868418

Рa	Questions Regarding Compensation				
				Yes	Νo
1a	Check the appropiate box(es) if the organization provided 990, Part VII, Section A, line 1a Complete Part III to pr				
	First-class or charter travel	Housing allowance or residence for personal use			
	Travel for companions	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Health or social club dues or initiation fees			
	☐ Discretionary spending account ☐	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organiz reimbursement orprovision of all the expenses described		1b		
2	Did the organization require substantiation prior to reimbo officers, directors, trustees, and the CEO/Executive Direc		2	Yes	
3	Indicate which, if any, of the following the organization use organization's CEO/Executive Director Check all that ap				
	Compensation committee	Written employment contract			
	Independent compensation consultant	_			
	Form 990 of other organizations	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part V or a related organization	II, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control paym	ent?	4a		Νo
Ь	Participate in, or receive payment from, a supplemental n	onqualified retirement plan?	4b		Νo
С	Participate in, or receive payment from, an equity-based	compensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide	the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must co	mplete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1 compensation contingent on the revenues of	a, did the organization pay or accrue any			
а	The organization?		5a		Νo
b	Any related organization?		5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III				
6	For persons listed in form 990, Part VII, Section A, line 1 compensation contingent on the net earnings of	a, did the organization pay or accrue any			
а	The organization?		6a		Νo
b	Any related organization?		6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III				
7	For persons listed in Form 990, Part VII, Section A, line payments not described in lines 5 and 6? If "Yes," descri		7		No
8	Were any amounts reported in Form 990, Part VII, paid o	r accured pursuant to a contract that was			
	subject to the initial contract exception described in Regs	s section 53 4958-4(a)(3)? If "Yes," describe			
	ın Part III		8		Νo
9	If "Yes" to line 8, did the organization also follow the rebusection 53 4958-6(c)?	ttable presumption procedure described in Regulations	9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space 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-MIS		(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
	(ı) (ıı)	0 286,871	0 0	0 0	0 48,008		- 1	0
MARY RUTH CARLETON	(1) (11)	0 215,559	0 0	0 0	0 36,074	0 30,036	~	0
GREGORY LEVIN	(I) (II)	0 138,684	0 0	0	0 23,232	_	- 1	0
	\bigsqcup							
					_			

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

]	Ident if ier	Ret urn Ref erence	Explanation
]	Ident if ier	Reference	Explanation

Schedule J (Form 990) 2009

DLN: 93493136043041

OMB No 1545-0047

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SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

NonCash Contributions

Name of the organization **Employer identification number** THE CAMPANILE FOUNDATION

D-	rt I Types of Property				33-0868418			
Рa	TGT Types of Property	(a) Check If applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line	(d) Method of de reven	etermi	nıng	
1	Art—Works of art	Х	1	-	APPRAISAL			
	Art—Historical treasures			40,300	ATTRAISAL			
4		×		43.020	COMPARABLE SAL	EC		
	Clothing and household	<u> </u>		43,020	COMPARABLE SAL	LJ		
3	goods							
6	Cars and other vehicles							
7	Boats and planes							
_	Intellectual property							
	Securities—Publicly traded .	X	32	246.827	AVG HI/LOW GIFT	Date		
	Securities—Closely held stock .			,				
	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Qualified conservation contribution—Other							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies .							
21	Taxıdermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
	AUCTION							
25	Other►(<u>ITEMS</u>)	X	214	87,094	COMPARABLE SAL	ES		
	ARCHIVAL	l						
	Other ► (MATERIAL)	X	30	214,863	COMPARABLE SAL	ES		
	Other►(JIPMENT/CONST)	×	30	203 997	COMPARABLE SAL	FS		
LQC	EVENT		30	203,337	COMI AKABEL SAL			
28	Other ► (MATERIALS)	X	28	15,485	COMPARABLE SAL	ES		
29	Number of Forms 8283 received	by the org		•				
	for which the organization compl	eted Form 8	3283, Part IV , Donee Ackr	nowledgement	29			
							Yes	No
30a	During the year, did the organiza	ition receiv	e by contribution any prope	erty reported in Part I, lines	1-28 that it			
	must hold for at least three year	s from the o	date of the initial contributi	on, and which is not require	d to be used			
	for exempt purposes for the enti	re holdıng p	eriod?			30a		No
ь	If "Yes," describe the arrangeme	ent in Part 1	II					
31	Does the organization have a gif			review of any non-standard	contributions?	31	Yes	
32a	Does the organization hire or use contributions?	e third part	ies or related organizations	to solicit, process, or sell	non-cash			
						32a		No_
	If "Yes," describe in Part II		m a aluman /- \ f-u - \	managata fayada da)			
33	If the organization did not report describe in Part II	revenues i	n column (c) for a type of p	roperty for which column (a) is cnecked,			

