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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 07-01-2011 and ending 06-30-2012

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
THE CAMPANILE FOUNDATION

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
5500 CAMPANILE DRIVE

City or town, state or country, and ZIP + 4
SAN DIEGO, CA 921821968

D Employer identification number
33-0868418

E Telephone number
(619) 594-0295

G Gross receipts $ 28,835,075

F Name and address of principal officer
MARY RUTH CARLETON
5500 CAMPANILE DRIVE
SAN DIEGO,CA 921821968

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW NEWSCENTER SDSU EDU/TCF/

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ | **L** Year of formation 1999 | **M** State of legal domicile CA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
TO PROVIDE SAN DIEGO STATE UNIVERSITY WITH COMMUNITY EXPERTISE, OVERSIGHT AND ADVOCACY TO INCREASE PRIVATE GIVING AND TO MANAGE THE PHILANTHROPIC ASSETS OF THE UNIVERSITY

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	35
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	32
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	**5**	0
6	Total number of volunteers (estimate if necessary)	**6**	32
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	33,336,218	26,875,319
9	Program service revenue (Part VIII, line 2g)	0	0
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,587,679	1,948,456
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	-13,378
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	35,923,897	28,810,397
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	15,752,552	17,445,884
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0	0
16a	Professional fundraising fees (Part IX, column (A), line 11e)	24,000	24,000
b	Total fundraising expenses (Part IX, column (D), line 25) ▶2,382,916		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	6,396,210	7,668,303
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	22,172,762	25,138,187
19	Revenue less expenses Subtract line 18 from line 12	13,751,135	3,672,210

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	199,373,460	198,827,650
21	Total liabilities (Part X, line 26)	18,893,905	17,940,302
22	Net assets or fund balances Subtract line 21 from line 20	180,479,555	180,887,348

Part II Signature Block

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

Sign Here

****** | 2013-04-24
Signature of officer | Date

SARAH J SLAUGHTER CFO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature: ROSEMARIE BROWN | Date | Check if self-employed ☐ | Preparer's taxpayer identification number (see instructions) P01278077

Firm's name (or yours if self-employed), address, and ZIP + 4: MCGLADREY LLP, 515 S FLOWER STREET 41ST FLOOR, LOS ANGELES, CA 90071 | EIN ▶ 42-0714325 | Phone no ▶ (213) 330-4800

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III . . . . . ☑

1 Briefly describe the organization's mission

TO PROVIDE SAN DIEGO STATE UNIVERSITY WITH COMMUNITY EXPERTISE, OVERSIGHT, AND ADVOCACY TO INCREASE PRIVATE GIVING AND TO MANAGE THE PHILANTHROPIC ASSETS OF THE UNIVERSITY

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 5,900,654 including grants of $ 5,900,654) (Revenue $ 5,898,083)

THE CAMPANILE FOUNDATION RAISES FUNDS TO SUPPORT STUDENT SCHOLARSHIP PROGRAMS ADMINISTERED BY SAN DIEGO STATE UNIVERSITY FUNDS ARE PROVIDED TO THE UNIVERSITY'S OFFICE OF FINANCIAL AID AND SCHOLARSHIPS (OFAS) OFAS WORKS IN COORDINATION WITH THE CAMPANILE FOUNDATION TO ENSURE THAT ALL APPLICABLE LAWS, POLICIES AND DONOR RESTRICTIONS ARE MET ADDITIONAL DETAIL IS PROVIDED ON SCHEDULE I

4b (Code) (Expenses $ 7,544,977 including grants of $ 7,544,977) (Revenue $ 8,094,784)

THE CAMPANILE FOUNDATION PROVIDES FUNDS TO SAN DIEGO STATE UNIVERSITY IN SUPPORT OF THE UNIVERSITY ACADEMIC AND ATHLETIC ACTIVITIES

4c (Code) (Expenses $ 1,557,578 including grants of $ 707,972) (Revenue $ 1,722,782)

