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Form **990** 

Department of the Treasury Internal Revenue Service

### **Return of Organization Exempt From Income Tax**

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

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

2009

OMB No 1545-0047

Inspection

A Fo	r the	2009 ca	lendar yea	r, or tax year beginning	07-01-2009 and ending 06-30-2	2010				
		pplicable	Please	C Name of organization UNIVERSITY OF SAN DIEC	GO		D Employer i	dentification number		
☐ Ad	dress ch	nange	use IRS label or	Doing Business As			95-25445 E Telephone			
∏ Na	me cha	nge	print or type. See	Doing Business As			·			
┌ Inı	tıal retu	rn	Specific Instruc-		O box if mail is not delivered to street ac	ddress) Room/su	(619) 260			
Гте	mınate	d	tions.	5998 ALCALA PARK			<b>G</b> Gross receipt	ts \$ 681,226,712		
┌ Am	ended	return		City or town, state or cou		I				
┌ <sub>Ap</sub>	plication	n pending		SAN DIEGO, CA 9211024	192					
			F Nan	ne and address of princ	ıpal officer	H(a) Io	this a group retu	urn for		
			MARYI	E LYONS PHD .			filiates?	⊤Yes ▼ No		
				LCALA PARK IEGO,CA 921102492	2					
			5/(10)	1200,011 921102192	-	-	e all affiliates inclu			
Ta	x-exem	npt status	▼ 501(c)	(3) <b>◄</b> (insert no )	947(a)(1) or		"No," attach a lis roup exemption r	st (see instructions)		
			/W SANDIE				Toup exemption i	idilibel F		
				ion Trust Association	Other -	<b>L</b> Year o	of formation 1949	M State of legal domicile CA		
Pa	rt I			. ,						
	1			e organization's missio RY EDUCATION	n or most significant activities					
3										
Governance										
ē										
ò	2	Check t	this box 🛏	if the organization dis	continued its operations or dispos	sed of more th	an 25% of its net			
	3	Number	r of voting r	nembers of the governı	ng body (Part VI, line 1a)		•	3 41		
80	4	Number	r of indepen	dent voting members o	f the governing body (Part VI, line	e 1b)		440		
Activities &	5	Total nu	umber of en	nployees (Part V , line 2	(a)			55,407		
ŧ	6	Total nu	umber of vo	lunteers (estimate if ne	ecessary)			61,283		
∢	7a	Total gr	ross unrela	ted business revenue fi	rom Part VIII, column (C), line 12			<b>7a</b> 1,937,921		
	b	Net unr	elated busı	ness taxable income fr	om Form 990-T, line 34			<b>7b</b> 185,645		
						ı	Prior Year	Current Year		
	8	Contri	butions and	d grants (Part VIII, line	e1h)		21,267,569	27,128,140		
를	9	Progra	ım service	revenue (Part VIII, line	e 2g)		288,507,650	302,190,534		
Rayenue	10	Invest	tment incor	ne (Part VIII, column (		-25,043,497	4,081,707			
茁	11	Other	revenue (P	art VIII, column (A ), lı		14,894,053	13,755,149			
	12	Totalı	revenue—a	dd lines 8 through 11 (i	must equal Part VIII, column (A ),	line				
					<del> </del>		299,625,775	347,155,530		
	13				X, column (A), lines 1-3)		64,831,014	75,193,450		
	14		•		, column (A), line 4)			0		
82	15	Saları 10)	es, other co	ompensation, employee	benefits (Part IX, column (A), line	es 5-	156,483,207	161,627,599		
Expenses	16a	•	sional fund	raising foos (Part IV c	olumn (A), line 11e)		130,103,207	101,027,333		
<u>Φ</u>										
五	b		- '	enses (Part IX, column (D),	,	-	05.604.603	88,864,408		
	17				nes 11a-11d, 11f-24f)					
	18				equal Part IX, column (A), line 25		316,995,914	325,685,457		
	19	Reven	ue less exp	enses Subtract line 18	8 from line 12		-17,370,139	21,470,073		
\$ 8 8 8						Begin	ning of Current Year	End of Year		
Not Assets or Fund Balances	20	Totala	assets (Par	t X. line 16) -			833,552,451	884,684,573		
88 88	21						275,272,816	279,115,809		
2 E	22		•		ne 21 from line 20	_	558,279,635	605,568,764		
	rt III		ature Blo			·	330,273,033	003,300,704		
					examined this return, including accompan	vina schedules ai	nd statements, and to	the best of my knowledge		
					ration of preparer (other than officer) is t					
Sign Here		****	*** ature of office	ar .			011-05-12 ate			
HEI	-	[ ]				D.	ate			
			ndert R Hering e or print nam	VP FOR BUSINESS SERVICE	ES .					
		F 'ype	or print nam	e and tide	T	T	1_			
		Preparer signature		a J Mayer	Date	Check If self-	Preparer's ider (see instruction	ntıfyıng number ns)		
Paid		-	· F	· · <del>- , - ,</del>		empolyed 🕨		•		
	arer's		ame (or yours	Moss Adams LLP	,		EIN Þ			
Use	Only		nployed), and ZIP + 4	9665 Granite Ridge Driv	ve Suite 600		— LIN F			
				San Diego, CA 92123			Phone no 🕨	(858) 627-1400		
——— Мау	the IR	.S discus	s this retu		own above? (see instructions) .			✓ Yes  No		

#### Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

The Univer	sity of San Diego i	s a Roman Catho	olic institution	committed to	o advancing academic	excellence,	expanding l	iberal and p	rofessional
knowledae	creating a diverse	and inclusive c	ommunity and	preparing lea	aders dedicated to etl	nical conduc	t and compa	ssionate se	rvice

2		n undertake any signifi or 990-EZ?		luring the year v	which were not listed on	┌ Yes ┌ No
	If "Yes," describe th	nese new services on S	Schedule O			
3	_	• • • • • • • • • • • • • • • • • • • •	make significant change		ducts, any program	┌ Yes ┌ No
	If "Yes," describe th	nese changes on Sche	dule O			
4	Section 501(c)(3) a	and 501(c)(4) organiza	_	(a)(1) trusts ar	argest program services b e required to report the an ervice reported	
	(Code	) (Expenses \$	258,280,332 including	g grants of \$	75,193,450 ) (Revenue \$	314,190,556 )
	The University of San I	, , ,	condary education of approx			raduate and professional students,
4b	(Code	) (Expenses \$	ıncludıng	grants of \$	) (Revenue \$	)
4c	(Code	) (Expenses \$	including	grants of \$	) (Revenue \$	)
4d	Other program ser	vices (Describe in Sc	hedule O )			
	(Expenses \$	inc	luding grants of \$		) (Revenue \$	)
4e	Total program serv	/ice expenses►\$	258,280,332			

Dart TV	Checklis	t of De	auired	Schadula	
allutv	CHECKIIS	LUIKE	uuneu	Scheuule	18

			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		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	Yes	
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		No
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		No
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	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Νο
b	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? <i>If</i> "Yes," complete Schedule F, Part II	15		No
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 ? If "Yes," complete Schedule F, Part III	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> "Yes," complete Schedule G, Part I	17		N o
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
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		N o
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νo

Par	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		Νο
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	Yes	
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	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νo
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		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Νo
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		Νο
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	Yes	
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		Νο
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		Νο
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
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		Νο
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		Νο
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? <i>If</i> "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		No
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	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "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?	38	Yes	

Part V	Statements	Regarding	Other II	RS 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							
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1</b> c	Yes					
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	Yes					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	Yes					
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes					
4a	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	Yes					
Ь	If "Yes," enter the name of the foreign country ►MX, CJ, NT, BD, EI  See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	Yes					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	Yes					
c	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?							
6a	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?							
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b						
7	- ,							
	a 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?							
	<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?							
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		N o				
	· · · · · · · · · · · · · · · · · · ·							
е	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		Νο				
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g						
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h						
8	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						
9	Sponsoring organizations maintaining donor advised funds.							
а	Did the organization make any taxable distributions under section 4966?	9a						
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b						
10	Section 501(c)(7) organizations. Enter							
	Initiation fees and capital contributions included on Part VIII, line 12 10a							
Ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities							
11	Section 501(c)(12) organizations. Enter							
	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?  If "Yes," enter the amount of tax-exempt interest received or accrued during the	12a						
D	year							

5998 ALCALA PARK HUGHES ADMINISTRAT

SAN DIEGO, CA 92110

(619) 260-4600

**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.

<u> </u>	processes, or changes in Schedule O. See instructions.				
Se	ection A. Governing Body and Management		Т	Yes	No
				163	140
1a	Enter the number of voting members of the governing body 1a	41			
b	Enter the number of voting members that are independent 1b	40			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with other officer, director, trustee, or key employee?	any •	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		Νo
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 filed?		4		Νο
5	Did the organization become aware during the year of a material diversion of the organization's assets? .		5		Νο
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 governing body?		7a		Νο
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	🗀	7b		Νο
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following	he			
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 organization's mailing address? If "Yes," provide the names and addresses in Schedule O	at the	9		Νο
Se	ection B. Policies (This Section B requests information about policies not required by the Inter	rnal			
Re	evenue Code.)				
				Yes	No
	Does the organization have local chapters, branches, or affiliates?	<u> </u>	10a		Νο
	If "Yes," does the organization have written policies and procedures governing the activities of such chapter affiliates, and branches to ensure their operations are consistent with those of the organization?	· [:	10ь		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the		11	Yes	
11A	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	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give 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 decis	uon?			
а	The organization's CEO, Executive Director, or top management official		15a	Yes	
b	Other officers or key employees of the organization	. :	15b	Yes	
	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 we taxable entity during the year?		16a	Yes	
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 th	е			
	organization's exempt status with respect to such arrangements?		16b		Νo
	ection 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 Form 1023 (or 1024 if applicable), 990, and 990-T (501 (3)s only) available for public inspection. Indicate how you make these available. Check all that apply Own website. A nother's website. Upon request	.(c)			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict o interest policy, and financial statements available to the public. See Additional Data Table	f			
20	State the name, physical address, and telephone number of the person who possesses the books and record	is of the	orga	nızatıor	ı <b>-</b>
	OFFICE OF THE CONTROLLER				

## 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	not compen	sate any	y curi	rent	or fo	rmer	ffice	r, dırector, trustee	or key employee	
<b>(A)</b> Name and Title	(B) Average hours	<b>(C)</b> Position (check all that apply)						(D) Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> 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										

