

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



DLN: 93493135052112

Form **990**

Department of the Treasury

Return of Organization Exempt From Income Tax

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

2010

OMB No 1545-0047

Open to Public
Inspection

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

Check of application Comparison Compa	A For	the 2010 ca	lendar year, or tax year begi	nning 07-01-2010 and ending 06-30-201	1	D Employer	identification number
Doug Bluemes As Doug Bluemes As Endephone number Color	_		C Name of organization UNIVERSITY OF SAN DIEGO			. ,	
Number of normation Four		-	Doing Business As				
Application pending	_	-				E Telephone	number
Name and address of pnncipal officer Name (VNOS PHD S998 ALCALA PARK SAN DIEGO (AC 921102492 H(b) Are all affixites included Times Times Name (VICTORS PHD S998 ALCALA PARK SAN DIEGO (AC 921102492 H(c) Times Times Times Times Name (VICTORS PHD Name Name (VICTORS PHD Name Name (VICTORS PHD Name Name (VICTORS PHD Name	_			ıf maıl ıs not delivered to street address)	Room/suite		
## Name and address of principal officer MARY ELYON PHO SAN OTEO, CA 9 21102492 Tax-exempt satus	_			and ZIP + 4		G Gross recei	pts \$ 682,180,614
## H(b) Me all affiliates mituded? Tyes Fit No.* attach a list (see instructions)	ДРРІК	cation pending	F Name and address of	principal officer	H(a) is this a	group return for affi	liates? Tyes V No
SAN DIEGO,CA 921102492 Text Tex						St. o.alp. t. o.c. a	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Websites				2492	If "No	," attach a lıs	t (see instructions)
Part I Summary	Tax-	exempt status	▼ 501(c)(3)	◀ (insert no)	H(c) Group	exemption r	umber ►
Part	Wel	bsite: ► WW	W SANDIEGO EDU				
1 Briefly describe the organization's mission or most significant activities POST SECONDARY EDUCATION	C Form	of organization	Corporation Trust Assoc	ation Other 🕨	L Year of for	nation 1949	M State of legal domicile C.
2 Check this box P if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a)	Part	Sum	mary				
Note turrelated business taxable income from Form 990-T, line 34 7b 191,4		,	3	ssion or most significant activities			
Note turrelated business taxable income from Form 990-T, line 34 7b 191,4	2						
Note turrelated business taxable income from Form 990-T, line 34 7b 191,4	<u> </u>						
Note the the describes revenue in thir art VIII, clothing (2), line 12 7b 191,4	[, -			1	assets
Net unrelated business taxable income from Form 990-T, line 34 7b 191,4	<u>,</u>						3
Note the the describes revenue in thir art VIII, clothing (2), line 12 7b 191,4	3						3
Note the the describes revenue in thir art VIII, clothing (2), line 12 7b 191,4							5,37
Note turrelated business taxable income from Form 990-T, line 34 7b 191,4	3						1,29
Prior Year Current Year	`						
### Contributions and grants (Part VIII, line 1h)	_	b Net unre	ated business taxable incom	ne from Form 990-1, line 34			191,438
9 Program service revenue (Part VIII, line 2g)		• Control	outland and grants (Part VII	[line 1 h)			
Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12	<u>ज</u> ं						
Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12	Ēļ.		•		3,		
Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), lines 13 Grants and similar amounts paid (Part IX, column (A), lines 1 – 3)	歪 []						
12)			·			10,700,110	13,113,037
14 Benefits paid to or for members (Part IX, column (A), line 4)		12) .			_		390,847,073
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e)	1					75,193,450	83,720,221
Fart II 5-10) 161,627,599 163,387,31 163,387,31 164,627,599 163,387,31 164,387,31 165,387,31 165,387,31 165,387,31 166,27,599 163,387,31 161,627,599 163,387,31 163,387,31 161,627,599 163,387,31 163,387,31 17 Other expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)						0	(
Total fundraising expenses (Part IX, column (A), line 11e)	88 3			oyee benefits (Part IX, column (A), lines	10	61,627,599	163,387,352
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	ğΙ,	,		IX. column (A). line 11e)		+	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	⊕						
18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12						88,864,408	91,580,326
19 Revenue less expenses Subtract line 18 from line 12							338,687,899
Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has a	:		·				52,159,174
Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has a	8 9 C 6 S						End of Year
Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has a	1 and 1	20 Total a	ssets (Part X, line 16) .				972,492,431
Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has a	[<u>교</u>	21 Total I	abilities (Part X, line 26) .		2	79,115,809	273,626,263
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has a				act line 21 from line 20	6	05,568,764	698,866,168
mowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has a		_					
knowledge.	Net Assets of number of hundred Balances	20 Total a 21 Total l 22 Net as 211 Sign 20 Denalties of pedge and belief	issets (Part X, line 16) iabilities (Part X, line 26) . sets or fund balances Subtra ature Block erjury, I declare that I have exa	act line 21 from line 20	Beginning Ye 86 21 60 chedules and sta	of Current ear 84,684,573 79,115,809 05,568,764	End of Year 972,492 273,626 698,866 to the best of my
	-:						
***** Signature of officer Date	_			PD 01/05T	Dat		
Sign Date	iere			PROVOST			
Sign Signature of officer Date DR JULIE SULLIVAN EXECUTIVE VP AND PROVOST DR JULIE SULLIVAN EXECUTIVE VP AND PROVOST			·	Preparer's signature	ate C	Check if self-	PTIN
Sign Signature of officer Date DR JULIE SULLIVAN EXECUTIVE VP AND PROVOST Type or print name and title	hie	preparer's	name PATRICIA J MAYER	PATRICIA J MAYER			1 1119
Signature of officer Date DR JULIE SULLIVAN EXECUTIVE VP AND PROVOST Type or print name and title Print/Type preparer's name PATRICIA J MAYER PATRICIA J MAYER PATRICIA J MAYER Date Check if self-employed PTIN		or					Firm's EIN
Signature of officer Date DR JULIE SULLIVAN EXECUTIVE VP AND PROVOST Type or print name and title Print/Type PATRICIA J MAYER Preparer's signature PATRICIA J MAYER PATRICIA J MAYER PTIN PTIN		i Film's add		E SUITE 600			Phone no • (858) 627-1400
Signature of officer Date DR JULIE SULLIVAN EXECUTIVE VP AND PROVOST	1av th	o IPS discus	SAN DIEGO, CA 92123	er shown above? (see instructions)			✓ Yes 「No

orm	1990 (2010)				Page 2
Par	Check if Schedule O contains				୮
1	Briefly describe the organization's mi	ssion			
EXPA	UNIVERSITY OF SAN DIEGO IS A RO ANDING LIBERAL AND PROFESSION DERS DEDICATED TO ETHICAL CON	AL KNOWLEDGE, CREATIN	G A DIVERSE AN		
2	Did the organization undertake any si the prior Form 990 or 990-EZ?				┌ Yes ┌ No
_	If "Yes," describe these new services				
3	Did the organization cease conducting services?			ts, any program	┌ Yes ┌ No
	· -				
4	Describe the exempt purpose achieve Section 501(c)(3) and 501(c)(4) organizations to others, the total expension	anizations and section 4947	(a)(1) trusts are re	equired to report the amo	expenses unt of grants and
4a	(Code) (Expenses \$	272,805,195 including	grants of \$	83,009,881) (Revenue \$	335,667,567)
	THE UNIVERSITY OF SAN DIEGO IS ENGAGED PROFESSIONAL STUDENTS, THIS PROGRAM				ENTS AND 2,200 GRADUATE AND
4b	(Code) (Expenses \$	ıncludıng	grants of \$) (Revenue \$)
	-				
4 c	(Code) (Expenses \$	ıncludıng	grants of \$) (Revenue \$)
4d	Other program services (Describe i				,
4-	(Expenses \$	including grants of \$)	(Revenue \$)
4e	Total program service expenses►\$	272,805,195			