THE CAMPANILE FOUNDATION RAISES FUNDS FOR PROGRAMS THAT SUPPORT THE UNIVERSITY'S INDIVIDUAL COLLEGES DURING THE YEAR REPORTED IN THIS TAX RETURN, THE CAMPANILE FOUNDATION PROVIDED $1,557,578 AS PART OF PROGRAM SERVICES TO SUPPORT THE COLLEGE OF PROFESSIONAL STUDIES AND FINE ARTS AT THE UNIVERSITY BEYOND SUPPORTING THE BROAD EDUCATIONAL MISSION OF THE COLLEGE, THE FOUNDATION RAISES FUNDS TO SUPPORT VARIOUS SPECIFIC DIRECTED PROGRAMS WITHIN THE COLLEGE OF PROFESSIONAL STUDIES AND FINE ARTS THE PROGRAM THAT RECEIVED THE LARGEST SUPPORT DURING THIS FISCAL YEAR IS THE SCHOOL OF THEATRE, TELEVISION AND FILM THE NATIONALLY-RECOGNIZED SCHOOL OF THEATRE, TELEVISION AND FILM IS ONE OF THE FEW IN THE NATION TO COMBINE THEATRE, TELEVISION, FILM AND NEWS MEDIA THE SCHOOL IS HOME TO ONE OF ONLY TWO REMAINING MASTER OF FINE ARTS (MFA) MUSICAL THEATRE PROGRAMS IN THE NATION THE MFA MUSICAL THEATRE PROGRAM RECEIVES STRONG PRIVATE FUNDING SUPPORT WHICH PLAYS A VITAL ROLE IN ENSURING THE FUTURE OF THIS IMPORTANT AMERICAN ART FORM THE PROGRAM EMPHASIZES EXCELLENCE IN THE ARTS AND TECHNOLOGY, GROUNDED IN BOTH CONCEPTUAL AND HISTORICAL FOUNDATIONS THE SCHOOL IS COMMITTED TO PREPARING THE NEXT GENERATION OF ENTERTAINMENT ARTS PROFESSIONALS BY ENCOURAGING STUDENTS TO DEVELOP CREATIVE POTENTIAL AS ARTISTS, SCHOLARS, LEADERS AND GLOBAL CITIZENS THROUGH SCHOLARLY STUDY, ARTISTIC EXPERIMENTATION AND PRACTICAL EXPERIENCE PROGRAM SERVICE ACCOMPLISHMENT SCHOLARSHIPS TO STUDENTS OF THE COLLEGE OF PROFESSIONAL STUDIES AND FINE ARTS ARE RECORDED AS PART OF OUR SCHOLARSHIP PROGRAM SERVICES ABOVE

(Code) (Expenses $ 7,243,206 including grants of $ 3,292,281) (Revenue $ 11,170,970)

THE REMAINING $7,243,206 OF PROGRAM EXPENSES REFLECT SUPPORT OF ALL OTHER PROGRAMS THROUGHOUT THE UNIVERSITY INCLUDING, BUT NOT LIMITED TO, HEALTH AND HUMAN SERVICES, ARTS AND LETTERS, ENGINEERING, EDUCATION, SCIENCES, BUSINESS ADMINISTRATION, AS WELL AS STUDENT SERVICES SUCH AS LIBRARY SERVICES, STUDENT CLUBS, ORGANIZATIONS & ACTIVITIES, CAREER SERVICES, ACADEMIC SERVICES, AND UNDERGRADUATE STUDIES

4d Other program services (Describe in Schedule O)

(Expenses $ 7,243,206 including grants of $ 3,292,281) (Revenue $ 11,170,970)

4e **Total program service expenses** ▶ $ 22,246,415

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
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		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6	Yes	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
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 temporarily restricted endowments, permanent endowments, 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			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a		No
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	Yes	
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	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
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, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Part I*	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, Part 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, Part 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? *If "Yes," complete Schedule G, Part I*	17	Yes	
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		No
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	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 owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	**35a**		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		No
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

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

Check if Schedule O contains a response to any question in this Part V . . . . . .