			49	_	
Ö	0	54		6	,

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization -233

			Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> " <i>Yes," complete Schedule J for such individual</i>	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	
_			103	
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		Νo

#### **Section B. Independent Contractors**

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A)	(B)	(C)
Name and business address	Description of services	Compensation
RUDOLPH & SLETTEN INC 10955 vista sorrento pkwy 100 san diego, CA 92130	General Contractors	26,766,061
GC MORGAN CONSTRUCTION CO INC 3755 avocado blvd ste 408 la mesa, CA 91941	General Contractors	1,771,804
ONLINELEARNINGNET 12975 coral tree place los angeles, CA 90066	education resources	1,436,815
KEVIN HOM & ANDREW GOLDMAN ARCHITECTS 45 east 20th st 7th fl new york, NY 10003	architect services	936,649
JOHN TRACY CLINIC 806 WEST ADAMS BLVD LOS ANGELES, CA 90007	EDUCATIONAL SERVICES	435,011
2 Total number of independent contractors (including but not limited to those listed above) \$100,000 in compensation from the organization ►21	who received more than	

					•			•
ا ۔ مر	1-	Endoroted	navane		(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 camp						
<u> </u>	b	Membership du	es 1b					
ું ∰	C	Fundraising eve	ents <b>1c</b>	846,738				
€ 등	d	Related organiz	zations 1d					
್ಚ್≣	e	Government grants	s (contributions) <b>1e</b>	7,765,799				
등등	f	All other contribution	ons, gifts, grants, and <b>1f</b>	18,515,603	i			
重量	•	sımılar amounts no	ot included above					
真る	g	Noncash contri	butions included in 57,654					
Contributions, gifts, grants and other similar amounts	h	lines 1a-1f \$ _	s 1a-1f	▶	27,128,140			
0 %		Totali / da ililos						
e l	_		_	Business Code				
ven	2a	TUITION AND FEES		900,099	267,345,400	267,189,378	156,022	
28	Ь	STUDENT RES & BO	OARD	721,310	31,828,754	31,828,754		
92	c	PARKING SERVICE	S	611,710	2,324,503	2,324,503		
<u>.</u>	d	STUDENT LOAN IN	TEREST	611,710	691,877	691,877		
3 (	e							
Program Service Revenue	f	All other progra	am service revenue					
ایج	_	Takal Addisas	- 2- 26	<u> </u>	202.400.524			
	<u>д</u> 3		s 2a-2f		302,190,534			
	3		ome (including dividen		4,615,281		23,532	4,591,749
			ar amounts) stment of tax-exempt bond		74,912		23,332	74,912
	4				, 1,312			71,312
	5	Royalties	(ı) Real	(II) Personal				
	6a	Gross Rents	(1) Real 423,449	(II) Personal				
	ь	Less rental	418,101					
		expenses						
	С	Rental income or (loss)	5,348					
	d	Net rental incor	me or (loss)	▶	5,348			5,348
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other	310,621,239	21,906,408				
	b	than inventory Less cost or other basis and sales expenses	312,319,052	20,817,081				
	c	Gain or (loss)	-1,697,813	1,089,327				
	d	Net gaın or (los	s)		-608,486			-608,486
	8a	Gross income for events (not inc	rom fundraising					
Other Revenue		of contributions	s reported on line 1c)					
- ds			а	258,935				
į į	Ь		penses <b>b</b>	516,948				
_ F	c	-	(loss) from fundraising	events 📴	-258,013			-258,013
	9a		rom gaming activities ne 19 a					
	b	Less direct ex	penses <b>b</b>					
	c		loss) from gamıng actı	vities				
	10a	Gross sales of returns and allo	owances .					
	h	1000	a and sold					
	b c		oods sold <b>b</b> (loss) from sales of inve	entory				
		Miscellaneous		Business Code				
	11a			451,211	7,909,683	7,896,777	12,906	
		BOOKSTORE	EEDENGEG	611,710	1,528,033	1,032,930	495,103	
	b	SUMMER CON					773,103	
	с	ATHLETICS &		611,710	1,345,501	1,345,501	4 050 05-	00.100
	d		ue		3,224,597	1,880,836	1,250,358	93,403
	e 12	Total. Add lines			14,007,814			
	12	fotal revenue.	See Instructions .	•	347,155,530	314,190,556	1,937,921	3,898,913 Form <b>990</b> (2009)

	990 (2009)				Page <b>10</b>
Pari	IX Statement of Functional Expenses				
Δ	Section 501(c)(3) and 501(c)(4) organizations m Il other organizations must complete column (A) but are not required to			(D)	
	ot include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	b, 9b, and 10b of Part VIII.	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				<u> </u>
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	75,193,450	75,193,450		
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				
6	key employees Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$	3,968,729	2,790,104	326,049	852,576
7	Other salaries and wages	121,958,974	91,481,829	27,135,482	3,341,663
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	12,143,284	8,675,882		562,260
9	Other employee benefits	15,216,495	10,882,954	4,312,687	20,854
10	Payroll taxes	8,340,117	5,958,674	<del>                                     </del>	386,165
11	Fees for services (non-employees)	, ,			
а	Management				
ь	Legal	152,361		152,361	
С	Accounting	250,325		250,325	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees	1,498,431	1,325,122	173,309	
g	Other	14,697,763	11,594,349	<del> </del>	394,373
12	Advertising and promotion	830,552	528,906	<del>                                     </del>	54,484
13	Office expenses	6,280,566	3,865,365	,	753,830
14	Information technology	3,552,982	2,131,789		
15	Royalties		_,,	_,, _	
16	Occupancy	8,366,821	5,601,167	2,764,632	1,022
17	Travel	5,648,324	4,718,553		87,032
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	5,010,021	.,	5.5,151	3.,.52
19	Conferences, conventions, and meetings	1,538,270	1,347,917	153,106	37,247
20	Interest	8,078,925	6,179,653	1,899,272	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	14,867,727	8,676,532	6,191,195	
23	Insurance	1,285,222	245,188	1,040,034	
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	Cost of Sales	11,331,482	11,293,463	38,019	
b	Miscellaneous	2,972,047	210,434	2,761,613	
c	Equipment	2,367,413	1,198,508	1,164,561	4,344
d	Entertainment & Promoti	2,087,741	1,595,228	350,108	142,405
e	Library Services	2,060,717	2,060,717		
f	All other expenses	996,739	724,548	272,191	
25	Total functional expenses. Add lines 1 through 24f	325,685,457	258,280,332	60,766,870	6,638,255
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				

Pa	rt X	Balance Sheet					
					(A)		(B)
					Beginning of year		End of year
	1	Cash—non-interest-bearing	ı		444,390	<del>-</del>	
	2	Savings and temporary cash investments	•		5,713,680	<del>-</del>	1,929,783
	3	Pledges and grants receivable, net	•		10,803,608	H	15,147,146
	4	Accounts receivable, net			8,843,094	4	8,723,341
	5	Receivables from current and former officers, directors, trustee highest compensated employees Complete Part II of	s, key	employees, and			
		Schedule L			262,800	5	517,800
	6	Receivables from other disqualified persons (as defined under spersons described in section $4958(c)(3)(B)$ Complete Part II		n 4958(f)(1)) and			
		Schedule L				6	
Assets	7	Notes and loans receivable, net			28,197,202	7	31,618,723
Š	8	Inventories for sale or use			1,963,606	8	2,226,695
⋖	9	Prepaid expenses and deferred charges			6,390,878	9	6,705,478
	10a	Land, buildings, and equipment cost or other basis <i>Complete</i> Part VI of Schedule D	10a	594,488,126			
	ь	Less accumulated depreciation	10b	113,621,359	469,457,608	10c	480,866,767
	11	Investments—publicly traded securities			259,630,944	11	248,985,097
	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			41,844,641	15	87,963,743
	16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .			833,552,451	16	884,684,573
	17	Accounts payable and accrued expenses .			42,251,014	17	43,850,525
	18	Grants payable				18	
	19	Deferred revenue			20,939,546	19	16,157,572
	20	Tax-exempt bond liabilities			188,702,976	20	185,029,966
es G	21	Escrow or custodial account liability Complete Part IV of Schedu	le D			21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified	,				
<u>-</u>		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties	·			23	5,455,152
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities Complete Part X of Schedule D			23,379,280	25	28,622,594
	26	Total liabilities. Add lines 17 through 25			275,272,816	26	279,115,809
		Organizations that follow SFAS 117, check here 🕨 🔽 and com	plete	lines 27			
Balance		through 29, and lines 33 and 34.					
뮵	27	Unrestricted net assets			360,525,444	27	383,043,268
	28	Temporarily restricted net assets			50,866,343	28	74,132,041
Z	29	Permanently restricted net assets		146,887,848	29	148,393,455	
or Fund		Organizations that do not follow SFAS 117, check here ► □ a	nd con	nplet e			
ö		lines 30 through 34.					
	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other for	unds			32	
Š	33	Total net assets or fund balances			558,279,635	33	605,568,764
	34	Total liabilities and net assets/fund balances			833,552,451	34	884,684,573

			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			
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?	3a	Yes	
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	Yes	

Form **990** (2009)