Part IV	Chec	klist of	Required	Schedules

			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 (see instruction)? $^{f g}$	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^{\bullet}	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? 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	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	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.	11b		No
c	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.	11c		No
d	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.	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
f	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 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		No
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		No
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? <i>If</i> " <i>Yes,"</i> complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Parts III and IV.	16		No
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 (see instructions)	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
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		Νo
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

t IV Checklist of Required Schedules (continued)			
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		No
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	
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	
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 lines 24b-24d and complete Schedule K. If "No," go to line 25	24a	Yes	
Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νo
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
Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
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
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	
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? <i>If "Yes," complete Schedule L, Part III</i>	27		No
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)			
A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule Ma	29	Yes	
Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
Part I	31		No
Schedule N, Part II	32		No
sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
Was the organization related to any tax-exempt or taxable entity? If "Yes." complete Schedule R. Parts II. III. IV.			No
and V, line 1	34		N o
	34 35		No
and V, line 1			
and V, line 1			
and V, line 1	35		No
	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 17 if "Yes," complete Schedule I, Parts I and II. Did the organization more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 27 if "Yes," complete Schedule I, Parts I and III. 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 I. Did the organization answer "Yes, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I. If "No," go to line 25. Did the organization invest 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 lines 24b-24d and complete Schedule K. If "No," go to line 25. Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? Did the organization maintain an escrow account other than a refunding escrow at any time during the year? 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 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 90 or 990-E27 If "Yes," complete Schedule L, Part II. By the organization provide a grant or other assistance to an officer, director, trustee, key employee, inghly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part IV. A family memb	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 12 II "Yes," complete Schedule I, Parts I and II . 22 on Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III . 32 on Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III . 33 on Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III . 34 On 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 I, Part II . 35 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 lines 24b-24d and complete Schedule K. If "No," go to line 25 . 36 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	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

orm 990 (2010)	Page 5
Part V	Statements Regarding Other IRS Filings and Tax Compliance	

	Check if Schedule O contains a response to any question in this Part V		. ত	
			Yes	No
La	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 925			
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?	1c	Yes	
a	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 (see instructions)	2b	Yes	
3	Did the organization have unrelated business gross income of \$1,000 or more during the			
	year [?]	3a	Yes	
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
•	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	
b	If "Yes," enter the name of the foreign country 🎉 CJ, NT, BD, EI			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
1	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			
1	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	5c 6a		No
	organization solicit any contributions that were not tax deductible?			. 10
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Νo
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
_	contract?	7e		No
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	7f		No
	required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7h		
	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		
	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club			
	facilities			
	Section 501(c)(12) organizations. Enter Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them)			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
3	year Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?			
	Note. See the instructions for additional information the organization must report on Schedule O	13a		
	Enter the amount of receives the comment of the state of			
h	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
b				
	Enter the amount of reserves on hand			
c	Enter the amount of reserves on hand	14a		Νo

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

Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Νo
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		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
	ection B. Policies (This Section B requests information about policies not required by the Internal evenue Code.)			
			Yes	No
	Does the organization have local chapters, branches, or affiliates?	10a		No
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this 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 rise to conflicts?	12b	Yes	
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
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 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ection C. Disclosure	_05		
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(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply Own website. Another's website. Upon request			

- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► OFFICE OF THE CONTROLLER
 5998 ALCALA PARK HUGHES ADMINISTRAT
 SAN DIEGO, CA 92110

<u>Part VIII</u> 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

- 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, if any 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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- ◆ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if neither the organ	nization nor any r	<u>elated o</u>	rgan	zatio	on c	ompen	sate	d any current office	er, director, or trust	ee
(A) Name and Title	(B) Average hours		tion (′)			(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
See Additional Data Table										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	(A) Name and Title	(B) Average hours		tion that a			II		(D) Reportable compensation from the	(E) Reportable compensation from related	า เ	(F) Estima amount o	ted f other
		per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)		compens from t organizati relate organiza	he on and ed
See A	Additional Data Table												
							+				+		
			-				+				+		
				-		_					\perp		
											\perp		
											+		
							-				+		
							_				_		
1b	Sub-Total							►					
С	Total from continuation sheets	to Part VII, Sec	tion A				Þ						
d							•	<u> </u>	5,073,842		0		69,685
2	Total number of individuals (incl \$100,000 in reportable compen	_					above) who	received more tha	n			
												Yes	No
3	Did the organization list any for on line 1a? <i>If</i> "Yes," complete Sch									ated employee	3		No
4	For any individual listed on line : organization and related organiz	ations greater tl	han \$15	0,00	07 I	f "Y	es," co	mple	te Schedule J for suc			V	
5	Did any person listed on line 1a									r individual for	4	Yes	
3	services rendered to the organiz										5		No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
GC MORGAN CONSTRUCTION COMPANY INC 3755 AVOCADO BLVD STE 408 LA MESA, CA 91941	GENERAL CONTRACTORS	1,277,210
CAMBRIDGE ASSOCIATES 100 SUMMER ST 13 BOSTON, MA 02110	INVESTMENT MANAGERS	521,002
RESTORWARE 13069 DRESSAGE LN SAN DIEGO, CA 92130	CONSULTING SERVICES	386,743
3322 SWEETWATER SPRINGS BIVD 200	ENGINEERING AND CONTRUCTION SERVICES	272,294
MOSS ADAMS LLP 9665 GRANITE RIDGE DRIVE 600 SAN DIEGO, CA 92123	AUDIT AND TAX SERVICES	243,338
2 Total number of independent contractors (including but not limited to those listed above)	who received more than	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

A	Section 501(c)(3) and 501(c)(4) organizations mus Il other organizations must complete column (A) but are not required to o			D).	
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21		·		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	83,720,221	83,720,221		
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	4,307,519	2,803,425	501,573	1,002,521
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	123,139,225	93,368,699	26,518,240	3,252,286
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	12,143,284	9,047,067	2,524,408	571,809
9	Other employee benefits	15,457,207	11,617,832	3,834,768	4,607
10	Payroll taxes	8,340,117	6,213,607	1,733,787	392,723
а	Fees for services (non-employees) Management				
b	Legal	261,186		261,186	
c	Accounting	265,286		265,286	
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees	1,685,289	1,487,309	197,980	
g	Other	15,049,755	11,817,773	2,537,855	694,127
12	Advertising and promotion	748,338	439,511	283,431	25,396
13	Office expenses	5,662,831	2,725,619	2,159,185	778,027
14	Information technology	4,378,663	2,627,198	1,751,465	
15	Royalties				
16	Occupancy	6,982,366	6,226,293	754,915	1,158
17	Travel	6,706,824	5,633,045	959,835	113,944
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,484,874	1,259,746	194,737	30,391
20	Interest	9,611,762	7,375,950	2,235,812	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	15,097,993	8,692,609	6,405,384	
23	Insurance	1,425,234	154,129	1,271,105	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
а	COST OF SALES	11,354,532	11,306,161	48,371	0
b	MISCELLANEOUS	5,144,800	2,569,242	2,384,275	191,283
c	LIBRARY SERVICES	2,431,468	2,321,328	88,689	21,451
d	RECRUITING	1,148,437	799,764	348,198	475
е	BAD DEBT	1,110,012	0	1,110,012	0
f	All other expenses	1,030,676	598,667	390,154	41,855
25	Total functional expenses. Add lines 1 through 24f	338,687,899	272,805,195	58,760,651	7,122,053
26	Joint costs. Check here ► ☐ If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				m 990 (2010)

Pa	rt X	Balance Sheet					
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			0	1	0
	2	Savings and temporary cash investments			1,929,783	2	2,559,984
	3	Pledges and grants receivable, net			15,147,146	3	21,917,759
	4	Accounts receivable, net			8,723,341	4	7,394,567
	5	Receivables from current and former officers, directors, trustee highest compensated employees Complete Part II of	s, key	employees, and			
		Schedule L			517,800	5	309,200
	6	Receivables from other disqualified persons (as defined under spersons described in section $4958(c)(3)(B)$, and contributing esponsoring organizations of section $501(c)(9)$ voluntary emploorganizations (see instructions)	mploy	ers, and			
şţŝ		Schedule L				6	
Assets	7	Notes and loans receivable, net			31,618,723	7	32,920,643
۲	8	Inventories for sale or use			2,226,695	8	2,182,448
	9	Prepaid expenses and deferred charges			6,705,478	9	6,942,225
	10a	Land, buildings, and equipment cost or other basis <i>Complete Part VI of Schedule D</i>	10a	588,611,633			_
	b	Less accumulated depreciation	10b	116,609,804	480,866,767	10c	472,001,829
	11	Investments—publicly traded securities			248,985,097	11	322,801,488
	12	Investments—other securities See Part IV, line 11		•	0	12	0
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets				14	_
	15	Other assets See Part IV, line 11			87,963,743	15	103,462,288
	16	Total assets. Add lines 1 through 15 (must equal line 34) .			884,684,573	16	972,492,431
	17	Accounts payable and accrued expenses .			43,850,525	17	39,986,542
	18	Grants payable				18	
	19	Deferred revenue	16,157,572	19	19,689,985		
	20	Tax-exempt bond liabilities	185,029,966	20	181,953,946		
es.	21	Escrow or custodial account liability Complete Part IV of Schedu		21			
bilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
Lial		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties	s .		5,455,152	23	7,790,573
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities Complete Part X of Schedule D			28,622,594	25	24,205,217
	26	Total liabilities. Add lines 17 through 25			279,115,809	26	273,626,263
-		Organizations that follow SFAS 117, check here ▶ 🔽 and com	plete	ines 27			
e)		through 29, and lines 33 and 34.					
Balances	27	Unrestricted net assets			383,043,268	27	440,557,560
B 3	28	Temporarily restricted net assets			74,132,041	28	104,132,860
Fund	29	Permanently restricted net assets			148,393,455	29	154,175,748
Fu		Organizations that do not follow SFAS 117, check here $ ightharpoonup$ a	nd con	nplete			
ō		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 f	unds			32	
Net	33	Total net assets or fund balances			605,568,764	33	698,866,168
	34	Total liabilities and net assets/fund balances			884,684,573	34	972,492,431