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	**1a**	0		
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**		
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	**2a**	0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		**2b**		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		**3a**		No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*		**3b**		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities account)?		**4a**		No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .		**5a**		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		**5b**		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?		**6a**		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		**7a**	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		**7b**	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		**7c**		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		**7e**		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .		**7f**		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		**7h**		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		**8**		No
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		**9a**		No
b	Did the organization make a distribution to a donor, donor advisor, or related person?		**9b**		No
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state		**13a**		
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the aggregate amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		**14a**		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .		**14b**		

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

Check if Schedule O contains a response to any question in this Part VI . . . . . ☑

Section 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	1a	35		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	32		
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		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .		3	Yes	
4	Did the organization make any significant changes to its 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	Did the organization have members or stockholders?		6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	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

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete 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 the Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did 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?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b		No
	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," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶ CA

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made 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 made 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 ▶

SARAH SLAUGHTER CFO
5500 CAMPANILE DRIVE
SAN DIEGO, CA 92182
(619) 594-8941

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

Check if Schedule O contains a response to any question in this Part VII . . . . . ☑

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

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

☐ Check this box if neither the organization nor any related organizations compensated any current or former officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
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 per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b **Sub-Total** . . . . . ▶										
c **Total from continuation sheets to Part VII, Section A** . . . . ▶										
d **Total (add lines 1b and 1c)** . . . . . ▶								0	1,151,268	311,434

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 0

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**	Yes	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**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 Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
RUFFALOCODY LLC 65 KIRKWOOD NORTH ROAD SW CEDAR RAPIDS, IA 524063018	TELEMARKETING	297,150

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 1

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . 1a				
	b	Membership dues 1b	371,336			
	c	Fundraising events 1c	35,624			
	d	Related organizations . . . 1d				
	e	Government grants (contributions) 1e				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	26,468,359			
	g	Noncash contributions included in lines 1a-1f $ 1,636,909				
	h	**Total.** Add lines 1a-1f . . . . . ▶	26,875,319			
Program Service Revenue		Business Code				
	2a					
	b					
	c					
	d					
	e					
	f	All other program service revenue				
	g	**Total.** Add lines 2a–2f . . . . . ▶				
	3	Investment income (including dividends, interest and other similar amounts) . . . . . ▶	1,948,456			1,948,456
	4	Income from investment of tax-exempt bond proceeds . . ▶				
	5	Royalties . . . . . ▶				
		(i) Real / (ii) Personal				
	6a	Gross rents				
	b	Less rental expenses				
	c	Rental income or (loss)				
	d	Net rental income or (loss) . . . . . ▶				
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory				
	b	Less cost or other basis and sales expenses				
	c	Gain or (loss)				
	d	Net gain or (loss) . . . . . ▶				
Other Revenue	8a	Gross income from fundraising events (not including $ 35,624 of contributions reported on line 1c) See Part IV, line 18 . . . a 11,300				
	b	Less direct expenses . . . b 24,678				
	c	Net income or (loss) from fundraising events . . ▶	-13,378			-13,378
	9a	Gross income from gaming activities See Part IV, line 19 . . . a				
	b	Less direct expenses . . . b				
	c	Net income or (loss) from gaming activities . . ▶				
	10a	Gross sales of inventory, less returns and allowances . a				
	b	Less cost of goods sold . . b				
	c	Net income or (loss) from sales of inventory . . ▶				
		Miscellaneous Revenue / Business Code				
	11a					
	b					
	c					
	d	All other revenue				
	e	**Total.** Add lines 11a–11d . . . . . ▶				
	12	**Total revenue.** See Instructions . . . ▶	28,810,397	0	0	1,935,078

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)
Check if Schedule O contains a response to any question in this Part IX . . . . . ☐