#### DLN: 93493133021831

OMB No 1545-0047

#### **SCHEDULE A**

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

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

**Public Charity Status and Public Support** 

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

Inspection

**Employer identification number** 

Name of the organization UNIVERSITY OF SAN DIEGO 95-2544535

Pa	rt I	Reas	on for Pul	blic Charity State	us (All orga	anızatıons r	nust comple	ete this par	t.) See inst	ructions	
The	rganı			e foundation because					_		
1	Γ	A churc	h, conventio	on of churches, or as:	sociation of c	hurches <b>se</b>	ction 170(b)(	1)(A)(i).			
2	굣	A schoo	ol described	ın <b>section 170(b)(1)</b>	( <b>A</b> )(ii). (Atta	ach Schedule	∍ E )				
3	$\sqcap$	A hospi	hospital or a cooperative hospital service organization described in <b>section 170(b)(1)(A)(iii).</b>								
4	Γ			organization operate y, and state	ed in conjunc	tion with a h	ospital descri	bed in <b>sectio</b>	on 170(b)(1)(	( <b>A)(iii).</b> Ente	r the
5	Γ	_	•	rated for the benefit	_	or university	owned or ope	rated by a g	overnmental	unıt describe	 ed in
6	$\sqcap$					l unit descri	bed in <b>sectior</b>	170(b)(1)(	A)(v).		
7	Γ	An orga describ	A federal, state, or local government or governmental unit described in <b>section 170(b)(1)(A)(v)</b> .  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in <b>section 170(b)(1)(A)(vi)</b> (Complete Part II)								
8	Г			described in <b>section</b>		)(vi) (Comp	lete Part II)				
9	Ė			t normally receives					tions, membe	rship fees, a	nd gross
	·			ties related to its exc							
		•		ss investment incom	•	-					
				anızatıon after June 3						,	
10	Г	•			•			•			
11	F	An organization organized and operated exclusively to test for public safety. See <b>section 509(a)(4).</b> 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 <b>section 509(a)(3).</b> Check the box that describes the type of supporting organization and complete lines 11e through 11h <b>a</b> Type I <b>b</b> Type III - Other									
e f	Γ	other th section	an foundation 509(a)(2)	x, I certify that the o on managers and other received a written def	er than one o	r more public	cly supported	organizatioi	ns described	ın section 50	09(a)(1) or
g		followin	ugust 17, 2 g persons?	006, has the organiz							Г
				ectly or indirectly co	•	_		rsons descr	ibed in (ii)	44 (1)	Yes No
				joverning body of the		-	ion?			11g(i)	<del>                                     </del>
			•	r of a person describ	• • •		3			11g(ii)	<del></del>
h				ed entity of a person g information about t						11g(iii)	<u>                                     </u>
	(i) Name Suppo rganız	e of rted	(ii) EIN	(iii)  Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organizati col (i) list your govel docume	on in ed in rning	(v) Did you not organization col (i) of support	on ın your	(vi) Is the organization col (i) orga in the U	on in inized	(vii) A mount of support?
				instructions))	Yes	No	Yes	No	Yes	No	
Tota											

ınstructions

P	Support Schedule (Complete only if yo					and 170(b)	(1)(A)(vi)
S	ection A. Public Support	a checked tile	DOX OII IIIC 3,	,, or o or rare.	÷·/		
	endar year (or fiscal year beginning	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	( <b>b)</b> 2006	(6) 2007	(d) 2008	(e) 2009	(I) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual						
_	grants ") Tax revenues levied for the						
2	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						
5	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>Dublic Support</b> Subtract line F from						
6	<b>Public Support.</b> Subtract line 5 from line 4						
S	ection B. Total Support	1		-			
	endar year (or fiscal year beginning	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	( <b>b</b> ) 2000	(6) 2007	(d) 2008	(e) 2009	(1) Total
7	A mounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	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						
4.5	through 10)	/5					
12	Gross receipts from related activities	,	•			12	
13	First Five Years If the Form 990 is f	or the organizati	on's first, second	, third, fourth, or	fifth tax year as a	501(c)(3) orga	inization, ▶□
	check this box and <b>stop here</b>						-1
S	ection C. Computation of Pub	lic Support P	ercentage				
14	Public Support Percentage for 2009			11 column (f))		14	
15	Public Support Percentage for 2008	Schedule A . Pa	rt II. line 14			15	
	33 1/3% support test—2009. If the	•	,	v on line 13 and	line 14 is 33 1/30		k this hox
<b>_</b>	and <b>stop here.</b> The organization qua	-		·	IIIIC 14 13 33 1/3/	o or more, ence	<b>▶</b> □
ь	33 1/3% support test—2008. If the				5a, and line 15 is	33 1/3% or moi	
	box and <b>stop here.</b> The organization				,		▶
17a	10%-facts-and-circumstances test-	<b>-2009.</b> If the org	anızatıon dıd not	check a box on lı	ne 13, 16a, or 16	b and line 14	
	ıs 10% or more, and ıf the organizat						
	in Part IV how the organization mee	ts the "facts and	l cırcumstances"	test The organiz	ration qualifies as	a publicly supp	
L	organization	_2009 Ifthe c==	onization did net	chack a bay as li	no 12 165 164	or 17a and line	▶□
D	10%-facts-and-circumstances test- 15 is 10% or more, and if the organ	_					
	Explain in Part IV how the organizat						clv
	supported organization						<b>▶</b> ┌
10	Deiveta Farmdation Ifthe averages	on did not obselv	a hay an line 12	16- 16- 17-	17	hay and cas	•

**▶**□

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>(b)</b> 2006	(c) 2007	( <b>d)</b> 2008	(e) 2009	<b>(f)</b> 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>(b)</b> 2006	<b>(c)</b> 2007	( <b>d)</b> 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						
	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 <b>stop here</b>	or the organizat		., 4,	men tax your as t	(c)(c) c.gu.	<b>▶</b> ┌
	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	<b>009</b> (line 10c c	olumn (f) dıvıded	by line 13 columi	n (f))	17	
18	Investment income percentage from	<b>2008</b> 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 <b>stop here.</b> 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: 93493133021831

#### **Political Campaign and Lobbying Activities** OMB No 1545-0047

Open to Public Inspection

#### **SCHEDULE C** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below.

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

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities),

- ◆ Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- ◆ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

<b>.</b> Se∉	ction 501(c)(3) organizations that e organization answered "Ye	t have filed Form 5768 (election undit t have NOT filed Form 5768 (election s," to Form 990, Part IV, Line 5 (	under section 501	(h)) Complete Part II-B Do no	ot complete Part II-A
Na	ction 501(c)(4), (5), or (6) organia me of the organization NERSITY OF SAN DIEGO	zations Complete Part III		Employer ident	tification number
	Consideration of the con-			95-2544535	
Par	Complete if the or	ganization is exempt unde	r section 501(	c) or is a section 527	organization.
1	Provide a description of the org	ganızatıon's dırect and ındırect pol	itical campaign act	tivities in Part IV	
2	Political expenditures			▶	\$
3	V olunteer hours				
Par	t I-B Complete if the or	ganization is exempt unde	r section 501(	c)(3).	
1	Enter the amount of any excise	e tax incurred by the organization u	ınder section 4955	5	\$
2	Enter the amount of any excise	e tax incurred by organization mana	agers under sectio	n 4955 🕨	\$
3	If the organization incurred a s	ection 4955 tax, did it file Form 47	720 for this year?		☐ Yes ☐ No
4a	Was a correction made?				┌ Yes ┌ No
b	If "Yes," describe in Part IV				
Par	t I-C Complete if the or	ganization is exempt unde	r section 501(	c) except section 501	.(c)(3).
1	Enter the amount directly expe	ended by the filing organization for :	section 527 exem	pt function activities 🕨	\$
2	Enter the amount of the filing o exempt funtion activities	rganızatıon's funds contributed to	other organizations	s for section 527	\$
3	Total exempt function expendi	tures Add lines 1 and 2 Enter her	e and on Form 112	.0-POL, line 17b ►	¢.
4	Did the filing organization file <b>F</b>	Form 1120-POL for this year?			→ Yes
5	were made For each organizate contributions received that we	nd employer identification number ( ion listed, enter the amount paid from the promptly and directly delivered suittee (PAC) If additional space is	om the filing organ to a separate politi	ızatıon's funds Also enter tl ıcal organızatıon, such as a	ne amount of political
	(a) Name	( <b>b</b> ) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter - 0 -

e Grassroots ceiling amount (150% of line 2d, column (e))

**f** Grassroots lobbying expenditures

Pa	rt II-A Complete if the organization under section 501(h)).	is exempt under	section 501(c	)(3) and file	d Form 5768	(election
	Check   If the filing organization belongs to a Check   If the filing organization checked box		d" provisions apply	,		
<u> </u>	Limits on Lobbying E  (The term "expenditures" means ar	Expenditures			(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a	Total lobbying expenditures to influence public o	ppinion (grass roots lob	bying)			
b	Total lobbying expenditures to influence a legisla	ative body (direct lobby	yıng)			
c	Total lobbying expenditures (add lines 1a and 18	b)				
d	Other exempt purpose expenditures					
e	Total exempt purpose expenditures (add lines 1	c and 1d)				
f	Lobbying nontaxable amount Enter the amount f	from the following table	ın both			
	If the amount on line 1e, column (a) or (b) is: Not over \$500,000	The lobbying nontaxa 20% of the amount on lir				
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,00	0		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000,0	000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,00	00		
	Over \$17,000,000	\$1,000,000				
		•				
g	Grassroots nontaxable amount (enter 25% of lin	ne 1 f)				
h	Subtract line 1g from line 1a If zero or less, enter	er -0-				
i	Subtract line 1f from line 1c If zero or less, ente	er - 0 -				
j	If there is an amount other than zero on either li section 4911 tax for this year?	ne 1h or line 1ı, did the	organization file F	orm 4720 repoi	rtıng	┌ Yes ┌ No
	(Some organizations that made a columns below. See the	he instructions fo	ection do not l r lines 2a thro	nave to com ugh 2f on pa		ne five
	Lobbying Exp	enditures During	4-Year Averag	ing Period	I	ı
	Calendar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	<b>(c)</b> 2008	( <b>d)</b> 2009	<b>(e)</b> Total
2a	Lobbying non-taxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
c	Total lobbying expenditures					
d	Grassroots non-taxable amount					

Part II-B	Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768
	(election under section 501(h)).