Par	Check if Schedule O contains a response to any question in this Part XI			.┏			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		390.8	347,073		
2	Total expenses (must equal Part IX, column (A), line 25)	2					
3	Revenue less expenses Subtract line 2 from line 1	3		52,1	159,174		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		605,5	568,764		
5	Other changes in net assets or fund balances (explain in Schedule O)	5		41,1	138,230		
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		698,8	366,168		
Par	The triangle of the contains a response to any question in this Part XII			୮			
				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			
С	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of 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 its chedule 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 in a separate basis, consolidated basis, or both	ssued					
	▼ Separate basis						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Single Audit Act and OMB Circular A-133?	e	3a	Yes			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b	Yes			

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493135052112

Employer identification number

OMB No 1545-0047

OMB No 1545-004

2010

Open to Public Inspection

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.

Name of the organization UNIVERSITY OF SAN DIEGO

UNIVE	ERSITY (of San Diego	1			
			95-2544535			
	rt I	Reason for Public Charity Status (All organizations must complete this pa		ctions		
The	organı	zation is not a private foundation because it is (For lines 1 through 11, check only one box				
1	Г	A church, convention of churches, or association of churches described in section 170(b)	(1)(A)(i).			
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)				
3	Γ	A hospital or a cooperative hospital service organization described in $section 170(b)(1)(A)$	4)(iii).			
4	Γ	A medical research organization operated in conjunction with a hospital described in secti hospital's name, city, and state	on 170(b)(1)(A)(iii). Enter	the	
5	Γ	An organization operated for the benefit of a college or university owned or operated by a college or university of the college of the college or operated by a college or operated by a college or opera	 governmental un	ıt describe	nı t	
_	_	section 170(b)(1)(A)(iv). (Complete Part II)				
6	<u> </u>	A federal, state, or local government or governmental unit described in section 170(b)(1)(
7	ı	An organization that normally receives a substantial part of its support from a government described in section 170(b)(1)(A)(vi) (Complete Part II)	tal unit or from t	he general	oublic	
8	_	A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)				
9	<u>'</u>	An organization that normally receives (1) more than 331/3% of its support from contribu	itiana mambara	hin faas an	d aroc	
9	ı	receipts from activities related to its exempt functions—subject to certain exceptions, and	•		_	,5
		its support from gross investment income and unrelated business taxable income (less se	` '	•		
		· · · · · · · · · · · · · · · · · · ·	•	rom busine	sses	
10	_	acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part	•			
10	<u> </u>	An organization organized and operated exclusively to test for public safety See section 5				_
11	1	An organization organized and operated exclusively for the benefit of, to perform the functione or more publicly supported organizations described in section 509(a)(1) or section 500 the box that describes the type of supporting organization and complete lines 11e through a Type I b Type II c Type III - Functionally integrated	09(a)(2) See se n 11h		i)(3).	Check
e	Γ	By checking this box, I certify that the organization is not controlled directly or indirectly other than foundation managers and other than one or more publicly supported organization section 509(a)(2)	,			
f		If the organization received a written determination from the IRS that it is a Type I, Type I check this box	II or Type III su	ipporting oi	ganıza	ation,
g		Since August 17, 2006, has the organization accepted any gift or contribution from any of following persons?		_		
		(i) a person who directly or indirectly controls, either alone or together with persons described as the control of the contro	rıbed ın (ıı)		Yes	No
		and (III) below, the governing body of the the supported organization?		11g(i)		
		(ii) a family member of a person described in (i) above?		11g(ii)		
		(iii) a 35% controlled entity of a person described in (i) or (ii) above?		11g(iii)		
h		Provide the following information about the supported organization(s)				

(i) Name of supported organization	(ii) EIN		(iv) Is the organizati col (i) list your gove docume	e ion in ted in rning	(v) Did you not organizati col (i) of suppor	ion in your	(vi) Is the organizate col (i) orga in the U	(vii) A mount of support	
			Yes	No	Yes	No	Yes	No	
				-					
Total									

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

S	ection A. Public Support		and to quanty t			out complete	
	endar year (or fiscal year beginning						
Care	in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	ınclude any "unusual						
	grants ")						
2	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its						
_	behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
_	the organization without charge						
4	Total. Add lines 1 through 3						
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)						
6	Public Support. Subtract line 5 from						
Ū	line 4						
S	ection B. Total Support		<u> </u>	I I.			
	endar year (or fiscal year beginning						
	ın) >	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	A mounts from line 4						
8	Gross income from interest,						
Ū	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
	sources						
9	Net income from unrelated						
	business activities, whether or						
	not the business is regularly						
	carried on						
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV)						
11	Total support (Add lines 7						
	through 10)						
12	Gross receipts from related activiti	es, etc (See inst	ructions)			12	
13	First Five Years If the Form 990 is t	for the organizati	on's first, second	, thırd, fourth, or	fifth tax year as a	501(c)(3) organı	
	check this box and stop here						►
	-tiC Ct-tiC D-l	L'a Carana at B					
<u> </u>	ection C. Computation of Pub Public Support Percentage for 2010			11 column (f))			
	· ·		•	II Column (1))		14	
15	Public Support Percentage for 2009	Schedule A, Pa	rt II, line 14			15	
16a	33 1/3% support test—2010. If the				line 14 is 33 1/3%	or more, check	
_	and stop here. The organization qua						▶ □
b	33 1/3% support test—2009. If the				5a, and line 15 is 3	33 1/3% or more,	- -
	box and stop here. The organization				45.46		►
1/a	10%-facts-and-circumstances test-						
	is 10% or more, and if the organization made						rt a d
	in Part IV how the organization mee	ts the "racts and	circumstances"	test ine organiz	ration qualifies as	a publicly suppo	
L	organization	_2000 If+ba a	anization did not	chack a hay an l	no 12 165 166 -	r 17a and line	► □
D	10%-facts-and-circumstances test- 15 is 10% or more, and if the organ						
	Explain in Part IV how the organization						v
	supported organization	aon meets the 10	acts and circuilis	tances test file	z organizacion qual	mes as a publici	y ▶[¯
18	Private Foundation If the organizati	on did not check	a box on line 13	. 16a. 16b. 17a o	r 17b, check this	box and see	- 1
	instructions	on ala not check	a box on fine 15	, 100, 100, 1700	I by check tills	SON GING SCC	▶ □

organization

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total ın) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified 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 c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total in) 9 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f)) 15 16 Public support percentage from 2009 Schedule A, Part III, line 15 16 Section D. Computation of Investment Income Percentage Investment income percentage for **2010** (line 10c column (f) divided by line 13 column (f)) 17 **17** Investment income percentage from 2009 Schedule A, Part III, line 17 18 18 19a 33 1/3% support tests—2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported

33 1/3% support tests-2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **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 explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Schedule A (Form 990 or 990-EZ) 2010

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											
(A) Name and Title	(B) Average hours per	Posi t	tion (that a		/)			(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation	
	week	individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations	
A EUGENE TREPTE SECRETARY & TRUSTEE	1 00	Х		Х				0	0	0	
DARLENE MARCOS SHILEY TRUSTEE	1 00	Х						0	0	0	
DAVID H SHAFFER TRUSTEE	1 00	х						0	0	0	
DONALD R KNAUSS TRUSTEE	1 00	Х						0	0	0	
FRANK D ALESSIO VICE CHAIR & TRUSTEE	1 00	Х		х				0	0	0	
BYRON C ROTH TRUSTEE	1 00	х						0	0	0	
HENRY L NORDHOFF TRUSTEE	1 00	Х						0	0	0	
HERBERT B TASKER TRUSTEE	1 00	х						0	0	0	
JAMES B MCCARTHY TRUSTEE	1 00	Х						0	0	0	
JAMES C PETERS TRUSTEE & TREASURER	1 00	X		х				0	0	0	
JAMES V MAZZO TRUSTEE	1 00	Х						0	0	0	
JOHN T REDMOND TRUSTEE	1 00	х						0	0	0	
RICHARD M BARTELL TRUSTEE	1 00	Х						0	0	0	
LUIS MAIZEL TRUSTEE	1 00	×						0	0	0	
MARGARITA HERNANDEZ TRUSTEE	1 00	Х						0	0	0	
BARRIE CROPPER TRUSTEE	1 00	Х						0	0	0	
REV MSGR RICHARD DUNCANSON TRUSTEE	1 00	Х						0	0	0	
JAMES C KRAUSE TRUSTEE	1 00	Х						6,064	0	0	
R DONNA M BAYTOP MD TRUSTEE	1 00	Х						0	0	0	
REV MSGR L PURCELL TRUSTEE	1 00	Х						0	0	0	
RICHARD K DAVIS TRUSTEE	1 00	Х						0	0	0	
ROBERT A HOEHN TRUSTEE	1 00	Х						0	0	0	
ROGER AP JOSEPH TRUSTEE	1 00	Х						0	0	0	
RON L FOWLER TRUSTEE & CHAIR	1 00	Х		х				0	0	0	
STANLEY W LEGRO TRUSTEE	1 00	Х						0	0	0	