Do not include amounts reported on lines 6b, 7b, 8b, 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 United States See Part IV, line 21	17,445,884	17,445,884		
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
a	Management				
b	Legal	12,272	4,102	8,170	
c	Accounting	31,370		31,370	
d	Lobbying				
e	Professional fundraising *See Part IV, line 17* . .	24,000			24,000
f	Investment management fees	68,907		68,907	
g	Other	810,311	250,826	12,228	547,257
12	Advertising and promotion	548,479	70,851	78,421	399,207
13	Office expenses	2,911,766	2,415,006	46,630	450,130
14	Information technology				
15	Royalties . .				
16	Occupancy	276,608	209,525	5,203	61,880
17	Travel	731,062	618,971	104	111,987
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	416,691	316,141		100,550
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
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)				
a	ALLOCATION OF REIMBURSE	942,617		257,823	684,794
b	TRUST DISTRIBUTIONS	778,543	778,543		
c	MISC EXPENSES	114,244	111,133		3,111
d	TEMPORARY SUPPORT	25,433	25,433		
e					
f	All other expenses				
25	**Total functional expenses.** Add lines 1 through 24f	25,138,187	22,246,415	508,856	2,382,916
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				

Part X Balance Sheet

			(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		1	
	2	Savings and temporary cash investments	589,304	2	339,330
	3	Pledges and grants receivable, net	12,825,592	3	12,567,545
	4	Accounts receivable, net	553,778	4	521,091
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net	8,505,951	7	8,505,951
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D* — 10a			
	b	Less accumulated depreciation — 10b		10c	
	11	Investments—publicly traded securities	107,297,133	11	102,713,460
	12	Investments—other securities See Part IV, line 11	32,626,792	12	40,278,730
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	36,974,910	15	33,901,543
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	199,373,460	16	198,827,650
Liabilities	17	Accounts payable and accrued expenses	211,440	17	399,449
	18	Grants payable		18	
	19	Deferred revenue	3,945,612	19	3,512,586
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	14,736,853	25	14,028,267
	26	**Total liabilities.** Add lines 17 through 25	18,893,905	26	17,940,302
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	470,555	27	703,098
	28	Temporarily restricted net assets	89,883,888	28	88,906,974
	29	Permanently restricted net assets	90,125,112	29	91,277,276
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	180,479,555	33	180,887,348
	34	Total liabilities and net assets/fund balances	199,373,460	34	198,827,650

Part XI Reconcilliation of Net Assets

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	28,810,397
2	Total expenses (must equal Part IX, column (A), line 25)	2	25,138,187
3	Revenue less expenses Subtract line 2 from line 1	3	3,672,210
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	180,479,555
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-3,264,417
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	180,887,348

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☑

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? . .	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☑ Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . .	3b		

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
THE CAMPANILE FOUNDATION

Employer identification number
33-0868418

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 ☐ A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

5 ☑ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

h Provide the following information about the supported organization(s)

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

Part II **Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	34,369,431	25,114,594	23,830,682	33,336,218	26,875,319	143,526,244
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	34,369,431	25,114,594	23,830,682	33,336,218	26,875,319	143,526,244
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)						7,758,278
6 **Public Support.** Subtract line 5 from line 4						135,767,966

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	34,369,431	25,114,594	23,830,682	33,336,218	26,875,319	143,526,244
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,760,835	2,330,543	3,022,450	2,587,679	1,948,941	12,650,448
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 **Total support** (Add lines 7 through 10)						156,176,692

12 Gross receipts from related activities, etc (See instructions) **12**

13 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	**14**	86 930 %
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	**15**	86 230 %

16a **33 1/3% support test—2011.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☑

b **33 1/3% support test—2010.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

17a **10%-facts-and-circumstances test—2011.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ☐

b **10%-facts-and-circumstances test—2010.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ☐

18 **Private Foundation** If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ☐

Part III **Support Schedule for Organizations Described in IRC 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 in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b 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						
8 **Public Support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11 and 12)						

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

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2011** (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from **2010** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2011.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support tests—2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

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

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
THE CAMPANILE FOUNDATION

Employer identification number
33-0868418

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	13	
2	Aggregate contributions to (during year)	58,869	
3	Aggregate grants from (during year)		
4	Aggregate value at end of year	1,416,423	

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☑ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit ☑ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table

		Amount
c	Beginning balance	1c
d	Additions during the year	1d
e	Distributions during the year	1e
f	Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