		(a	a)	(b)	
		Yes	No	A mount	
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of				
а	Volunteers?	Yes			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes			
c	Media advertisements?		Νo		
d	Mailings to members, legislators, or the public?		Νo		
е	Publications, or published or broadcast statements?		Νo		
f	Grants to other organizations for lobbying purposes?		Νo		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		120,406	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Νo		
i	Other activities? If "Yes," describe in Part IV		Νo		
j	Total lines 1c through 1i			120,406	
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No		
Ь	If "Yes," enter the amount of any tax incurred under section 4912				
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	$\mathbf{t}_{\mathbf{III-A}}$ Complete if the organization is exempt under section 501(c)(4), section	501(c	)(5). 0	r section	

## Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		

# Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
а	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

#### Part IV Supplemental Information

Dues, assessments and similar amounts from members

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Ident if ier	Return Reference	Explanation
Part IV , Supplemental Information		PART IIB, LINE 1) Faculty with the University's School of Law in the Center for Public Interest and Children's Advocacy Institute offered their research data and legal expertise in an attempt to influence pending legislation concerning consumers rights and children's health, safety and welfare No attempt was made by the University to influence a political campaign of any office, nor were any political contributions made

1

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#### 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 UNIVERSITY OF SAN DIEGO 95-2544535 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 Total number at end of year

Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised

┌ No funds are the organization's property, subject to the organization's exclusive legal control? 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 for any other purpose conferring impermissible private benefit

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

Pur	rpose(s) of conservation easements held by the organization (chec	k all	that apply)
$\sqcap$	Preservation of land for public use (e g , recreation or pleasure)	$\sqcap$	Preservation of an historically importantly land area
Γ	Protection of natural habitat	$\sqcap$	Preservation of a certified historic structure
$\Box$	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
- Total number of conservation easements
- Total acreage restricted by conservation easements
- Number of conservation easements on a certified historic structure included in (a)
- Number of conservation easements included in (c) acquired after 8/17/06

	Held at the End of the Year
2a	
2b	
2c	
2d	

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 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, handling of violations, and enforcement of the conservation easements it holds?
- Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year 🕨
- A mount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_ Does each conservation easement reported on line 2(d) above satisfy the requirements of section
- 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)? 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

4,071,789

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

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2009

Par	<b>311</b> Organizations Maintaining Co	ollections of Art	, His	torical Tre	eası	ıres, or Otl	ner	Similar Ass	ets (co	ntınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any	y of th	e following th	nat ar	e a sıgnıfıcan	t us	e of its collection	n	
а	Public exhibition		d	Loan o	rexc	hange progra	ms			
Ь	Scholarly research		e	┌ Other						
c	✓ Preservation for future generations									
4	Provide a description of the organization's c Part XIV	ollections and expla	ın hov	v they further	the	organization's	exe	mpt purpose in		
5	During the year, did the organization solicit assets to be sold to raise funds rather than			•			sımıl		Yes	√ No
Par	t IV Escrow and Custodial Arrang					n answered	"Ye	s" to Form 99	0,	
	Part IV, line 9, or reported an ar			•						
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	lian or other interme	diary	for contributi	ions	or other asset	ts no	ot	Yes	Г No
ь	If "Yes," explain the arrangement in Part XI	V and complete the	follow	ing table						
	•			-				A mo	unt	
c	Beginning balance					1	c			
d	Additions during the year					1	d			
e	Distributions during the year					1	e			
f	Ending balance					1	f			
2a	Did the organization include an amount on F	orm 990, Part X, line	e 21?				ı		Yes	┌ No
b	If "Yes," explain the arrangement in Part XI\									
	rt V Endowment Funds. Complete		n ans	wered "Yes	" to	Form 990, F	art	IV, line 10.		
		(a)Current Year	(b	)Prior Year	+	Two Years Back	(d)⊺	hree Years Back (	<b>e)</b> Four Ye	ears Back
la	Beginning of year balance	220,839,532		267,919,923	+					
b	Contributions	16,513,072		16,378,533	+					
C	Investment earnings or losses	27,996,605		-59,320,886	+					
d	Grants or scholarships	1,586,239		1,375,202	-					
е	Other expenditures for facilities and programs	3,688,596		2,479,947						
f	Administrative expenses			282,888						
g	End of year balance	260,074,374		220,839,533						
2	Provide the estimated percentage of the yea	r end balance held a	as					<u> </u>		
а	Board designated or quasi-endowment	28.000 %								
ь	Permanent endowment F 72.000 %									
c	Term endowment ► 0 %									
3a	Are there endowment funds not in the posse	ssion of the organiza	ation 1	that are held	and a	administered 1	for tl	he		
	organization by	_							Yes	No
	(i) unrelated organizations						•	3a(i)	_	No
	(ii) related organizations				•		•	3a(ii)	)	No
ь 4	If "Yes" to 3a(II), are the related organization. Describe in Part XIV the intended uses of the	•					•	3b		
	t VI Investments—Land, Building				0 P	art X line 1	0			
	Description of investment	-, <u>-</u>		(a) Cost or ot basis (investme	her	(b)Cost or other basis (other)		(c) Accumulated depreciation	( <b>d</b> ) Boo	ok value
La	Land			11,143,	,437	47,210,6	61		58	3,354,098
	Buildings			,,	$\dashv$	455,947,2		82,445,227		3,502,071
	Leasehold improvements					. ,		. ,		<u> </u>
d	Equipment				$\neg$	76,114,9	41	31,176,132	4	1,938,809
e	Other					4,071,7	89		4	4,071,789

480,866,767

Investments—Other Securities. See	Form 990, Part X, line 1		
<ul><li>(a) Description of security or category (including name of security)</li></ul>	(b)Book value	(c) Method of valuation  Cost or end-of-year marke	
Financial derivatives		,	
Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12 ) ▶			
Part VIII Investments—Program Related. See	Form 990, Part X, line	13.	
(a) Description of investment type	( <b>b</b> ) Book value	(c) Method of valuation	
(a) b soon, priorition and a / po	(2) 20011 14140	Cost or end-of-year mark	et value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13 )			
Part IX Other Assets. See Form 990, Part X, lin	e 15.		
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip	e 15.	(b) Bo	ok value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Boo	ok value
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip	e 15.	(b) Bo	ok value
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip	e 15.	(b) Boo	ok value
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip	e 15.	(b) Bo	ok value
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip	e 15.	(b) Boo	ok value
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip	e 15.	(b) Boo	ok value
Part IX Other Assets. See Form 990, Part X, III  (a) Descrip	e 15.	(b) Bo	ok value
Part IX Other Assets. See Form 990, Part X, III  (a) Descrip	e 15.	(b) Boo	ok value
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip	e 15.	(b) Boo	ok value
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip	e 15.	(b) Bo	ok value
Part IX Other Assets. See Form 990, Part X, III  (a) Descrip	e 15.	(b) Boo	ok value
Part IX Other Assets. See Form 990, Part X, III  (a) Descrip	e 15.	(b) Bo	ok value
Part IX Other Assets. See Form 990, Part X, III  (a) Descrip	e 15.	(b) Bo	ok value
Part IX Other Assets. See Form 990, Part X, III  (a) Descrip	e 15.	(b) Boo	ok value
Part IX Other Assets. See Form 990, Part X, III  (a) Descrip	e 15.	(b) Bo	ok value
Part IX Other Assets. See Form 990, Part X, Im  (a) Descrip  See Additional Data Table	le 15. tion		
Part IX Other Assets. See Form 990, Part X, Im  (a) Descrip  See Additional Data Table  Total. (Column (b) should equal Form 990, Part X, col.(B) line 1	5.)	(b) Bo	87,963,743
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X	5.)		
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	5.)		
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X	5.)		
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	5.)		
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	5.)		
Part IX Other Assets. See Form 990, Part X, Im  (a) Descrip  See Additional Data Table  Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes refundable advances	5.) , line 25. (b) A mount		
Part IX Other Assets. See Form 990, Part X, Im  (a) Descrip  See Additional Data Table  Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes refundable advances	5.) , line 25. (b) A mount		
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes refundable advances	5.) , line 25. (b) A mount		
Part IX Other Assets. See Form 990, Part X, Im  (a) Descrip  See Additional Data Table  Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes refundable advances	5.) , line 25. (b) A mount		
Part IX Other Assets. See Form 990, Part X, Im  (a) Descrip  See Additional Data Table  Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes refundable advances	5.) , line 25. (b) A mount		
Part IX Other Assets. See Form 990, Part X, Im  (a) Descrip  See Additional Data Table  Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes refundable advances	5.) , line 25. (b) A mount		
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes refundable advances	5.) , line 25. (b) A mount		
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes refundable advances	5.) , line 25. (b) A mount		
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes refundable advances	5.) , line 25. (b) A mount		
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes refundable advances	5.) , line 25. (b) A mount		
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes refundable advances	5.) , line 25. (b) A mount		
Part IX Other Assets. See Form 990, Part X, Im  (a) Descrip  See Additional Data Table  Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes refundable advances	5.) , line 25. (b) A mount		
Part IX Other Assets. See Form 990, Part X, Im  (a) Descrip  See Additional Data Table  Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes refundable advances	5.) , line 25. (b) A mount		

	t XI Reconcination of change in Net Assets from Form 350 to Financial Statemen	IILS	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	347,155,530
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	325,685,457
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	21,470,073
4	Net unrealized gains (losses) on investments	4	25,831,386
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-10,459
9	Total adjustments (net) Add lines 4 - 8	9	25,820,927
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	47,291,000
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	296,461,000
2	Amounts 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) 2d		
e	Add lines <b>2a</b> through <b>2d</b>	2e	25,831,386
3	Subtract line <b>2e</b> from line <b>1</b>	3	270,629,614
4	A mounts 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)		
c	Add lines <b>4a</b> and <b>4b</b>	4c	76,525,916
5	Total Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12)	5	347,155,530
-	Reconciliation of Expenses per Audited Financial Statements With Expenses	s per	
1	Total expenses and losses per audited financial statements	1	249,170,000
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	1	
c	Other losses	1	
d	Other (Describe in Part XIV)	1	
e	Add lines <b>2a</b> through <b>2d</b>	2e	935,049
3	Subtract line <b>2e</b> from line <b>1</b>	3	248,234,951
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)		
c	Add lines <b>4a</b> and <b>4b</b>	4c	77,450,506
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 18)	5	325,685,457

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

#### 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 XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Ident if ier	Return Reference	Explanation
art V, Line 4	Description of Intended Use of Endowment Funds	The University of San Diego endowment funds are utilized based on donor's intent, as of June 30, 2010 the allocation of endowment funds was as follows Academic Support - 37%, Tuition Funded Quasi - 28%, Scholarships - 16%, Instruction - 6%, Plant Maintenance and Operations - 4%, Public Service - 5% and Other Institutional Support - 4%
art XI, Line 8 - O ther Adjustments		ROUNDED TO FINANCIAL STATEMENT DIFFERENCE - 10459
		PART III, LINE 4 They seek to stimulate interest and pride as well as emphasize the cultural value of USD's Fine Arts programs
		Sch D,PART XII, LINE 4b Reconciliation of Revenue SCHOLARSHIPS RECLASSED TO EXPENSE 75,965,465 SPECIAL EVENT EXPENSES RECLASSED FROM EXP (516,948) RENTAL EXPENSES RECLASSED FROM EXP (418,101) INV MGMT FEES RECLASSED TO EXP 1,498,431 ROUNDED FINANCIAL STATEMENT DIFFERENCE (2,931) Total Line 4b 76,525,916
		Sch D,PART XIII, LINE 2d Reconciliation of Expenses RENTAL EXPENSE RECLASSED 418,101 SPECIAL EVENT EXPENSE RECLASSED 516,948 total 935,049
		Sch D,PART XIII, LINE 4b Reconciliation of Expenses SCHOLARSHIPS RECLASSED TO EXPENSES 75,965,465 INV MGMT FEES RECLASSED TO EXPENSES 1,498,431 ROUNDED FINANCIAL STATEMENT DIFFRENCE -13,390 TOTAL LINE 4B 77,450,506
		SCHEDULE D, PART X, LINE 2 FIN 48 FOOTNOTE THE UNIVERSITY ADOPTED THE PROVISIONS OF ASC 740-10, INCOME TAXES, RELATED TO ACCOUNTING FOR UNCERTAIN TAX POSITIONS AS of JULY 1, 2008 THE UNIVERSITY HAD NO UNRECOGNIZED TAX BENEFITS WHICH WOULD REQUIRE AN ADJUSTMENT TO THE JULY 1, 2008 BEGINNING BALANCE OF NET ASSETS THE UNIVERSITY HAS NO UNRECOGNIZED TAX BENEFITS OR LIABILITIES AS OF JUNE 30, 2010 AND 2009