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

Compensated Employees, and Independent Contractors											
(A) Name and Title	(B) Average hours	Average Position (check all hours that apply)			(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	
SR CAROLYN OSIEK RSCJ TRUSTEE	1 00	Х						0	0	0	
SR KATHLEEN HUGHESRSCJ 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	
CINDY BASSO EATON TRUSTEE	1 00	Х						0	0	0	
MARY E LYONS PRESIDENT & TRUSTEE	40 00	Х		×				456,751	0	43,691	
CONSTANCE M CARROLL TRUSTEE	1 00	Х						0	0	0	
LIAM E MCGEE TRUSTEE	1 00	Х						0	0	0	
JULIE H SULLIVAN EXECUTIVE VP/PROVOST	40 00			х				564,555	0	32,642	
TIMOTHY L O'MALLEY VICE PRESIDENT	40 00			х				238,142	0	45,550	
REV MSGR D DILLABOUGH VICE PRESIDENT	40 00			х				211,058	0	41,850	
CARMEN M VAZQUEZ VICE PRESIDENT	40 00			х				267,417	0	26,672	
LEENDERT R HERING VICE PRESIDENT	40 00			х				224,534	0	28,673	
KEVIN L COLE DEAN, SCHOOL OF LAW	40 00				×			275,761	0	47,293	
DAVID F PYKE DEAN, SCHOOL OF BUSINESS	40 00				х			334,433	0	75,732	
SALLY B HARDIN DEAN, SCHOOL OF NURSING	40 00				х			184,814	0	39,922	
PAULA A CORDEIRO DEAN, SOLES	40 00				х			181,783	0	36,634	
MARY BOYD DEAN, ARTS & SCIENCES	40 00				х			210,478	0	42,199	
WILLIAM T GRIER HEAD COACH, BASKETBALL	40 00					Х		564,014	0	48,790	
ORLY LOBEL LAW PROFESSOR	40 00					Х		288,081	0	18,778	
FRANKLIN PARTNOY LAW PROFESSOR	40 00					Х		279,416	0	41,259	
JAMES OLIVERO CONTINUING ED FACULTY	40 00					Х		496,377	0	0	
STEPHEN HORNING CONTINUING ED FACULTY	40 00					х		290,164	0	0	

DLN: 93493135052112

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.

Political Campaign and Lobbying Activities

► 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 V, 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

- ◆ Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- ◆ Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then

	ection 501(c)(4), (5), or (6) organiz	zations Complete Part III			
	me of the organization IVERSITY OF SAN DIEGO			Employer iden	tification number
				95-2544535	
Par	t I-A Complete if the or	ganization is exempt unde	er section 501(c) or is a section 527	organization.
1	Provide a description of the org	ganızatıon's dırect and ındırect po	lıtıcal campaıgn act	ivities in Part IV	
2	Political expenditures			▶	\$
3	Volunteer hours				
Par	t I-B Complete if the or	ganization is exempt und	er section 501(c)(3).	
1	Enter the amount of any excise	e tax incurred by the organization	under section 4955	>	\$
2	Enter the amount of any excise	e tax incurred by organization mai	nagers under section	n 4955 🕨	\$
3	If the organization incurred a s	ection 4955 tax, did it file Form 4	1720 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	er section 501(c) except section 501	l(c)(3).
1	Enter the amount directly expe	ended by the filing organization for	section 527 exemp	ot function activities 🕨	\$
2	Enter the amount of the filing o exempt funtion activities	organization's funds contributed to	other organizations	s for section 527 ►	\$
3	Total exempt function expendi	tures Add lines 1 and 2 Enter he	re and on Form 112	0-POL, line 17b	\$
4	Did the filing organization file F	Form 1120-POL for this year?			☐ Yes ☐ No
5	organization made payments f amount of political contribution	nd employer identification number For each organization listed, enter ns received that were promptly an political action committee (PAC)	the amount paid fro d directly delivered	om the filing organization's f to a separate political orga	unds Also enter the nization, such as a
	(a) Name	(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-
				-	
For F	Paperwork Reduction Act Notice, se	e the Instructions for Form 990 or	990-EZ. (Cat No 50084S Schedule C (I	Form 990 or 990-EZ) 2010

Р	art II-A Complete if the organization under section 501(h)).	is exempt under section 501(c)(3)	and filed Form 5768	(election
	Check If the filing organization belongs to a Check If the filing organization checked bo	n affiliated group x A and "limited control" provisions apply		
	Limits on Lobbying E (The term "expenditures" means ar		(a) Filing O rganization's Totals	(b) Affiliated Group Totals
1a	Total lobbying expenditures to influence public o	pınıon (grass roots lobbyıng)		
b	Total lobbying expenditures to influence a legisl	ative body (direct lobbying)		
C	Total lobbying expenditures (add lines 1a and 1	o)		
d	O ther exempt purpose expenditures			
е	Total exempt purpose expenditures (add lines 1	c and 1d)		
f	Lobbying nontaxable amount Enter the amount to columns			
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
	Grassroots nontaxable amount (enter 25% of lir	e 1f)		
h	Subtract line 1g from line 1a If zero or less, ent	er -0 -		
i	Subtract line 1f from line 1c If zero or less, ente			
j	If there is an amount other than zero on either lii section 4911 tax for this year?	ne 1h or line 1i, did the organization file Form	4720 reporting	┌ Yes ┌ No

4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

	Lobbying Expendit	ures During 4	4-Year Avera	ging Period		
	Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 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					
e	Grassroots ceiling amount (150% of line 2d, column (e))					
f	Grassroots lobbying expenditures					

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)).

		(6	a)	(b)	
		Yes	No	Amount	
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?		No		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		92,326	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Νo		
i	Other activities? If "Yes," describe in Part IV		No		
j	Total lines 1c through 1i			92,326	
2a	Did the activities in line 1 cause the organization to be not described in section $501(c)(3)$?		No		
b	If "Yes," enter the amount of any tax incurred under section 4912				
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912		İ		
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section	501(c)(5), o	r 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". Dues, assessments and similar amounts from members 1

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

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 1 Also, complete this part for any additional information

Identifier	Return Reference	Explanation
PART IV, SUPPLEMENTAL INFORMATION		PART IIB, LINE 1J 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

DLN: 93493135052112

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

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

Open to Public

emal	Revenue Service	orm 990. ► See separate instructions.			Inspec	tion
	ne of the organization /ERSITY OF SAN DIEGO		Emp	loyer ident if icat	ion numb	er
141/	EKSITI OF SAN DILGO		95-	2544535		
Pal	tt I Organizations Maintaining Donor Ad		_		Comple	te if the
	organization answered "Yes" to Form 99					
	Tabal assessment and after an	(a) Donor advised funds		(b) Funds and ot	her accou	ints
	Total number at end of year					
	A gregate contributions to (during year)					
	Aggregate grants from (during year)					
	Aggregate value at end of year					
	Did the organization inform all donors and donor advifunds are the organization's property, subject to the		or adv	ised	☐ Yes	┌ No
	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben conferring impermissible private benefit				┌ Yes	┌ No
ar	t III Conservation Easements. Complete	ıf the organızatıon answered "Yes" to	o Forn	n 990, Part IV	, lıne 7.	
	Preservation of land for public use (e.g., recreating Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualic easement on the last day of the tax year	Preservation of a c	ertifie	d historic struct	ure	
				Held at the	End of the	Year
а	Total number of conservation easements		2a			
b	Total acreage restricted by conservation easements	-	2b			
C	Number of conservation easements on a certified his	` '	2c			
d	Number of conservation easements included in (c) ac	equired after 8/17/06	2d			
	Number of conservation easements modified, transfe the taxable year Number of states where property subject to conservations.	ation easement is located ►			iuring	
	Does the organization have a written policy regarding enforcement of the conservation easements it holds?		lling of	violations, and	┌ Yes	┌ No
	Staff and volunteer hours devoted to monitoring, insp	-				
	Amount of expenses incurred in monitoring, inspecting			g the year ► \$ _		
	Does each conservation easement reported on line 2 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	(d) above satisfy the requirements of sec	tion		┌ Yes	┌ No
	In Part XIV, describe how the organization reports cobalance sheet, and include, if applicable, the text of the organization's accounting for conservation easen	he footnote to the organization's financial				
a r	Organizations Maintaining Collectio Complete if the organization answered "	ns of Art, Historical Treasures, ('Yes" to Form 990, Part IV, line 8.	or Ot	her Similar <i>A</i>	\ssets.	
a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin	for public exhibition, education or research	:h ın fu			e,
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	oublic exhibition, education, or research in				
	(i) Revenues included in Form 990, Part VIII, line 1			► \$		
	(ii) Assets included in Form 990, Part X			- \$	4,0	71,789
	If the organization received or held works of art, histofollowing amounts required to be reported under SFA:		r finan			<u> </u>
а	Revenues included in Form 990, Part VIII, line 1			► \$		
				· +		