Page 2

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier Return Reference Explanation

Schedule M (Form 990) 2009

Software ID: Software Version:

EIN: 33-0868418

Name: THE CAMPANILE FOUNDATION

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SCHEDULE O (Form 990)

Supplemental Information to Form 990

2009

DLN: 93493136043041

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

Open to Public Inspection

Name of the organization THE CAMPANILE FOUNDATION

Employer identification number

33-0868418

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 3		The Campanile Foundation (the Foundation) has contracted with its related organization the SDSU Foundation, doing business as the San Diego State University Research Foundation (SDSURF), for general accounting, business and banking services. As part of this agreement, SDSURF acts as a custodian for The Campanile Foundation's working capital. Amounts related to this agreement are recorded on The Campanile Foundation's financial statements as a "due from" in the amount of \$35,566,767.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7a		The President of San Diego State University and the Vice President for University Relations and Development are Ex Officio Board Members with full voting rights. The President of the University must approve nominees to the Board of Directors in writing prior to appointment to the Foundation's Board.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7b		In accordance with the California Code of Regulations Section 42402, the University President is required to assure that the Foundation acts in conformance with policies of the California State University System and those of San Diego State University. In this regard, the President can discontinue any program or expenditures that he or she determines inconsistent with the aforementioned policies.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		A Draft copy of the Form 990 was provided to the Foundation's Audit Committee for review prior to filing. As part of the review process, the CFO explained any changes to the Form 990 and answered all committee members' questions.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		The Campanile Foundation provides each board member with a written copy of the Foundation's Conflict of Interest policy annually. Upon receipt, Foundation directors are asked to review the policy and disclose any potential conflicts in writing. The Foundation's secretary then reviews conflict of interest statements, reports any conflict to the Business and Financial Affairs department of the University, and works with the Board of Directors to ensure no action is taken by the Board in a manner inconsistent with existing policy.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15a		The Campanile Foundation Chief Executive Officer and Chief Financial Officer are employees of San Diego State University (SDSU) SDSU fully funds the salary of the Foundation's Chief Executive Officer and the Campanile Foundation reimburses the University for the cost of the Chief Financial Officer's salary. The compensation for both the Chief Executive Officer and the Chief Financial Officer are set in a manner consistent with SDSU and California State University system policy.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		The Campanile Foundation's 990 tax return is available on the website http://newscentersdsuedu/tcf In addition, as a matter of policy, the Foundation provides paper or electronic copies of all documents, including the 990, upon request. Form 990, Part VIII, Line 1B. The Campanile Foundation receives gifts for the San Diego State University. Alumni Association and the Aztec Club. As a result of this, the Campanile Foundation is the recipient of membership and contribution revenue. Form 990, Part IX, Lines 5, 6, and 24b. The Campanile Foundation (the Foundation) does not currently have any employees. However, the Foundation, through a contractual relationship with its related organizations, San Diego State University (SDSU) and San Diego State University Research Foundation (SDSURF), funds positions on the payroll of SDSU and SDSURF. For the period reported on this tax return, a reclass of expenses that had been in previous years classified as salaries and benefits, have been reclassified as grants in Line 1, and as allocation of reimbursed compensation, line 24B. These expenses are paid for by SDSU and SDSURF, and as such, are reflected as grant expense to that related party (see schedule I) or miscellaneous expense as reimbursed compensation.