#### **Additional Data**

Software ID: Software Version:

**EIN:** 95-2544535

Name: UNIVERSITY OF SAN DIEGO

Form 990, Schedule D, Part IX, - Other Assets

(a) Description	(b) Book value
WEST COAST CONFERENCE	800,846
Alternative Asset Partnerships - Real Estate	248,960
Alternative Asset Partnerships - Energy/Resources	3,405,643
Marketable Alternatives - Opportunistic	4,819,136
Alternative Asset Partnerships - Venture Capital	5,502,788
Alternative Asset Partnerships - International Private Equity	6,138,192
Alternative Asset Partnerships - U.S. Private Equity	6,944,026
Marketable Alternatives - U S Long/Short	8,806,416
Marketable Alternatives - Distressed	8,894,829
Marketable Alternatives - Global Long/Short	9,159,624
Alternative Asset Partnerships - Distressed/Debt Related	10,133,970
Marketable Alternatives - Event Driven	10,476,617
Marketable Alternatives - Diversified Arbitrage	12,632,696

**Employer identification number** 

#### SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

UNIVERSITY OF SAN DIEGO

#### **Schools**

►Complete if the organization answered "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

2009

Open to Public

95-2544535 YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? Yes Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? 2 Yes Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain 3 Yes University of San Diego's racially nondiscriminatory policy published in all recruiting brochures and advertisements as well as undergraduate and graduate bulletins and catalogs Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? Yes b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? 4b Yes Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 4c Yes 4d d Copies of all material used by the organization or on its behalf to solicit contributions? Yes If you answered "No" to any of the above, please explain If you need more space, use Schedule O (Form 990) Does the organization discriminate by race in any way with respect to a Students' rights or privileges? 5a Νo **b** Admissions policies? 5b Νo c Employment of faculty or administrative staff? 5c Νo d Scholarships or other financial assistance? 5d Νo e Educational policies? 5e Νo f Use of facilities? 5f Νo g Athletic programs? 5g Νo h Other extracurricular activities? 5h Νo If you answered "Yes" to any of the above, please explain If you need more space, use Schedule O (Form 990) 6a Does the organization receive any financial aid or assistance from a governmental agency? 6a Yes h Has the organization's right to such aid ever been revoked or suspended? 6b Νo If you answered "Yes" to either line 6a or line 6b, explain on Schedule O (Form 990) 🎜 7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 CB 587, covering racial nondiscrimination? If "No," explain on Schedule O (Form 7 Yes 990)

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DLN: 93493133021831

OMB No. 1545-0047

SCHEDULE G **Supplemental Information Regarding** (Form 990 or 990-EZ) **Fundraising or Gaming Activities** 

> Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ. See separate instructions.

Name of the organization

licensing

Department of the Treasury

Internal Revenue Service

Employer identification number

UNIVERSITY OF SAN DIEGO Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations Internet and e-mail solicitations Solicitation of government grants Special fundraising events Phone solicitations In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities? If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization Form 990-EZ filers are not required to complete this table (iii) Did fundraiser have (v) A mount paid to (vi) A mount paid to (i) Name of individual (iv) Gross receipts (or retained by) custody or (ii) Activity (or retained by) or entity (fundraiser) fundraiser listed in control of from activity organization contributions? col (i) No Yes

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or

Pa	rt I	Fundraising Events. Com more than \$15,000 on Form					report	:ed
			(a) Event #1  Founders Gala (event type)	(b) Event #2  Sports Banquet (event type)	(c) O ther Events  8 (total number)	(d) Tot (Add col co		
⊕	1	Gross receipts	414,748				1,10	5,673
Revenue	2	Less Charitable	318,096		·			6,738
4	3	Gross income (line 1 minus line 2)	96,652	32,750	129,533		25	8,935
	4	Cash prizes						
Direct Expenses	5	Non-cash prizes						
	6	Rent/facility costs						
	7	Food and beverages						
t Ø	8	Entertainment						
ឨ	9	Other direct expenses .	216,567	89,449	210,932		51	6,948
	10	Direct expense summary Add lin	ies 4 through 9 in column	(d)	🛌		516	6,948
	11	Net income summary Combine li	nes 3, column d, and line	10			-25	8,013
Par	t II	<b>Gaming.</b> Complete if the oi \$15,000 on Form 990-EZ, lii		"Yes" to Form 990, Pa	rt IV, line 19, or repo	rted mor	e than	1
Revenue			(a) Bıngo	<b>(b)</b> Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Tot (Add col co		
_	1	Gross revenue						
e S	2	Cash prizes						
Expenses	3	Non-cash prizes						
	4	Rent/facility costs						
Direct	5	Other direct expenses						
	6	Volunteer labor	┌ Yes	┌ Yes	┌ Yes	•		
	7	Direct expense summary Add line  Net gaming income summary Com	-	•				
	_						Yes	No
9 a	Is	ter the state(s) in which the organization licensed to operate				· 9a		
Ь		'No," Explain						
10a b		re any of the organization's gaming 'Yes," Explain	licenses revoked, susper	nded or terminated during	the tax year?	10a		
11 12	Is	es the organization operate gaming the organization a grantor, beneficia med to administer charitable gaming	ry or trustee of a trust or	a member of a partnersh	ip or other entity	. 11		
					Schedule G (Form 9		-EZ) 20	09

		Yes	No
13	Indicate the percentage of gaming activity operated in		
а	The organization's facility		
b	An outside facility		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
	Name 🟲		
	Address -		
15a	Does the organization have a contract with a third party from whom the organization receives gaming		
	revenue?	,	
b	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the	+	
	amount of gaming revenue retained by the third party 🟲 \$		
c	If "Yes," enter name and address		
	Name 🟲		
	Address •		
16			
16	Gaming manager information		
	Name 🟲		
	Name F		
	Gaming manager compensation 🕨 \$		
	Description of services provided -		
	Director/officer Employee Independent contractor		
	I Independent contractor		
<b>.7</b>	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	<u> </u>	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent		
	in the organization's own exempt activities during the tax year ▶ \$	1	

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DLN: 93493133021831

OMB No 1545-0047

**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.

Open to Public Inspect ion

Department of the Treasury Internal Revenue Service

UNIVERSITY OF SAN DIEGO

Schedule I

(Form 990)

Attach to Form 990 Name of the organization

Employer identification number

95-2544535

the selection criteria us  Describe in Part IV the  Part II Grants and O  Form 990, Part	naintain records to sed to award the grand organization's procesther Assistance: IV, line 21 for ar	ubstantiate the amount of the standard of the	of grant funds in the large of grant funds in the large of grant funds in the large of the large	United States  the United States Check this box if r		anızatıon answered " ved more than \$5,00	0. Use
Part IV and Sc  (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	(h) Purpose of grant or assistance
		government organizations					

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>(b)</b> Number of recipients	<b>(c)</b> 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
USD SCHOLARSHIPS	2276	46,292,096			
STUDENT AID - GRADUATE AND LAW	833	14,653,010			
STUDENT AID - ATHLETICS AND RECREATION	168	6,029,877			
STUDENT AID - PRIVATE	149	976,336			
ENDOWED SCHOLARSHIPS	89	1,798,094			
STUDENT AID - RESIDENCE AND BOARD	78	888,546			
FEDERAL SCHOLARSHIPS AND GRANTS	446	4,555,490			

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 University awards scholarships to individual students to offset the cost of tuition, fees, room and board, etc

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DLN: 93493133021831

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

**Compensation Information** 

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 '	t he	orga	ınizat	ior
JNIVER	SIT	Y OF	SAN	DIEGO	

**Employer identification number** 

95-2544535

Pa	rt I Questions Regarding Compensation	on				
					Yes	Νo
1a	Check the appropriate box(es) if the organization pr 990, Part VII, Section A, line 1a Complete Part II					
	First-class or charter travel	굣	Housing allowance or residence for personal use			
	Travel for companions	Г	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	$\vdash$	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the creimbursement orprovision of all the expenses des			1b	Yes	
2	Did the organization require substantiation prior to					
	officers, directors, trustees, and the CEO/Executiv	e Directo	or, regarding the items checked in line 1a?	2	Yes	
3	Indicate which, if any, of the following the organization's CEO/Executive Director Check all	that apply	y			
	Compensation committee	<u> </u>	Written employment contract			
	Independent compensation consultant		Compensation survey or study			
	Form 990 of other organizations	<b>✓</b>	Approval by the board or compensation committee			İ
4	During the year, did any person listed in Form 990 or a related organization	, Part VII	, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-contro	l paymen	t?	4a		Νo
b	Participate in, or receive payment from, a supplem	ental non	qualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-	based co	mpensation arrangement?	4с		Νo
	If "Yes" to any of lines 4a-c, list the persons and p	rovide th	e applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only m	nust comp	olete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A compensation contingent on the revenues of	, line 1a,	did the organization pay or accrue any			
а	The organization?			5a		Νo
b	Any related organization?			5b		No
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A compensation contingent on the net earnings of	, line 1a,	did the organization pay or accrue any			
а	The organization?			6a		No
ь	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 Appayments not described in lines 5 and 6? If "Yes,"			7		No
8	Were any amounts reported in Form 990, Part VII,					
	subject to the initial contract exception described	ın Regs	section 53 4958-4(a)(3)? If "Yes," describe			1
	ın Part III			8		No
9	If "Yes" to line 8, did the organization also follow the section 53 4958-6(c)?	he rebutta	able 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)(1)-(111) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and		(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
MARY E LYONS	(ı) (ıı)	366,532 0	0	52,904 0	29,400 0	12,940 0	461,776 0	
JULIE H SULLIVAN	(ı) (ıı)	295,100 0	0	46,476	28,800	3,469 0	373,845 0	
TIMOTHY L O'MALLEY	(ı) (ıı)	211,205 0	0	13,476	26,400 0	16,014 0	267,095 0	
REV MSGR D DILLABOUGH	(ı) (ıı)	145,631		51,976 0	22,356 0	18,544 0	238,507	
CARMEN M VAZQUEZ	(ı) (ıı)	196,439 0	- 1	51,976 0	24,000	3,627 0		
KEVIN L COLE	(ı) (ıı)	264,685 0	0	8,571 0	30,800	15,120 0		
DAVID F PYKE	(ı) (ıı)	274,660 0	0	97,375		9,720 0	· ·	
SALLY B HARDIN	(ı) (ıı)	162,553	0	22,000	22,860	14,854 0	222,267	
PAULA A CORDEIRO	(ı) (ıı)	142,342	0	38,500	22,320	11,957 0	215,119	
mary boyd	(ı) (ıı)	192,429	0	20,640	25,920 0	14,562 0	253,551 0	
WILLIAM T GRIER	(ı) (ıı)	481,498 0	0	51,500	29,400	16,089 0	578,487 0	
STEVEN D SMITH	(ı) (ıı)	273,911	0	9,540	29,438	11,964	324,853	
DAVID MCGOWAN	(ı) (ıı)	256,209	0	0	/	2,223	286,637	
LA WRENCE A A LEXANDER	(ı) (ıı)	252,981 0	1	0	27,192 0	7,591		
STEPHEN HORNING	(ı) (ıı)	309,693	0	_		0	, ,	