b Assets included in Form 990, Part X

es 🔽 No
es Γ No
t
es No
.5 140
our Years Bac
Yes No
No

i) Book value
57,476,81
367,692,07
42,761,15
4,071,78
472,001,82 rm 990) 20:

Part VII Investments—Other Securities. See	Form 990, Part X, line 1		
(a) Description of security or category (including name of security)	(b)Book value		od of valuation f-year market value
(1)Financial derivatives			,
(2)Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	•		
Part VIII Investments—Program Related. See	e Form 990, Part X, line		
(a) Description of investment type	(b) Book value		od of valuation f-year market value
		Cost of end-o	i-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, III	ne 15.	_	
(a) Descri	ption		(b) Book value
See Additional Data Table			
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1			103,462,288
Part X Other Liabilities. See Form 990, Part > 1 (a) Description of Liability			
	(b) A mount		
Federal Income Taxes	44.000.004		
REFUNDABLE ADVANCES	11,038,826		
BOND INTEREST RATE SWAP	13,166,391		
		1	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25) ▶	24,205,217		

4	Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	165	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	390,847,073
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	338,687,899
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	52,159,174
4	Net unrealized gains (losses) on investments	4	41,138,230
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-404
9	Total adjustments (net) Add lines 4 - 8	9	41,137,826
10		10	93,297,000
	Excess or (deficit) for the year per financial statements Combine lines 3 and 9 TXII Reconciliation of Revenue per Audited Financial Statements With Revenue		
1	Total revenue, gains, and other support per audited financial Statements With Revenue p	1	347,044,000
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	-	347,044,000
a	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	41,138,230
3	Subtract line 2e from line 1	3	305,905,770
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		303,903,770
	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
a b	Other (Describe in Part XIV)		
_	Add lines 4a and 4b	4.	94.041.20
C	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	4c 5	84,941,30
5 Date	Reconciliation of Expenses per Audited Financial Statements With Expenses		390,847,073
1	Total expenses and losses per audited financial		253,747,000
_	statements	1	2007 , , , 000
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	463,996
3	Subtract line 2e from line 1	3	253,283,004
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 4a and 4b	4c	85,404,89
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	338,687,899
	t XIV Supplemental Information		

additional information						
Identifier	Return Reference	Explanation				
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	THE UNIVERSITY OF SAN DIEGO ENDOWMENT FUNDS ARE UTILIZED BASED ON DONOR'S INTENT, AS OF JUNE 30, 2011 THE ALLOCATION OF ENDOWMENT FUNDS WAS AS FOLLOWS ACADEMIC SUPPORT - 34%, TUITION FUNDED QUASI - 32%, SCHOLARSHIPS - 15%, INSTRUCTION - 6%, PLANT MAINTENANCE AND OPERATIONS - 3%, PUBLIC SERVICE - 5% AND OTHER INSTITUTIONAL SUPPORT - 5%				
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	THE UNIVERSITY FOLLOWS THE PROVISIONS OF ASC 740- 10, INCOME TAXES, RELATED TO ACCOUNTING FOR UNCERTAIN TAX POSITIONS THE UNIVERSITY HAS NO UNRECOGNIZED TAX BENEFITS OR LIABILITIES AS OF JUNE 30, 2011 AND 2010 THE UNIVERSITY FILES AN EXEMPT ORGAINIZATION RETURN AND APPLICABLE UNRELATED BUSINESS INCOME TAX RETURN IN THE U S FEDERAL JURISDICTION, AND WITH THE CALIFORNIA FRANCHISE TAX BOARD THE UNIVERSITY IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY TAXING AUTHORITIES FOR YEARS BEFORE 2007 FOR ITS FEDERAL FILINGS AND FOR YEARS BEFORE 2006 FOR ITS STATE				
		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 XI, LINE 8, RECONCILIATION OF NET ASSETS ROUNDED FINANCIAL STATEMENT DIFFERENCE (404) SCH D,PART XII, LINE 4B RECONCILIATION OF REVENUE SCHOLARSHIPS RECLASSED TO EXPENSE 83,720,221 RENTAL EXPENSES RECLASSED FROM EXP (158,946) INV MGMT FEES RECLASSED TO EXP 1,685,289 SPECIAL EVENT EXPENSES RELCASSED FROM EXP (305,050) ROUNDED FINANCIAL STATEMENT DIFFERENCE (211) TOTAL LINE 4B 84,941,303				
		SCH D,PART XIII, LINE 2D RECONCILIATION OF EXPENSES RENTAL EXPENSE RECLASSED 158,946 SPECIAL EVENT EXPENSE RECLASSED 305,050 TOTAL LINE 2D 463,996				
		SCH D, PART XIII, LINE 4B RECONCILIATION OF EXPENSES SCHOLARSHIPS RECLASSED TO EXPENSES 83,720,221 INV MGMT FEES RECLASSED TO EXPENSES 1,685,289 ROUNDED FINANCIAL STATEMENT DIFERENCE (615) TOTAL LINE 4B 85,404,895				

Additional Data

Software ID: Software Version:

EIN: 95-2544535

Name: UNIVERSITY OF SAN DIEGO

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

(b) Book value
802,528
13,796,364
11,602,162
11,455,107
5,985,628
11,418,920
4,786,373
9,023,886
7,357,166
9,888,680
9,800,479
5,168,662
2,376,333

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493135052112

OMB No 1545-0047

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

▶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.

Schools

Employer identification number

UNIVE	RSITY OF SAN DIEGO	• •			
		5-2544535			
Pa	rtI			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its other governing instrument, or in a resolution of its governing body?	charter, bylaws,	1	Yes	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students brochures, catalogues, and other written communications with the public dealing with student admit programs, and scholarships?		2	Yes	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadca the period of solicitation for students, or during the registration period if it has no solicitation progr that makes the policy known to all parts of the general community it serves? If "Yes," please desc please explain If you need more space use Part II	am, in a way	3	Yes	
4	Does the organization maintain the following?				
	Records indicating the racial composition of the student body, faculty, and administrative staff?		4a	Yes	
b	Records documenting that scholarships and other financial assistance are awarded on a racially no basis?	ondiscriminatory	4b	Yes	
c	Copies of all catalogues, brochures, announcements, and other written communications to the pub with student admissions, programs, and scholarships?	lic dealing	4c	Yes	
d	Copies of all material used by the organization or on its behalf to solicit contributions?		4d	Yes	
	If you answered "No" to any of the above, please explain If you need more space, use Part II				
5 a	Does the organization discriminate by race in any way with respect to Students' rights or privileges?		5a		No
b	Admissions policies?		5b		No
c	Employment of faculty or administrative staff?		5c		Νo
d	Scholarships or other financial assistance?		5d		No
е	Educational policies?		5e		Νo
f	Use of facilities?		5f		No
g	Athletic programs?		5g		No
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain If you need more space, use Part II		5h		No
.	Does the augment on account on the popular of the control of the c		c-	 _{V = =}	
	Does the organization receive any financial aid or assistance from a governmental agency? Has the organization's right to such aid ever been revoked or suspended?		6a 6b	Yes	No
	If you answered "Yes" to either line 6a or line 6b, explain on Part II Does the organization certify that it has complied with the applicable requirements of sections 4 0	1 through 4 05	_ JD_		140
,	of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part		7	Yes	

Part II Supplemental Information

Complete this part to provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also complete this part to provide any other additional information (see instructions)

ldentifier	Return Reference	Explanation
EXPLANATION OF NONDISCRIMINATORY POLICY PUBLICATION	SCHEDULE E, PART I, LINE 3	UNIVERSITY OF SAN DIEGO'S RACIALLY NONDISCRIMINATORY POLICY PUBLISHED IN ALL RECRUITING BROCHURES AND ADVERTISEMENTS AS WELL AS UNDERGRADUATE AND GRADUATE BULLETINS AND CATALOGS
EXPLANATION OF GOVERNMENT FINANCIAL ASSISTANCE	SCHEDULE E, PART I, LINE 6	THE UNIVERSITY OF SAN DIEGO RECEIVED AN ESTIMATED \$112 4M IN CONTRIBUTIONS FROM FEDERAL AND STATE AGENCIES FOR ASSISTANCE IN PROVIDING POST-SECONDARY EDUCATION THIS INCLUDES \$100 7M IN FEDERAL FAMILY EDUCATION LOANS

Schedule E (Form 990 or 990-EZ) 2010

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493135052112

OMB No 1545-0047

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

SCHEDULE G

Supplemental Information Regarding **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. F See separate instructions.