ldentifier	Return Reference	Explanation
Form 990, Part XI, Line 2C		this process has not changed from the prior year

ldentifier	Return Reference	Explanation
Schedule R, Part V		The primary function of the Foundation is to support San Diego State University Accordingly, several transfers have been made to San Diego State University and are reported as grants to a government agency on Form 990, Part IX

DLN: 93493136043041

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

► Attach to Form 990. ► See separate instructions.

2009

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization THE CAMPANILE FOUNDATION				Employer ident	ification number
				33-0868418	
Part I Identification of Disregarded Entities (Compl	ete if the organization	n answered "Yes" (on Form 990, Part 1	(V, line 33.)	
(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
Part II Identification of Related Tax-Exempt Organi or more related tax-exempt organizations during t	zations (Complete i he tax year.)	f the organization a	answered "Yes" on	Form 990, Part	IV, line 34 because it had one
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity s (if section 501(d	status (f) Direct controlling c)(3)) entity
SAN DIEGO STATE UNIVERSITY					
5500 CAMPANILE DRIVE	CALIFORNIA STATE UNIVERSITY	CA	GOVERNMENT		N/A
SAN DIEGO, CA 92182 33-0373293					
San Diego State University Foundation 5250 Campanile Drive San Diego, CA 92182 95-6042721	Provide research, educational, and community service programs	CA	501(c)(3)		N/A

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end asset		(h Disprop allocat	ortionate	Code amount II Sched	(i) V—UBI n box 20 of ule K-1 n 1065)	(j Gener mana partr	al or Iging
								Yes	No			Yes	No
				s a Corporation or s treated as a corpo				nswer	ed "Y	es" on F	orm 990, P	art IV,	
	cause it had one t		ciacca organización.				(f))	Ī	(a)	(h)		
(a) Name, address, and EIN o	f related organization	(b) Primary ad	ctivity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	Share of incor	f total	Sh end-	(g) nare of -of-year issets	(h) Percentag ownership		
									1				
									1				

(6)

Schedule R (Form 990) 2009			Pag	je 3
Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line	34, 35, or 36.)			
Note. Complete line 1 if any entity is listed in Parts II, III or IV		Y	'es	No
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?				
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a			No
b Gift, grant, or capital contribution to other organization(s)	1b	Y	'es	
c Gift, grant, or capital contribution from other organization(s)	1c			No
d Loans or loan guarantees to or for other organization(s)	1d			No
e Loans or loan guarantees by other organization(s)	1e	Y	'es	
	4.5		\dashv	
f Sale of assets to other organization(s)	1f	+-	\dashv	No
g Purchase of assets from other organization(s)	1g	+-	\dashv	No
h Exchange of assets	1h 1i	4	\dashv	No
i Lease of facilities, equipment, or other assets to other organization(s)	11	+	\dashv	No
j Lease of facilities, equipment, or other assets from other organization(s)	1j	Y	'es	
k Performance of services or membership or fundraising solicitations for other organization(s)	1k	: Y	es	
Performance of services or membership or fundraising solicitations by other organization(s)	11	Y	'es	
m Sharing of facilities, equipment, mailing lists, or other assets	1m	n Y	'es	
n Sharing of paid employees	1n	Y	'es	
• Reimbursement paid to other organization for expenses	10	Y	'es	
p Reimbursement paid by other organization for expenses	1р			No
q O ther transfer of cash or property to other organization(s)	1q	-	'es	
	1q 1r	_	'es	
r Other transfer of cash or property from other organization(s)	11	1,	<u></u>	
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 an	nd transaction thresholds			

(a) Name of other organization	(D) Transaction type(a-r)	(c) Amount involved
(1) SAN DIEGO STATE UNIVERSITY	В	11,449,512
(2) SAN DIEGO STATE UNIVERSITY - LOAN FOR UPGRADE TO SOFTWARE SYSTEM	E	75,000
(3) San Diego State University Research Foundation	В	2,419,555
(4)		
(5)		