#### 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	Return Reference	Explanation
	Part I, Line 1a	SCHEDULE J, PART I, LINE 1A THE PRESIDENT IS PROVIDED ON CAMPUS HOUSING AND IT IS RECORDED AS A NON-TAXABLE BENEFIT

Schedule J (Form 990) 2009

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DLN: 93493133021831

Schedule K (Form 990)

#### **Supplemental Information on Tax Exempt Bonds**

2009

OMB No 1545-0047

Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule 0 (Form 990).
 Attach to Form 990.

Open to Public Inspection

Name of the organization
UNIVERSITY OF SAN DIEGO

Department of the Treasury

Internal Revenue Service

Employer identification number

95-2544535

										1,3,2,2				
Pa	art I Bond Issues							_		•				
	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date	Issued	(e) Issue	e Price	(f) Des	cription of F	urpose	<b>(g)</b> De	feased	Beh	On alf of suer
											Yes	No	Yes	No
A	California Statewide Communities Development Authority	66-0164610	130911V56	11-16-2005		93,415,000		school of education proje		ject	x		Х	
Pa	rt III Proceeds					•								
1	Total proceeds of issue			10		+	3	•	C		)		E	
	Gross proceeds in reserve funds			10	1,857,190	<u>'</u>								
	<u> </u>					-								
	Proceeds in refunding or defeasan	ice escrows				1								
4	Other unspent proceeds				2,000,673	3								
_5	Issuance costs from proceeds													
6	Working capital expenditures from													
7	Capital expenditures from proceed	ds		9	2,441,516	5								
8	Year of substantial completion			20	09									
				Yes	No	Yes	No	Yes	No	Yes	No	Yes	<u> </u>	No
9	Were the bonds issued as part of a	a current refunding is	sue?	Х										
10	Were the bonds issued as part of a	an advance refunding	ıssue?		х									
11	Has the final allocation of proceed	is been made?		Х										
12	Does the organization maintain ad the final allocation of proceeds?	lequate books and re	cords to support	Х										
Pai	rt IIII Private Business Use					•	•					•	•	,
					A	E	3	(	Ç .	C	)		E	
				Yes	No	Yes	No	Yes	No	Yes	No	Ye	5	No
1	Was the organization a partner in a which owned property financed by		ember of an LLC,		х									
2	Are there any lease arrangements which may result in private busine	inanced property		х										
For F	Privacy Act and Paperwork Reduction Ac	ct Notice, see the Instr	uctions for Form 990			Cat No 50	0193E				Schedule	K (Form	990) 20	09

Schedule K (Form 990) 2009

Part III Private Business Use (Continued)

Are there any management or service contracts with respect to the financed property which may result in private business use?  Are there any research agreements with respect to the financed property	Yes	No X	Yes	No	Yes	No	Yes			
financed property which may result in private business use?		х				140	res	No	Yes	No
Are there any research agreements with respect to the financed property		1								
which may result in private business use?		Х								
Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?		x								
Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or loca government		0 880 %								
Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government										
Total of lines 4 and 5		0 880 %								
Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	х									

Part IV Arbitrage

			_		_		_		_		_
			<u> </u>		B		<u>c</u>		<u> </u>		E
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?	х									
2	Is the bond issue a variable rate issue?	×									
3a	Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?	х									
ь	Name of provider	George K Ba Financial Se					•				
С	Term of hedge	39 9000	00000000								
4a	Were gross proceeds invested in a GIC?		Х								
ь	Name of provider	jp morgan cl bank	hase								
С	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5	Were any gross proceeds invested beyond an available temporary period?	х									
6	Did the bond issue qualify for an exception to rebate?		х								

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DLN: 93493133021831

OMB No 1545-0047

Open to Public Inspection

#### **Schedule L**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

#### **Transactions with Interested Persons**

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.

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

Name of the organization UNIVERSITY OF SAN DIEGO

Employer identification number

Part I Excess Benefit Train Complete if the organization										
1 (a) Name of disq	ualıfıed	person		<b>(b)</b> Desc	rıptıon	of trans a	iction			rrected?
									Yes	No
2 Enter the amount of tax impos section 4958	ed on tl	he organ	_	or disqualified perso			ear unde	r · \$		
3 Enter the amount of tax, If any	, on line	2, abov	ve, reimbursed by	the organization .			•	· \$		
Part III Loans to and/or I	rom	Intere	sted Persons.							
Complete if the organiz				90, Part IV, line 26,	or For	m 990-E	T		1	
		oan to			(e)	In	(f) Appro		( <b>g)</b> Writt	en
Name of interested person and purpose organizat			(c)O riginal principal amount	(d)Balance due	defa	ult?	by boar		agreeme	nt?
	То	From			Yes	No	Yes	No	Yes	No
ILLIAM GRIER		ļ ,,				1	ļ.,		1.,	
AVID PYKE		X	127,80	77,800		No	Yes		Yes	
AVID PYKE		Х	200,00	0 120,000		No	Yes		Yes	
ullie Sullivan		×	200,00	200,000		No	Yes		Yes	
ary Boyd							1		1	
		X	120,00	0 120,000		No	Yes		Yes	
									1	
otal			<b>&gt;</b> \$	517,800		ı		1		
Grants or Assistan					مصا	27				
Complete if the orga				ween interested pers						
(a) Name of Interested pers	on			organization		( <b>c)</b> A m	ount of g	rant or typ	e of assis	tance
Part IV Business Transact	ione 1	[nvolv	ing Interested	Dersons						
Complete if the orga					, line	28a, 28	b, or 28	c.		
			Relationship						I	haring of
(a) Name of interested perso	n		reen interested	(c) A mount of transaction	(	<b>d)</b> Descr	iption of	transactio	n I -	ızatıon's enues?
			rganization						Yes	No
									_	
									-	
		1								

#### OMB No 1545-0047

Open to Public Inspection

**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 UNIVERSITY OF SAN DIEGO

**Employer identification number** 

					95-2544535			
Pa	Types of Property	1	<u>r</u>	т	<u></u>			
		(a) Check If applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	<b>(d</b> Method of d reven	etermı	nıng	
1	Art—Works of art	прриссения		<u> </u>				
2	Art—Historical treasures .							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household							
	goods							
	Cars and other vehicles							
	Boats and planes							
	Intellectual property							
	Securities—Publicly traded .	X	14	457,654	market value			
	Securities—Closely held stock .							
	Securities—Partnership, LLC, or trust interests							
	Securities—Miscellaneous							
.3	Qualified conservation contribution—Historic structures							
4	Q ualified conservation contribution—O ther							
5	Real estate—Residential .							
6	Real estate—Commercial							
7	Realestate—Other							
8.	Collectibles							
	Food inventory							
	Drugs and medical supplies .							
	Taxıdermy							
	Historical artifacts							
	Scientific specimens							
	Archeological artifacts							
	O ther ▶ ()							
	O ther ▶()							
	O ther ►()							
	Other ► ()							
29	Number of Forms 8283 received for which the organization compl				29			
	ior which the organization compr	ctcu i oiiii i	5205,1 dit IV, Bonec Mekn	iowicagement i i i			Yes	No
30a	During the year, did the organiza	ition receiv	e by contribution any prope	rty reported in Part I, lines	1-28 that it			
	must hold for at least three year							
	for exempt purposes for the enti					30a		No
ь	If "Yes," describe the arrangeme					304		
31	Does the organization have a gif			review of any non-standard	contributions?	31	Yes	
32a	Does the organization hire or us	e third part	ies or related organizations	to solicit, process, or sell i	non-cash			
	contributions?					32a	Yes	
ь	If "Yes," describe in Part II							
33	If the organization did not report	revenues	n column (c) for a type of p	roperty for which column (a	) is checked.			
	describe in Part II		, , , p P	. ,	,			

#### 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.

Ident if ier	Return Reference	Explanation
Third Party Use	Part I, Line 32b	THE UNIVERSITY utilizes a Broker to sell stock gifts received

Schedule M (Form 990) 2009

Software ID: **Software Version:** 

**EIN:** 95-2544535

Name: UNIVERSITY OF SAN DIEGO

efile GRAPHIC print - DO NOT PROCESS As Filed Data -

**SCHEDULE 0** (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization UNIVERSITY OF SAN DIEGO

Identifier Return

Supplemental Information to Form 990  $\label{lem:complete} \textbf{Complete to provide information for responses to specific questions on } \\$ Form 990 or to provide any additional information.

► Attach to Form 990.