Open to Public **Inspection**

Name of the organization						Employer idei	ntification number
JNIVERSITY OF SAN DIEGO						95-2544535	
Part I Fundraising Act	tivities. Complet	e if the o	organiza	tion answered "Yes"	to Forn	n 990, Part IV	, line 17.
1 Indicate whether the organ	nızatıon raısed funds	through a	any of the	following activities Ch	neck all t	hat apply	
a Mail solicitations		_		Solicitation of no			
b Internet and e-mail so	licitations		f	Solicitation of go			
c Phone solicitations			q	Special fundraisi			
d In-person solicitations	5		_	•	•		
2a Did the organization have or key employees listed in	a written or oral agre						Г Yes Г No
b If "Yes," list the ten highes to be compensated at leas	st paid individuals or	r entities ((fundraise	ers) pursuant to agreem	nents und	der which the fui	ndraiser is
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundrais custo cont	Did ser have ody or rol of outions?	(iv) Gross receipts from activity	(or r fundra	mount paid to retained by) aiser listed in col (i)	(vi) A mount paid to (or retained by) organization
		Yes	No				
	 						
		-					
Total			>				
3 List all states in which the licensing	organization is regis	stered or I	iicensea t	o solicit funds of has b	een notii	nea it is exempt	from registration or

Pa	rt II	Fundraising Events. Com more than \$15,000 on Form							
			(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events (Add col (a) through			
			SPORTS BANQUET (event type)	FOUNDERS GALA (event type)	(total number)	col (c)			
ELE	1	Gross receipts	182,750	157,944	330,491	671,185			
Reveilue	2	Less Charitable contributions	153,900	135,014	207,222	496,136			
	3	Gross income (line 1 minus line 2)	28,850	22,930	123,269	175,049			
	4	Cash prizes							
မွာ	5	Non-cash prizes							
Expenses	6	Rent/facility costs							
	7	Food and beverages							
Direct	8	Entertainment							
Δ	9	Other direct expenses .	78,019	5,000	222,031	305,050			
	10	Direct expense summary Add line	es 4 through 9 ın column	(d)	🛌	305,050			
	11	Net income summary Combine li	nes 3 and 10 in column (d	d)		-130,001			
Par	t III	Gaming. Complete if the or \$15,000 on Form 990-EZ, lir		'Yes" to Form 990, Pa	rt IV, line 19, or repo	rted more than			
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))			
	1	Gross revenue							
90	2	Cash prizes							
Expenses	3	Non-cash prizes							
<u>ត</u> ច	4	Rent/facility costs							
Direct	5	Other direct expenses							
	6	Volunteer labor	┌ Yes	┌ Yes%					
		Direct expense summary Add lines							
	8	Net gaming income summary Com	bine lines 1 and 7 in colu	mn (a)	<u> </u>	<u> </u>			
9		er the state(s) in which the organiza he organization licensed to operate							
a b		No," Explain							
10a b		Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?							

11	Does the organization operate ga	aming activities with nonmembers? .		Γ_{Yes} Γ_{No}
12	Is the organization a grantor, be	neficiary or trustee of a trust or a mem	ber of a partnership or other entity	
	formed to administer charitable o	gaming?		. Г _{Yes} Г _{No}
13	Indicate the percentage of gamir	ng activity operated in		
а	The organization's facility		13a	
b	An outside facility		13b	
14	Provide the name and address of records	f the person who prepares the organiza	tion's gaming/special events books and	
	Name 🟲			
	Address 🟲			
15a	Does the organization have a co	ntract with a third party from whom the	organization receives gaming	
	revenue?			· Fyes Fno
b			tion 🟲 \$ and the	,
	amount of gaming revenue retain	ed by the third party 🟲 \$		
С	If "Yes," enter name and address	S		
	Name 🟲			
	Address ►			
16	Gaming manager information			
	Name 🟲			
	Gaming manager compensation I	> \$		
	Description of services provided	-		
	Director/officer	Employee	Independent contractor	
17	Mandatory distributions			
а		er state law to make charitable distribu		
_				Tyes Tho
b		·	o other exempt organizations or spent	
Dar		activities during the tax year * \$	responses to question on Schedule G (500
	instructions.)	Jovide additional illioithation for	responses to question on schedule of	
	Identifier	ReturnReference	Explanation	

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Schedule I

(Form 990)

Department of the Treasury

DLN: 93493135052112 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.

Inspection

► Attach to Form 990 Internal Revenue Service Name of the organization Employer identification number UNIVERSITY OF SAN DIEGO 95-2544535 Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be 1 (a) Name and address of **(b)** EIN (c) IRC Code (d) Amount of cash (f) Method of (a) Description of (h) Purpose of grant (e) A mount of nonorganization section grant valuation non-cash assistance or assistance cash ıf applicable (book, FMV, or government assistance appraisal, other)

- Enter total number of section 501(c)(3) and government organizations.
- For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

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

(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) USD SCHOLARSHIPS	2982	51,499,270			
(2) STUDENT AID - GRADUATE AND LAW	981	15,960,150			
(3) STUDENT AID - ATHLETICS AND RECREATION	186	6,689,542			
(4) STUDENT AID - PRIVATE	185	2,409,648			
(5) ENDOWED SCHOLARSHIPS	102	1,880,057			
(6) STUDENT AID - RESIDENCE AND BOARD	81	909,991			
(7) FEDERAL SCHOLARSHIPS AND GRANTS	507	4,371,563			

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

urn Reference	Explanation
, , , , , , , , , , , , , , , , , , ,	SCHEDULE I, PART I, LINE 2 THE UNIVERSITY AWARDS SCHOLARSHIPS TO INDIVIDUAL STUDENTS TO OFFSET
	THE COST OF TUITION, FEES, ROOM AND BOARD, ETC
_	I, LINE 2

Schedule I (Form 990) 2010

efile GRAPHIC print - DO NOT PROCESS As Filed Data -

DLN: 93493135052112

Employer identification number

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

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

UNIVERSITY OF SAN DIEGO 95-2544535 **Questions Regarding Compensation** Yes Νo Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax idemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No." complete Part III to explain Yes Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? Yes Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply Compensation committee ✓ Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization Receive a severance payment or change-of-control payment from the organization or a related organization? 4a Nο 4h Participate in, or receive payment from, a supplemental nonqualified retirement plan? Νo **4**c Participate in, or receive payment from, an equity-based compensation arrangement? Νo If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9. For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of The organization? **5**a Νo 5b Any related organization? Νo If "Yes," to line 5a or 5b, describe in Part III For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of The organization? Νo 6b Any related organization? Νo If "Yes," to line 6a or 6b, describe in Part III For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III 7 Yes Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe ın Part III 8 Νo If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations

section 53 4958-6(c)?