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

		(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a	Beginning of year balance	141,295,927	115,710,960	102,654,245	120,635,167	
b	Contributions	9,917,607	8,703,149	6,487,185	13,297,100	
c	Investment earnings or losses	-1,315,961	22,425,966	14,013,060	-16,235,405	
d	Grants or scholarships	1,502,860	1,473,495	1,523,904	1,264,225	
e	Other expenditures for facilities and programs	6,442,616	3,341,671	5,189,782	13,039,442	
f	Administrative expenses	1,265,580	728,982	729,844	738,950	
g	End of year balance	140,686,517	141,295,927	115,710,960	102,654,245	

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶ 20 320 %
- b Permanent endowment ▶ 79 680 %
- c Term endowment ▶

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	3a(i)		No
(ii) related organizations	3a(ii)		No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIV the intended uses of the organization's endowment funds

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				0

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) SSGA - COMINGLED INDEX FUND	19,695,988	F
(B) MONDRIAN	10,757,771	F
(C) RREEF - REAL ESTATE INVESTMENT TRUST	9,824,971	F
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶	40,278,730	

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-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, line 15.

(a) Description	(b) Book value
(1) DUE FROM AFFILIATE - SDSURF - SEE SCH D, PART XIV	30,122,444
(2) BENEFICIAL INTEREST IN TRUST	3,779,099
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	33,901,543

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
ACCRUED LIABILITIES	86,485
DUE TO SDSURF	13,941,782
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	14,028,267

2. Fin 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC740)

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	28,810,397
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	25,138,187
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	3,672,210
4	Net unrealized gains (losses) on investments	4	-3,264,417
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	-3,264,417
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	407,793

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

1	Total revenue, gains, and other support per audited financial statements			1	25,570,658
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	-3,264,417		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	24,678		
e	Add lines **2a** through **2d**			2e	-3,239,739
3	Subtract line **2e** from line **1**			3	28,810,397
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	28,810,397

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

1	Total expenses and losses per audited financial statements			1	25,162,865
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d	24,678		
e	Add lines **2a** through **2d**			2e	24,678
3	Subtract line **2e** from line **1**			3	25,138,187
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	25,138,187

Part XIV Supplemental Information

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

Identifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	THE CAMPANILE FOUNDATION'S ENDOWMENT FUNDS ARE DEDICATED FOR THE BENEFIT OF SAN DIEGO STATE UNIVERSITY ENDOWMENTS GENERALLY SUPPORT PROGRAM EXCELLENCE, STUDENT SCHOLARSHIPS ADMINISTERED BY THE UNIVERSITY, AND FACULTY EXCELLENCE THE VAST MAJORITY OF THE CAMPANILE FOUNDATION'S ENDOWMENTS ARE DONOR RESTRICTED TO A SPECIFIC USE AT SAN DIEGO STATE UNIVERSITY
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	THE CAMPANILE FOUNDATION HAS ADOPTED CERTAIN PROVISIONS OF ASC 740 (FIN 48), ACCOUNTING FOR INCOME TAXES THE ORGANIZATION HAS REVIEWED ITS TAX POSITION FOR ALL OPEN TAX YEARS AND CONCLUDED THAT THE ADOPTION OF THE PROVISIONS OF ASC 740 (FIN 48) DID NOT HAVE AN IMPACT ON THE FINANCIAL STATEMENT POSITION
PART XII, LINE 2D - OTHER ADJUSTMENTS		FUNDRAISING EVENT EXPENSES REPORTED ON FORM 990, PART VIII 24,678
PART XIII, LINE 2D - OTHER ADJUSTMENTS		FUNDRAISING EVENT EXPENSES REPORTED ON FORM 990, PART VIII 24,678
		SUPPLEMENTAL DISCLOSURE TO PART IX, LINE 1A DUE FROM AFFILIATE - REFLECTS AMOUNTS HELD ON BEHALF OF THE CAMPANILE FOUNDATION BY THE SAN DIEGO STATE UNIVERSITY RESEARCH FOUNDATION AMOUNTS ARE HELD IN A POOLED CASH PORTFOLIO CONTAINING PRIMARILY SHORT DURATION U S GOVERNMENT SECURITIES, U S GOVERNMENT AGENCY SECURITIES AND INVESTMENT GRADE CORPORATE SECURITIES THE FOCUS OF THE POOLED PORTFOLIO INVESTMENT POLICY IS PRINCIPAL PROTECTION SUPPLEMENTAL DISCLOSURE TO PART IX, LINE 1B THE FOUNDATION ACTS AS TRUSTEE FOR VARIOUS CHARITABLE REMAINDER TRUSTS DISCOUNTED VALUE OF THE BENEFICIAL INTEREST OF THESE TRUSTS IS REPORTED AS AN ASSET ON THE FACE OF THE FOUNDATION'S FINANCIAL STATEMENTS SUPPLEMENTAL DISCLOSURE TO PART X, LINE 1(3) SAN DIEGO STATE UNIVERSITY RESEARCH FOUNDATION'S ENDOWMENT FUNDS PARTICIPATE IN THE CAMPANILE FOUNDATION'S LONG-TERM INVESTMENT POOL AMOUNTS ARE RECORDED AS A DUE TO SDSURF ON THE CAMPANILE FOUNDATION'S FINANCIAL STATEMENTS