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(c) (d) al domicile te or foreign country) country) (d) Are all partners section 501(c)(3) organizations?		rs end-of-year n assets 3) ions?		r) ortionate tions?	(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	mana part	(h) General oi managing partner?	
			Yes	No		Yes	No		Yes	N	
									+-	╁	
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Additional Data

Software ID: Software Version:

EIN: 33-0868418

Name: THE CAMPANILE FOUNDATION

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

(Code) (Expenses \$ 6,640,328 including grants of \$ 3,326,080) (Revenue \$ 9,760,138)

The remaining \$6,640,329 of program expenses reflect support of all other programs throughout the University including, but not limited to, the Colleges of Professional Studies and Fine Arts, Health and Human Services, Arts and Letter, Engineering, Education, Sciences, as well as student services such as Library Services, Associated Students, Career Services, Academic Services, and Undergraduate Studies

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

Compensated Employees, and	(B)	lent C			UI S			(D)	/E\	(F)	
(A) Name and Title	A verage hours		tion (II		(D) Reportable compensation	(E) Reportable compensation	Estimated amount of other compensation	
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	from the organization and related organizations	
STEPHEN WEBER UNIVERSITY PRESIDENT/DIR	3 00	х		x				О	286,871	82,344	
christopher sickels CHAIRMAN OF THE BOARD	50	х						0	0	C	
TERRY ATKINSON DIRECTOR	50	x						o	0	C	
THOMAS AULT DIRECTOR	50	Х						0	0	0	
MALIN BURNHAM DIRECTOR	50	х						0	0	0	
MARY RUTH CARLETON CHIEF EXECUTIVE OFFICER	12 00	х		х				0	215,559	66,110	
DOROTHY CODLING DIRECTOR	50	Х						0	0	C	
MARY CURRAN DIRECTOR	50	х						0	0	С	
TOM DARCY DIRECTOR	50	Х						0	0	С	
STEVEN DAVIS DIRECTOR	50	х						0	0	С	
A LEXIS FO WLER DIRECTOR	50	х						0	0	С	
JEFF GLAZER DIRECTOR	50	х						0	81,730	32,971	
ALAN GOLD DIRECTOR	50	х						0	0	C	
DAN GROSS DIRECTOR	50	Х						0	0	C	
CHRISTY HILTON DIRECTOR	50	Х						0	0	(
BRUCE IVES DIRECTOR	50	Х						0	0	C	
RICH KERR DIRECTOR	50	Х						0	0	C	
RODNEY LANTHOME DIRECTOR	50	Х						0	0	C	
JEFFERY LIPINKSY DIRECTOR	50	Х						0	0	C	
GREG LUCIER DIRECTOR	50	Х						0	0	C	
BETSY MANCHESTER DIRECTOR	50	Х						0	0	C	
KEN MCCAIN DIRECTOR	50	Х						0	0	C	
Jack MCGRORY DIRECTOR	50	Х						0	0	C	
MARK MCMILLIN DIRECTOR	50	Х						0	0	C	
VINCENT MUDD DIRECTOR	50	х						0	0	C	

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

										,
(A) Name and Title	(B) Average hours		((tion (that a	(che		II		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
RALPH PESQUEIRA DIRECTOR	50	Х						0	0	0
PATRICIA ROSCOE DIRECTOR	50	х						0	0	0
Jım SINEGAL DIRECTOR	50	Х						0	0	0
WILLIAM TONG DIRECTOR	50	х						0	107,723	31,410
WILLIAM TRUMPFHELLER DIRECTOR	50	Х						0	0	0
BOB WHITE DIRECTOR	50	Х						0	0	0
GREGORY LEVIN CHIEF FINANCIAL OFFICER	40 00			х				0	138,684	37,952
LYNSEY Buerer CORPORATE SECRETARY	50			х				0	57,758	28,109