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

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

(A) Name		(B) Breakdown of	W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & ıncentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
(1) MARY E LYONS	(1) (11)	390,147 0	26,600 0	40,004 0	29,400 0	14,291 0	500,442 0	
(2) JULIE H SULLIVAN	(ı) (ıı)	440,554 0	21,225 0	102,776 0	29,400 0	3,242 0	597,197 0	
(3)TIMOTHY L YALLEY	(ı) (ıı)	211,466 0	13,200 0	13,476 0	26,664 0	18,886 0	283,692 0	
(4) REV MSGR D DILLABOUGH	(ı) (ıı)	146,182 0	12,900 0	51,976 0	22,580 0	19,270 0	252,908 0	
(5) CARMEN M VAZQUEZ	(ı) (ıı)	201,291 0	14,150 0	51,976 0	23,299 0	3,373 0	294,089 0	
(6) LEENDERT R HERING	(ı) (ıı)	180,067 0	12,300 0	32,167 0	25,452 0	3,221 0	253,207 0	
(7) KEVIN L COLE	(ı) (ıı)	267,190 0	0	8,571 0	29,400 0	17,893 0	323,054 0	
(8) DAVID F PYKE	(ı) (ıı)	279,433 0	15,000 0	40,000 0	24,600 0	51,132 0	410,165 0	
(9) SALLY B HARDIN	(ı) (ıı)	162,814 0	0	22,000 0	23,100 0	16,822 0	224,736 0	
(10) PAULA A CORDEIRO	(ı) (ıı)	143,283 0	0	38,500 0	22,650 0	13,984 0	218,417 0	
(11) MARY BOYD	(1) (11)	182,338 0	0	28,140 0	24,420 0	17,779 0	252,677 0	
(12) WILLIAM T GRIER	(1) (11)	492,514 0	20,000 0	51,500 0	29,400 0	19,390 0	612,804 0	
(13)ORLY LOBEL	(ı) (ıı)	171,581 0	0	116,500 0	17,730 0	1,048 0	306,859 0	
(14)FRANKLIN PARTNOY	(ı) (ıı)	279,416 0	0	0	24,617 0	16,642 0	320,675 0	
(15) JAMES OLIVERO	(1) (11)	46,875 0	449,502 0	0	0	0	496,377 0	
(16)STEPHEN HORNING	(ı) (ıı)	290,164 0	0	0	0	0	,	

Schedule J (Form 990) 2010

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

Identifier	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
SUPPLEMENTAL INFORMATION		NON-FIXED PAYMENTS RECEIVED BY LISTED PERSONS ON SCHEDULE J, PART II, REPRESENT DISCRETIONARY BONUSES NOT BASED ON A FORMULA SPECIFIED IN CONTRACTS

Schedule J (Form 990) 2010

Software ID: Software Version:

EIN: 95-2544535

Name: UNIVERSITY OF SAN DIEGO

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

i orini 330, seriedare 3,		Cilical a, Direct	ors, rrustees, Re	y Employees, and	Inglicat compens	Jacca Employees	T	1
(A) Name		(B) Breakdown of	W-2 and/or 1099-MIS	C compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation reported in prior Form
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	990 or Form 990-EZ
MARY E LYONS	(I) (II)	390,147 0	26,600 0	40,004 0	29,400 0	14,291 0	500,442 0	0
JULIE H SULLIVAN	(I) (II)	440,554 0	21,225 0	102,776 0	29,400 0	3,242 0	597,197 0	0
TIMOTHY L O'MALLEY	(1) (11)	211,466 0	13,200	13,476 0	26,664 0	18,886 0	283,692 0	0
REV MSGR D DILLABOUGH	(1) (11)	146,182 0	12,900 0	51,976 0	22,580 0	19,270 0	252,908 0	0
CARMEN M VAZQUEZ	(1) (11)	201,291 0	14,150 0	51,976 0	23,299 0	3,373 0	294,089 0	0
LEENDERT R HERING	(1) (11)	180,067 0	12,300 0	32,167 0	25,452 0	3,221 0	253,207 0	0
KEVIN L COLE	(1) (11)	267,190 0	0	8,571 0	29,400 0	17,893 0	323,054 0	0
DAVID F PYKE	(1) (11)	279,433 0	15,000 0	40,000 0	24,600 0	51,132 0	410,165 0	0
SALLY B HARDIN	(1) (11)	162,814 0	0	22,000 0	23,100 0	16,822 0	224,736 0	0
PAULA A CORDEIRO	(1) (11)	143,283 0	0	38,500 0	22,650 0	13,984 0	218,417	0
MARY BOYD	(1) (11)	182,338 0	0	28,140 0	24,420 0	17,779 0	252,677 0	0
WILLIAM T GRIER	(1) (11)	492,514 0	20,000	51,500 0	29,400 0	19,390 0	612,804	0
ORLY LOBEL	(ı) (ıı)	171,581 0	0	116,500 0	17,730 0	1,048	306,859 0	0
FRANKLIN PARTNOY	(ı) (ıı)	279,416 0	0	0	24,617 0	16,642 0	320,675 0	0
JAMES OLIVERO	(ı) (ıı)	46,875 0	449,502 0	0	0	0	496,377 0	0
STEPHEN HORNING	(1) (11)	290,164 0	0	0	0	0	290,164 0	0

Schedule K (Form 990)

Supplemental Information on Tax Exempt Bonds

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

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2010

DLN: 93493135052112

Open to Public Inspection

Internal Revenue Service

Name of the organization

1

Department of the Treasury

UNIVERSITY OF SAN DIEGO

Employer identification number

95-2544535

		95-2544535													
Р	art I Bond Issues			_											
	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue F	rice	(f)	(f) Description of Purpose		(g) Def	(g) Defeased Behalissu		alf of (1) P		Pool ncing
										Yes	No	Yes	No	Yes	No
A	CALIFORNIA STATEWIDE COMMUNITIES DEVELOPMENT AUTHORITY	68-0164610	130911V56	11-16-2005	93,41	5,000	NOTE	E 1, NOTE 2			X		Х		X
В	CALIFORNIA EDUCATION FACILITIES AUTH	52-1705592	130178V56	03-15-2011	18,640	0,000		JNDING OF ENUE BOND			Х		Х		Х
_				1											
Pa	art III Proceeds				<u> </u>	•		· · · · ·	, ,				T		
1	A mount of bonds retired					•		<u> </u>	3		С		1	D	
2	A mount of bonds legally defea	sed													
3	Total proceeds of issue	10	01,587	7,507		19,562,314									
4	Gross proceeds in reserve fun-														
5	Capitalized interest from proce		4,556	5,982											
6	Proceeds in refunding escrow					6,830	0,198		19,558,410						
7	Issuance costs from proceeds					584	4,802	3,904							
8	Credit enhancement from proc														
9	Working capital expenditures f														
10	Capital expenditures from proc	ceeds			8	87,884	4,533								
11	Other spent proceeds					1,730	0,992								
12	Other unspent proceeds														
13	Year of substantial completion	l 			20										
14	Were the bonds issued as part	of a current refund	ina issile?		Yes	No	0	Yes X	No	Yes		No	Yes		No
15	Were the bonds issued as part				^	X	,	^	X					+	
16	Has the final allocation of proc		9		X	^	`	X	^					+	
17	Does the organization maintain		nd records to supp	ort the final										+	
	allocation of proceeds?	•			Х			Х							
Pa	rt IIII Private Business U	se				`	I	 	<u> </u>	С			D		
					Yes	No.	0	Yes	No	Yes	Ť	No	Yes	Ť	No
	\\/														

property financed by tax-exempt bonds?

financed property?

Was the organization a partner in a partnership, or a member of an LLC, which owned

Are there any lease arrangements that may result in private business use of bond-

Χ

Х

Χ

	44.0 1. (1 0 2 0 / 2 0 2 0								ı agc 📥
Par	t IIII Private Business Use (Continued)		_						
			Α	В		С		Ţ.	D
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?		х		x				
b	Are there any research agreements that may result in private business use of bond- financed property?		x		х				
С	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?	Х							
4	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 local government		0 %		0 %				
5	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		0 140 %		1 700 %				
6	Total of lines 4 and 5		0 140 %		1 700 %				
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	Х		Х					
					•		-		

Pai	rt IV Arbitrage									
		Α		В		С		D		
		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			х					
2	Is the bond issue a variable rate issue?	X			Х					
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?	х			х					
ь	Name of provider	GKB FINANCIAL SERVICES								
С	Term of hedge	40 0000/	0000000							
d	Was the hedge superintegrated?		x							
e	Was a hedge terminated?		х							
4a	Were gross proceeds invested in a GIC?	X		T	Х					
ь	Name of provider	JP MORGAN BANK	CHASE							
С	Term of GIC	4 5000'	0000000							
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?	Х								
5	Were any gross proceeds invested beyond an available temporary period?	Х			x					
6	Did the bond issue qualify for an exception to rebate?		Х		Х					

Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule K (see instructions)