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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. See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
THE CAMPANILE FOUNDATION

Employer identification number
33-0868418

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

- **a** ☑ Mail solicitations
- **b** ☑ Internet and e-mail solicitations
- **c** ☑ Phone solicitations
- **d** ☑ In-person solicitations
- **e** ☑ Solicitation of non-government grants
- **f** ☐ Solicitation of government grants
- **g** ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☑ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization Form 990-EZ filers are not required to complete this table

(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	**(iii)** No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
MARTS & LUNDY INC 1200 WALL STREET WEST LYNDHURST, NJ 07071	PROVIDES FUNDRAISING CONSULTING SERVICES		No	0	24,000	0
Total . . . . . ▶					24,000	

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

CA, AL, AK, AR, CT, DE, GA, ID, IN, IA, KS, KY, MT, NE, NV, NC, SD, TN, TX, VT, VA, WY

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

		(a) Event #1 AZTEC GOLF TOURNAMENT (event type)	(b) Event #2 (event type)	(c) Other Events (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	46,924			46,924
	2 Less Charitable contributions	35,624			35,624
	3 Gross income (line 1 minus line 2)	11,300			11,300
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes	1,450			1,450
	6 Rent/facility costs	11,238			11,238
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	11,990			11,990
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(24,678)
	11 Net income summary Combine lines 3 and 10 in column (d) ▶				-13,378

Part III **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				( )
	8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶				

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," Explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," Explain _____

11 Does the organization operate gaming activities with nonmembers? . . . . . ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . . ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in

a	The organization's facility	**13a**	
b	An outside facility	**13b**	

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ ----------

Address ▶ ----------

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____

c If "Yes," enter name and address

Name ▶ ----------

Address ▶ ----------

16 Gaming manager information

Name ▶ ----------

Gaming manager compensation ▶ $ ----------

Description of services provided ▶ ----------

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . ☐ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
THE CAMPANILE FOUNDATION

Employer identification number
33-0868418

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II 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. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . . . ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) SAN DIEGO STATE UNIVERSITY5250 CAMPANILE DRIVE SAN DIEGO,CA 92182	33-0373293	170	15,217,959		BOOK		SCHOLARSHIPS AND REIMBURSED SALARIES AND BENEFITS
(2) SAN DIEGO STATE UNIVERSITY RESEARCH FOUNDATION5250 CAMPANILE DRIVE SAN DIEGO,CA 92182	95-6042721	501(C)(3)	2,197,455		BOOK		REIMBURSED SALARIES AND BENEFITS
(3) WESTERN AVENUE BAPTIST CHURCH555 N WESTERN AVE BRAWLEY,CA 92227	95-2143612	501(C)(3)	20,000		BOOK		GENERAL SUPPORT
(4) SHEPHERDS MINISTRIES1805 15TH AVENUE UNION GROVE,WI 531821597	39-0988997	501(C)(3)	10,470		BOOK		GENERAL SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 4