OMB No 1545-0047

**Employer identification number** 

95-2544535

DLN: 93493133021831

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		A COPY OF THE FORM 990 IS PRESENTED TO THE AUDIT COMMITTEE OF THE BOARD OF TRUSTEES AND A COPY OF THE 990 IS AVAILABLE TO THE ORGANIZATION'S ENTIRE GOVERNING BOARD ONLINE AT THE SECURED TRUSTEE WEBSITE BEFORE IT IS FILED

	AT THE SECONED TROSTEE WEBSITE BEI ONE IT IS TILLED		
ldentifier	Return Reference	Explanation	
Form 990, Part VI, Section B, line 12c		EACH YEAR THE BOARD OF DIRECTORS AND EXCUTIVE MANAGEMENT ARE REQUIRED TO SIGN A CONFLICT OF INTEREST DISCLOSURE STATEMENT ANY CONFLICT IS REVIEWED AND HANDLED IN	

ACCORDANCE WITH THE WRITTEN POLICY

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		The Board of Trustee executive compensation committee, which is independent, determines compensation using comparable data and contemporaneously documenting its decisions. This process is done annually for the president and the vice presidents. The Executive Vice President and Provost determines the compensations for the Deans using market benchmark data prepared by independent persons and the benchmark schools are selected by the Executive Compensation Committee of the Board

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 18		fORMS 990 AND 990T ARE AVAILABLE TO THE PUBLIC BY VIEWING THE GUIDESTAR WEBSITE AND UPON REQUEST FROM THE OFFICE OF THE CONTROLLER AT 619-260-2302, accounting@sandiego edu, OR ONSITE FROM THE OFFICE OF THE CONTROLLER FORM 1023 IS AVAILABLE UPON REQUEST FROM THE OFFICE OF THE CONTROLLER AT 619-260-2302, accounting@sandiego edu, OR ONSITE FROM THE OFFICE OF THE CONTROLLER

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		Audited Financial Statements are available upon request from the Office of the Controller at 619-260-2302, accounting@2sandieGO edu, Governing Documents are available upon request from The Office of the President at 619-260-4520, Conflict of Interest Policy is available online at www sandiego edu

ldentifier	Return Reference	Explanation
		FORM 8886, LINE 6 NOTE THE TAX ADVICE PROVIDED BY DOSTART CLAPP GORDON & COVENEY LLP, MUSICK, PEELER AND GARRETT LLP, AND ERNST & YOUNG LLP WAS LIMITED TO RECENT ADVICE PERTAINING TO THE DISCLOSURE OF THE TRANSACTION DESCRIBED IN THIS FORM 8886 WITH THE UNIVERSITY OF SAN DIEGO'S ANNUAL RETURN THE SERVICES PROVIDED BY DOSTART CLAPP, MUSICK PEELER AND ERNST & YOUNG DID NOT INVOLVE ANY TAX ADVICE PERTAINING TO THE STRUCTURING OF THE TRANSACTION DISCLOSED IN THIS FORM 8886 OR ADVISING THE UNIVERSITY OF SAN DIEGO BEYOND ITS REPORTABLE TRANSACTION DISCLOSURE AND RELATED OBLIGATIONS THE FEES PAID TO DOSTART CLAPP GORDON & COVENEY LLP, MUSICK, PEELER AND GARRETT LLP, AND ERNST & YOUNG LLP WERE RELATED ONLY TO POSTTRANSACTIONAL TAX ADVICE RELATING TO USD'S DISCLOSURE OBLIGATIONS AND ITS WITHDRAWAL FROM THE PARTNERSHIP

**Explanation** 

identiller	Reference	Explanation
		FORM 8886, LINE 7 ON OCTOBER 5, 1995, THE DONORS TRANSFERRED THEIR 19 4% INTEREST IN COMMONWEALTH BROADCASTING OF NORTHERN CALIFORNIA, L P ("CBNC L P") TO THE UNIVERSITY THE RECEIPT OF THE OCTOBER 5, 1995 TRANSFER WAS ACKNOWLEDGED BY THE UNIVERSITY ON FORM 8283, NONCASH CHARITABLE CONTRIBUTIONS DONORS AND THE UNIVERSITY ENTERED INTO THE PARTNERSHIP ON OCTOBER 5, 1995 THE PARTNERSHIP AGREEMENT DESCRIBES DONORS, IN THEIR CAPACITY AS GENERAL PARTNERS OF THE PARTNERSHIP HAVING CONTRIBUTED A 0 4% INTEREST IN CBNC, L P IN EXCHANGE FOR 2 PARTNERSHIP UNITS THE PARTNERSHIP AGREEMENT DESCRIBES DONORS, IN THEIR CAPACITY AS LIMITED PARTNERS OF THE PARTNERSHIP HAVING CONTRIBUTED A 0 2% INTEREST IN CBNC L P IN EXCHANGE FOR 1 PARTNERSHIP UNIT THE PARTNERSHIP AGREEMENT DESCRIBES THE UNIVERSITY, IN ITS CAPACITY AS A LIMITED PARTNER OF THE PARTNERSHIP, HAVING CONTRIBUTED A 19 4% INTEREST IN CBNC L P IN EXCHANGE FOR 97 PARTNERSHIP UNITS THE OPTION AGREEMENT (THE "OPTION"), EFFECTIVE OCTOBER 27, 1995, WAS ENTERED INTO BY THE TRUST, THE PARTNERSHIP, AND THE UNIVERSITY THE OPTION PROVIDES THE UNIVERSITY THE RIGHT TO REQUIRE THE TRUST TO PURCHASE ITS 97 STATEMENT PARTNERSHIP UNITS, REPRESENTING ITS LIMITED PARTNERSHIP INTEREST IN THE PARTNERSHIP, FOR THE GREATER OF \$4,500,000 OR FAIR MARKET VALUE, AS DETERMINED UNDER THE PROVISIONS OF THE OPTION THE TERM OF THE OPTION GENERALLY RUNS FROM OCTOBER 27, 1995 UNTIL NOON ON DECEMBER 31, 2035, OR UPON 180 DAYS AFTER THE DEATH OF THE LAST TO DIE OF THE DONORS THE UNIVERSITY MAY EXERCISE THE OPTION A PROVIDED FOR UNDER THE TERMS OF THE OPTION, INCLUDING WITHIN 5 DAYS OF RECEIVING A DEATH CERTIFICATE OF THE LAST TO DIE OF THE DONORS. IN LINDER THE TERMS OF THE OPTION, THE TERMS OF THE LAST TO DIE OF THE DONORS. IN LINDER THE TERMS OF THE OPTION, THE TERMS OF THE OPTION AND THE DONORS. IN LINDER THE DONORS. IN LINDER THE TERMS OF THE DONORS.
		UNDER THE TERMS OF THE OPTION, THE TRUST A GREED TO OBTAIN LIFE INSURANCE ON THE DONORS' LIVES, IF IT HAD FUNDS TO DO SO, IN THE AGGREGATE AMOUNT OF NO LESS THAN \$4,500,000 IN ORDER TO ENSURE THE AVAILABILITY OF SUFFICIENT FUNDS TO PURCHASE THE UNIVERSITY'S PARTNERSHIP UNITS REPRESENTING ITS LIMITED PARTNERSHIP INTEREST IN THE PARTNERSHIP THE OPTION ALSO GENERALLY PROVIDES THAT SHOULD THE INSURANCE PROCEEDS COLLECTED BY THE TRUST NOT AMOUNT TO THE DETERMINED PURCHASE PRICE OF
		THE UNIVERSITY'S PARTNERSHIP UNITS, THE PARTNERSHIP MAY PAY THE DIFFERENCE TO THE UNIVERSITY THE UNIVERSITY IS ALLOCATED 97% OF THE PROFIT, LOSS AND CAPITAL OF THE PARTNERSHIP FOR FEDERAL INCOME TAX PURPOSES PURSUANT TO THE TERMS OF THE PARTNERHSIP AGREEMENT, THE GENERAL PARTNERS HAVE FULL CONTROL OVER THE TIMING AND AMOUNT OF DISTRIBUTIONS FROM THE PARTNERSHIP THE UNIVERISTY, IN ITS CAPACITY AS LIMITED PARTNER IN THE PARTNERSHIP, GENERALLY MAY NOT DEMAND
		DISTRIBUTIONS OR PARTAKE IN THE MANAGEMENT OF THE PARTNERSHIP THE UNIVERSITY, IN ITS CAPACITY AS LIMITED PARTNER, GENERALLY MAY NOT TRANSFER ITS LIMITED PARTNERHSIP INTEREST WITHOUT SATISFYING SIGNIFICANT CONDITIONS IMPOSED UNDER THE TERMS OF THE PARTNERSHIP AGREEMENT AND WITH THE CONSENT OF THE GENERAL PARTNERS THE UNIVERSITY, IN ITS CAPACITY AS LIMITED PARTNERS, GENERALLY MAY NOT WITHDRAW ASSETS FROM THE PARTNERSHIP THE UNIVERSITY WAS UNAWARE, HOWEVER, UNTIL APRIL 5, 2007 THAT WITH THE PARTNERSHIP MIGHT BE VIEWED AS SUBSTANTIALLY SIMILAR TO THE NOTICE
		2004-30 TRANSACTION WITHIN THE MEANING OF TREAS REG SECTION 1 6011-4(C)(4), AND THEREFORE MAY HAVE PARTICIPATED IN A LISTED TRANSACTION WITHIN THE MEANING OF TREAS REG SECTION 1 6011-4(C)(3)(I) (A) AS A RESULT, THE UNIVERSITY FILED A PROTECTIVE DISCLOSURE IN MAY 2007 IT WAS NOT UNTIL SPRING 2008 THAT THE UNIVERSITY WAS ADVISED THAT THE PARTNERHSIP WOULD MORE LIKELY THAN NOT BE VIEWED AS SUBSTANTIALLY SIMILAR TO THE NOTICE 2004-30 TRANSACTION WITHIN THE MEANING OF TREAS REG
		SECTION 1 6011-4(C)(4) AS A RESULT, THE UNIVERSITY IS FILING THIS DISCLOSURE THE UNIVERSITY PROMPTLY TOOK STEPS TO PURSUE RESCISSION OF OR WITHDRAWAL FROM THE PARTNERSHIP AS OF MARCH 4, 2009, THE PARTNERSHIP COMPLETELY REDEEMED THE UNIVERSITY'S 97% LIMITED PARTNERSHIP INTEREST, AND THE UNIVERSITY IS NO LONGER A LIMITED PARTNER IN THE PARTNERSHIP A FINAL 2009 K-1 WAS ISSUED TO THE
		UNIVERSITY REPORTING AN OVERALL LOSS FROM OPERATIONS IN ADDITION, THERE SHOULD BE NO DISCLOSURE TO THE EXTENT THE UNIVERSITY IS VIEWED AS ENTERING INTO THE PARTNERSHIP SOLELY PRIOR TO FEBRUARY 28, 2000 THE ORIGINAL TEMPORARY TREASURY REGULATIONS ISSUED FEBRUARY 28, 2000 UNDER TREAS REG SECTION 1 6011-4T SHOULD GOVERN THE UNIVERSITY'S PARTICIPATION IN THE PARTNERSHIP THESE REGULATIONS REQUIRE DISCLOSURE ONLY FOR LARGE TRANSACITONS THAT PROVIDE
		TAX SAVINGS IN EXCESS OF CERTAIN DOLLAR THRESHOLDS (THE PROJECTED TAX EFFECT TEST) THE PROJECTED TAX EFFECT TEST, AS DESCRIBED IN THESE REGULATIONS, REQUIRE A TRANSACITON TO BE REPORTED WHERE IT IS EXPECTED TO REDUCE THE TAXPAYER'S FEDREAL INCOME TAX LIABILITY BY MORE THAN \$1 MILLION IN ANY SINGLE TAXABLE YEAR OR BY A TOTAL OF \$2 MILLION FOR ANY COMBINATION OF TAXABLE YEARS HOWEVER, A LISTED TRANSACITON IS NOT TREATED AS A REPORTABLE TRANSACTION IF IT HAS
		AFFECTED THE TAXPAYER'S FEDERAL INCOME TAX LIABILITY AS REPORTED ON ANY TAX REUTRN FILED ON OR BEFORE FEBRUARY 28, 2000 BECAUSE THE UNIVERSITY IS A TAX-EXEMPT I R C SECTION 501(C)(3) ENTITY, THE UNIVERSITY'S PARTICIPATION IN THE PARTNERSHIP WAS NOT EXPECTED TO REDUCE ITS TAX LIABILITY AT ALL (SEE RESPONSES TO LINES 8 AND 9) THE UNIVERSITY HAS DISPOSED OF ITS INTEREST IN THE PARTNERSHIP AS OF MARCH 4, 2009 IN ADDITION, THE DISTRIBUTIONS FROM THE PARTNERSHIP HAVE BEEN REPORTED ON THE
		UNIVERSITY'S TAX RETURNS PRIOR TO FEBRUARY 28, 2000 THEREFORE, UNDER TEMP TREAS REG SECTION 1 6011-4T, THE UNIVERSITY SHOULD NOT HAVE A DISCLOSURE REQUIREMENT WITH RESPECT TO ITS INVESTMENT IN THE PARTNERSHIP PRIOR TO FEBRUARY 28, 2000 SINCE 2001, TEMP TREAS REG SECTION 1 6011-4T HAS BEEN MODIFIED A NUMBER OF TIMES BEFORE BEING FINALIZED IN 2003 BASED ON THE VARIOUS EFFECTIVE
		DATES FOR THE DIFFERENCE SECTIONS THAT HAVE CHANGED, IT APPEARS THAT THE FEBRUARY 28, 2000 INITIAL TEMP TREAS REG SECTION 1 6011-4T IN T D 8877 STILL GOVERNS THE DISCLOSURE OBLIGATIONS OF THE UNIVERSITY WITH RESPECT TO ITS PARTICIPATION IN THE PARTNERSHIP THROUGH ITS LIMITED PARTNERSHIP INTEREST THAT WAS OBTAINED PRIOR TO FEBRUARY 28, 2000, ON OCTOBER 5, 1995 THE UNIVERSITY HAS NOT, NOR DOES NOT, EXPECT ANY TAX BENEFIT FROM THE TRANSACTION, INCLUDING DEDUCTIONS, EXCLUSIONS FROM GROSS INCOME, NONRECOGNITION OF GAIN, TAX CREDITS, ADJUSTMENTS (OR THE ABSENCE OF
		ADJUSTMETNS) TO THE BASIS OF PROPERTY, LOSS, OR TAX CREDITS THE UNIVERSITY IS EXEMPT FROM FEDERAL INCOME TAXATION UNDER IR C SECTION 501(C)(3) THE UNIVERSITY ONLY EXPECTS DISTRIBUTIONS