Identifier	Return Reference	Explanation
NOTE 1 PART I, LINE A (F), DESCRIPTION OF PURPOSE		CONSTRUCTION OF SCHOOL OF LEADERSHIP AND EDUCATION SCIENCES FACILITY, STUDENT HOUSING FACILITIES, STUDENT LIFE PAVILION, AND RENOVATION OF STUDENT UNIVERSITY CENTER AND ACADEMIC, ADMINISTRATIVE AND STUDENT FACILITIES
NOTE 2		USD PREVIOUSLY ANSWERED "YES" TO PART I (G), INDICATING THAT A PORTION OF THE 2005 BONDS HAD BEEN DEFEASED IN FACT, A PORTION OF THE 2005 BOND PROCEEDS WERE PLACED IN ESCROW AND UTILIZED TO REFUND A PRIOR ISSUE ALL BONDS ISSUED AS PART OF THE 2005 ORIGINAL ISSUE ARE OUTSTANDING, AND NONE HAVE BEEN DEFEASED
NOTE 3 PART II, LINE 10 (B)		REFUNDING OF 1998 BOND ISSUE ONLY NO ADDITIONAL CAPITAL EXPENDITURE INCURRED WITH 2011 BOND PROCEEDS
NOTE 4 PART II LINE 11 (A)		REBATE OF \$1,730,992 MADE TO US TREASURY AUGUST 2010
NOTE 5 PART IV LINE 3B (A)		MASTER REPURCHASE AGREEMENT BETWEEN JP MORGAN CHASE BANK, THE SELLER AND PROVIDER OF INVESTMENT CONTRACT AND WELLS FARGO BANK, TRUSTEE AND AGREEMENT BUYER PERMITTED INVESTMENT SCHEDULE IS PART OF THE MRA, AND INCLUDED CASH, DIRECT OBLIGATIONS OF ANY FEDERAL AGENCY OR FEDERALLY SPONSORED ENTITY
See Additional Data Table		

Part V Supplemental Information

Ident if ier	Return Reference	Explanation
NOTE 1 PART I, LINE A (F), DESCRIPTION OF PURPOSE		CONSTRUCTION OF SCHOOL OF LEADERSHIP AND EDUCATION SCIENCES FACILITY, STUDENT HOUSING FACILITIES, STUDENT LIFE PAVILION, AND RENOVATION OF STUDENT UNIVERSITY CENTER AND ACADEMIC, ADMINISTRATIVE AND STUDENT FACILITIES
NOTE 2		USD PREVIOUSLY ANSWERED "YES" TO PART I (G), INDICATING THAT A PORTION OF THE 2005 BONDS HAD BEEN DEFEASED IN FACT, A PORTION OF THE 2005 BOND PROCEEDS WERE PLACED IN ESCROW AND UTILIZED TO REFUND A PRIOR ISSUE ALL BONDS ISSUED AS PART OF THE 2005 ORIGINAL ISSUE ARE OUTSTANDING, AND NONE HAVE BEEN DEFEASED
NOTE 3 PART II, LINE 10 (B)		REFUNDING OF 1998 BOND ISSUE ONLY NO ADDITIONAL CAPITAL EXPENDITURE INCURRED WITH 2011 BOND PROCEEDS
NOTE 4 PART II LINE 11 (A)		REBATE OF \$1,730,992 MADE TO US TREASURY AUGUST 2010
NOTE 5 PART IV LINE 3B (A)		MASTER REPURCHASE AGREEMENT BETWEEN JP MORGAN CHASE BANK, THE SELLER AND PROVIDER OF INVESTMENT CONTRACT AND WELLS FARGO BANK, TRUSTEE AND AGREEMENT BUYER PERMITTED INVESTMENT SCHEDULE IS PART OF THE MRA, AND INCLUDED CASH, DIRECT OBLIGATIONS OF ANY FEDERAL AGENCY OR FEDERALLY SPONSORED ENTITY

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493135052112

OMB No 1545-0047

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.

2010

Open to Public Inspection

Name of the organization UNIVERSITY OF SAN DIEGO		Employer identification number										
ONIVERSITY OF SAN DIEGO						9	5-25445	35				
Part I Excess Benefit Tra Complete if the organiza									ne 40b			
1 (a) Name of disc												
				(a) accompanion of durisdection						No		
									_			
2 Enter the amount of tax impos				disqualified perso	ns duri	ng the y	ear unde	r				
section 4958							🕨	· \$ —				
3 Enter the amount of tax, if any	, on line	e 2, abov	ve, reimbursed by the	e organization .			•	· \$				
Part II Loans to and/or												
Complete if the organi	zation a T	inswered	l "Yes" on Form 990 	, Part IV, line 26, 	or Forn	n 990-E	Z, Part V		<u>a</u> 			
(a) Name of interested name and	(b) Loan to or from the (c) Original		(5)0 = = = =		(e) In		Approved			(g)Written		
(a) Name of interested person and purpose	1	zation?	(c)Original principal amount	(d)Balance due	defau	lt?		oy board or a		nt?		
	То	From			Yes	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		1	Yes	No		
(1) DAVID PYKE												
(2) JULLIE SULLIVAN	+	X	200,000	80,000		No	-	No	Yes	-		
(2) JULLIE SULLIVAN		Х	200,000	149,200		No	Yes		Yes			
(3) MARY BOYD			420.000	00.000								
	+	X	120,000	80,000		No	-	No	Yes			
Total				309,200								
Part IIII Grants or Assista Complete if the orga					line 2	7						
(a) Name of interested pers			Relationship betwe				ount of a	rant or th	pe of assis	tanco		
(a) Name of interested pers	<u> </u>		and the org	ganızatıon		(C)AII	iount or g		pe or assis			

Part IV Business Transactions Involving Interested Persons
--

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

Complete ii the organizatio	ii aliswered Tes Oil	ronni 550, rancis, in	ie 20a, 20b, 01 20c.			
(a) Name of interested person	(b) Relationship between interested person and the	(c) A mount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?		
	organization			Yes	No	

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation
		FORM 990, SCHEDULE L, PART II, BOX F LOANS TO OFFICERS ARE APPROVED BY THE BOARD OF TRUSTEES FOLLOWING RECEIPT OF A RECOMMENDATION FROM THE EXECUTIVE COMPENSATION COMMITTEE LOANS TO KEY EMPLOYEES
		OR HIGHLY COMPENSATED EMPLOYEES AS CLASSIFIED ON THE FORM 990 ARE APPROVED BY THE EXECUTIVE VICE PRESIDENT AND PROVOST AND/OR PRESIDENT

Schedule L (Form 990 or 990-EZ) 2010

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493135052112

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

SCHEDULE M

(Form 990)

▶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	rt I Types of Property							
		(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line	(d) Method of determining o amounts		ontribut	ion
1	Art—Works of art			1g				
	Art—Historical treasures							
_	Art—Fractional interests							
	Books and publications							
	Clothing and household							
good	-							
6	Cars and other vehicles .							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded	Х	20	7,135,309	MARKET VALUE			
10	Securities—Closely held stock							
11	Securities—Partnership, LLC, or trust interests .							
12	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Qualified conservation contribution—Other							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts .							
25	O ther ► ()							
26	Other ►()							
27	O ther ►()							
28	O ther ► ()							
29	Number of Forms 8283 received by for which the organization complete				29		- I	
30a	During the year, did the organization			·			Yes	No
	must hold for at least three years f			on, and which is not require	d to be used			
	for exempt purposes for the entire	holdıng p	eriod?			30a		No
b	If "Yes," describe the arrangement	ın Part I	I					
31	Does the organization have a gift a	cceptano	e policy that requires the r	eview of any non-standard	contributions?	31	Yes	
32a	Does the organization hire or use t contributions?	hırd partı • • •	es or related organizations	to solicit, process, or sell i	non-cash	32a	Yes	
ь 33	If "Yes," describe in Part II If the organization did not report re describe in Part II	venues i	n column (c) for a type of p	roperty for which column (a) is checked,			

Part II

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

Identifier	Return Reference	Explanation
THIRD PARTY USE		THE UNIVERSITY UTILIZES A BROKER TO SELL STOCK GIFTS RECEIVED

Schedule M (Form 990) 2010

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493135052112

2010

Open to Public
Inspection

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

► Attach to Form 990 or 990-EZ.

Name of the organization UNIVERSITY OF SAN DIEGO **Employer identification number**

95-2544535

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

Identifier	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

Identifier	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	

Identifier	Return Reference	Explanation
	VI, SECTION C, LINE 19	AUDITED FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST FROM THE OFFICE OF THE CONTROLLER AT 619-260-2302, ACCOUNTING@SANDIEGO 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
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 41,138,230

Identifier	Return Reference	Explanation
	FORM 990, PART VII, COMPENSATION	THE COMPENSATED BOARD MEMBER RECEIVED COMPENSATION IN THE CAPACITY AS A PROFESSOR FOR THE SCHOOL

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2010 Functional Currency and Exchange Rate QBU Statement

Name: UNIVERSITY OF SAN DIEGO

EIN: 95-2544535

QBU Id	Country of Operation	Functional Currency
US DOLLAR		0.00000

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2010 Functional Currency and Exchange Rate QBU Statement

Name: UNIVERSITY OF SAN DIEGO

EIN: 95-2544535

QBU Id	Country of Operation	Functional Currency
US DOLLAR		0.00000