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 0

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) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

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

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 THE CAMPANILE FOUNDATION ACCEPTS CONTRIBUTIONS TO STUDENT SCHOLARSHIP PROGRAMS ON BEHALF OF SAN DIEGO STATE UNIVERSITY SCHOLARSHIP FUNDS ARE PROVIDED BY THE UNIVERSITY'S OFFICE OF FINANCIAL AID AND SCHOLARSHIP (OFAS) OFAS ADMINISTERS THE UNIVERSITY SCHOLARSHIP PROGRAMS IN ACCORDANCE WITH THE POLICIES OF THE CALIFORNIA STATE UNIVERSITY SYSTEM AND SAN DIEGO STATE UNIVERSITY, APPLICABLE FEDERAL LAW AND REGULATIONS, ALONG WITH THE RESTRICTIONS CONTAINED IN INDIVIDUAL DONOR AGREEMENTS THE AMOUNT OF SCHOLARSHIPS AWARDED BY THE OFAS AND FUNDED BY THE CAMPANILE FOUNDATION WAS $5,900,654 THE CAMPANILE FOUNDATION RECEIVED FUNDS IN SUPPORT OF ACADEMIC AND ATHLETIC ACTIVITIES ADMINISTERED BY SAN DIEGO STATE UNIVERSITY THE AMOUNT OF FUNDS GRANTED TO THE UNIVERSITY FOR THIS PURPOSE DURING THE YEAR REPORTED ON THIS RETURN WAS $7,544,977 ADDITIONALLY, THE CAMPANILE FOUNDATION REIMBURSES RELATED ORGANIZATIONS, THE SAN DIEGO STATE UNIVERSITY RESEARCH FOUNDATION AND SAN DIEGO STATE UNIVERSITY, FOR CERTAIN SALARIES AND BENEFITS PAID TO STAFF ON RESPECTIVE ORGANIZATIONS WHEN PHILANTHROPIC DOLLARS ARE RAISED TO SUPPORT SUCH SALARIES AND BENEFITS THE AMOUNT OF FUNDS GRANTED FOR THIS PURPOSE DURING THE YEAR REPORTED ON THIS RETURN WAS $2,197,455 TO SAN DIEGO STATE UNIVERSITY RESEARCH FOUNDATION AND $1,772,328 TO SAN DIEGO STATE UNIVERSITY THE CAMPANILE FOUNDATION ALSO MADE GRANTS TO TWO UNRELATED CHARITABLE ORGANIZATIONS SHOWN ON SCHEDULE I, PART II DURING THIS FISCAL YEAR, THE CAMPANILE FOUNDATION RECEIVED THE PROCEEDS OF A TRUST THAT PROVIDED 35% OF THE TRUST SUPPORT TO SDSU WHILE THE OTHER 65% IS A DONOR ADVISED FUND WHERE THE HEIRS HAVE ADVISORY CAPACITY TO GRANT THE EARNINGS FROM THE ENDOWMENT TO CHARITABLE ORGANIZATIONS WITHIN THE UNITED STATES THE CAMPANILE FOUNDATION MANAGES THE FULL TRUST AMOUNT AS ENDOWMENTS AND THE BOARD DETERMINED DISTRIBUTION AMOUNT IS AVAILABLE FOR GRANTING TO BOTH SDSU PROGRAMS AND THE NON-PROFITS CHOSEN BY THE HEIRS PRIOR TO DISTRIBUTING THE FUNDS, THE CAMPANILE FOUNDATION ENSURES THE CHOSEN NON-PROFITS ARE IN GOOD STANDING WITH THE IRS AND HAVE CURRENT 501(C)3 LETTERS

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
THE CAMPANILE FOUNDATION

Employer identification number
33-0868418

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate 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)			
b	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	**1b**		
2	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?	**2**	Yes	
3	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			
4	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			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	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.			
5	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			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	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**		No
8	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 in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