ldentifier	Return Reference	Explanation
form 990, schedule k, part ıı, lıne 4		\$2,000,673 is retained in a Rebate Fund within the Bond fund as of 6-30-10. The rebate amount was paid subsequent to 6-30-10.

FROM MTT PARTNERS, L P IN ITS CAPACITY AS LIMITED PARTNER

ldentifier	Return Reference	Explanation
form 990, schedule k, part III, line 3a		There are currently no management or service contracts related to our facilities financed in part by the 2005 bond issue

	ldentifier	Return Reference	Explanation
	form 990, schedule k, part III, Iine 3b & 3c		USD uses the guidance of Bondlogistix to review all research agreements related to the university's debt financed facilities
•			

ldentifier	Return Reference	Explanation
form 990, schedule k, part IV, line 4a		No GIC Master repurchase Agreement between JP Morgan Chase Bank, the seller and provider of investment contract and Wells Fargo Bank, Trustee and Agreement buyer Permitted Investments schedule is part of MRA, and include cash, Direct obligations of any federal agency or federally sponsored entity

ldentifier	Return Reference	Explanation
form 990, schedule k, part IV, line 6		USD engaged Bondlogistix to perform an interim rebate calculation as of 6-30-10. Payment was submitted to the US Department of Treasury on August 28, 2010 in the amount of \$1,730,990.89, 100% of the rebate calculation. Remaining earnings on proceeds are being held in the bond fund and used for monthly debt service of interest payments.

Software ID: Software Version:

**EIN:** 95-2544535

Name: UNIVERSITY OF SAN DIEGO

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

Compensated Employees, and Independent Contractors										
(B) (C) A verage Position (check all that apply) per				1	( <b>D)</b> Reportable compensation from the	<b>(E)</b> Reportable compensation from related	(F) Estimated amount of other compensation			
week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations	
1 00	X		х				0	0	0	
1 00	Х						0	0	0	
1 00	X		х				0	0	0	
1 00	Х						0	0	0	
1 00	Х						0	0	0	
1 00	Х		х				0	0	0	
1 00	X						0	0	0	
1 00	Х						0	0	0	
1 00	Х						0	0	0	
1 00	Х						0	0	0	
1 00	Х						0	0	0	
1 00	Х						0	0	0	
1 00	Х						0	0	0	
1 00	Х		х				0	0	0	
1 00	Х						0	0	0	
1 00	Х						0	0	0	
1 00	Х						0	0	0	
1 00	Х						0	0	0	
1 00	Х						0	0	0	
1 00	Х						200	0	0	
1 00	Х						0	0	0	
1 00	Х						0	0	0	
1 00	Х						3,064	0	0	
1 00	Х						0	0	0	
1 00	Х						0	0	0	
	(B) Average hours per week  1 00 1 00 1 00 1 00 1 00 1 00 1 00 1	(B) Average hours per week       Post per Qrandwidual tustee         1 00       X         1 00       X <td>(B) Average hours per week  1 00</td> <td>(B) A verage hours per week</td> <td>  C</td> <td>  C</td> <td>  C</td> <td>  CD</td> <td>  Companies   Comp</td>	(B) Average hours per week  1 00	(B) A verage hours per week	C	C	C	CD	Companies   Comp	

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

Compensated Employees, and								eco, key imple	, ccs,gcst	
(A) Name and Title	(B) Average hours		tion (	che	′)	_		(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
RICHARD K DAVIS TRUSTEE	1 00	Х						0	0	0
ROBERT A HOEHN TRUSTEE	1 00	Х						0	0	0
RO GER AP JO SEPH TRUSTEE	1 00	Х						0	0	0
RONL FOWLER TRUSTEE	1 00	Х						0	0	0
STANLEY W LEGRO TRUSTEE	1 00	Х						0	0	0
SANDRA A BRUE TRUSTEE	1 00	Х						0	0	0
SHELLEY THOMPSON TRUSTEE	1 00	Х						0	0	0
SR CAROLYN OSIEK RSCJ TRUSTEE	1 00	Х						0	0	0
SR KATHLEEN HUGHESRSCJ TRUSTEE	1 00	Х						0	0	0
TINA S NOVA TRUSTEE	1 00	Х						0	0	0
WILLIAM GEPPERT TRUSTEE	1 00	Х						0	0	0
ANN NAVARRA TRUSTEE	1 00	Х						0	0	0
MARY E LYONS PRESIDENT & TRUSTEE	40 00	Х		x				419,436	0	42,340
BYRON C ROTH truSTEE	1 00	Х						0	0	0
RICHARD M BARTELL TRUSTEE	1 00	Х						0	0	0
CINDY BASSO EATON trusTEE	1 00	Х						0	0	0
JULIE H SULLIVAN EXECUTIVE VP/PROVOST	40 00			×				341,576	0	32,269
TIMOTHY L O'MALLEY VICE PRESIDENT	40 00			x				224,681	0	42,414
REV MSGR D DILLABOUGH VICE PRESIDENT	40 00			x				197,607	0	40,900
CARMEN M VAZQUEZ VICE PRESIDENT	40 00			x				248,415	0	27,627
LEENDERT R HERING VICE PRESIDENT	40 00			×				17,517	0	2,309
KEVIN L COLE DEAN, SCHOOL OF LAW	40 00				х			273,256	0	45,920
DAVID F PYKE DEAN, SCHOOL OF BUSINESS	40 00				х			372,035	0	43,320
SALLY B HARDIN DEAN, SCHOOL OF NURSING	40 00				х			184,553	0	37,714
PAULA A CORDEIRO DEAN, SOLES	40 00				×			180,842	0	34,277

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

- compensated zimple year, unit										
<b>(A)</b> Name and Title	(B) Average hours		tion ( that a			II		(D) Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of other
	per week 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
mary boyd DEAN, ARTS & SCIENCES	40 00				х			213,069	0	40,482
WILLIAM T GRIER HEAD COACH, BASKETBALL	40 00					Х		532,998	0	45,489
STEVEN D SMITH LAW PROFESSOR	40 00					x		283,451	0	41,402
DAVID MCGOWAN LAW PROFESSOR	40 00					x		256,209	0	30,428
LA WRENCE A ALEXANDER LA W PRO FESSOR	40 00					Х		252,981	0	34,783
STEPHEN HORNING CONTINUNING ED FACULTY	40 00					х		309,693	0	0

#### Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Cost of Sales	11,331,482	11,293,463	38,019	
Mıscellaneous	2,972,047	210,434	2,761,613	
Equipment	2,367,413	1,198,508	1,164,561	4,344
Entertainment & Promoti	2,087,741	1,595,228	350,108	142,405
Library Services	2,060,717	2,060,717		