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

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) ELLIOT HIRSHMAN	(i)	0	0	0	0	0	0	0
	(ii)	220,657	0	0	31,807	27,840	280,304	0
(2) MARY RUTH CARLETON	(i)	0	0	0	0	0	0	0
	(ii)	225,000	0	0	40,166	32,853	298,019	0
(3) ERIC DOEPEL	(i)	0	0	0	0	0	0	0
	(ii)	134,318	0	0	22,333	13,626	170,277	0
(4) SARAH SLAUGHTER	(i)	0	0	0	0	0	0	0
	(ii)	145,000	0	0	25,885	16,497	187,382	0
(5) STEPHEN WEBER	(i)	0	0	0	0	0	0	0
	(ii)	282,172	0	0	26,861	23,814	332,847	0

Part III Supplemental Information

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

Identifier	Return Reference	Explanation

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
THE CAMPANILE FOUNDATION

Employer identification number
33-0868418

Part I Types of Property

		(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining contribution amounts
1	Art—Works of art	X	1	140	APPRAISAL
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications	X		37,261	COMPARABLE SALES
5	Clothing and household goods	X		24,080	COMPARABLE SALES
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded	X	53	815,539	AVG HI/LOW GIFT DATE
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				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ ( )	X			COMPARABLE SALES
26	Other ▶ (ARCHIVAL MATERIAL)	X	56	361,726	COMPARABLE SALES
27	Other ▶ (EQUIPMENT/CONSTRUCTION)	X	47	366,882	COMPARABLE SALES
28	Other ▶ (EVENT MATERIALS)	X	186	31,281	COMPARABLE SALES

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . | 29 | 5

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		No
b	If "Yes," describe the arrangement in Part II			
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?	32a		No
b	If "Yes," describe in Part II			
33	If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II			

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

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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.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
THE CAMPANILE FOUNDATION

Employer identification number
33-0868418

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 3	THE CAMPANILE FOUNDATION (THE FOUNDATION) HAS CONTRACTED WITH ITS RELATED ORGANIZATION THE SDSU FOUNDATION, DOING BUSINESS AS THE SAN DIEGO STATE UNIVERSITY RESEARCH FOUNDATION (SDSURF), FOR GENERAL ACCOUNTING, BUSINESS AND BANKING SERVICES AS PART OF THIS AGREEMENT, SDSURF ACTS AS A CUSTODIAN FOR THE CAMPANILE FOUNDATION'S WORKING CAPITAL AMOUNTS RELATED TO THIS AGREEMENT ARE RECORDED ON THE CAMPANILE FOUNDATION'S FINANCIAL STATEMENTS AS A "DUE FROM" IN THE AMOUNT OF $30,122,444
	FORM 990, PART VI, SECTION A, LINE 7A	THE PRESIDENT OF SAN DIEGO STATE UNIVERSITY AND THE VICE PRESIDENT FOR UNIVERSITY RELATIONS AND DEVELOPMENT ARE DESIGNATED BOARD MEMBERS WITH FULL VOTING RIGHTS THE PRESIDENT OF THE UNIVERSITY MUST APPROVE NOMINEES TO THE BOARD OF DIRECTORS IN WRITING PRIOR TO THE BOARD OF DIRECTORS' FINAL APPROVAL AND APPOINTMENT
	FORM 990, PART VI, SECTION A, LINE 7B	IN ACCORDANCE WITH THE CALIFORNIA CODE OF REGULATIONS SECTION 42402, THE UNIVERSITY PRESIDENT IS REQUIRED TO ASSURE THAT THE FOUNDATION ACTS IN CONFORMANCE WITH POLICIES OF THE CALIFORNIA STATE UNIVERSITY SYSTEM AND THOSE OF SAN DIEGO STATE UNIVERSITY IN THIS REGARD, THE PRESIDENT CAN DISCONTINUE ANY PROGRAM OR EXPENDITURES THAT HE OR SHE DETERMINES INCONSISTENT WITH THE AFOREMENTIONED POLICIES
	FORM 990, PART VI, SECTION B, LINE 11	A DRAFT COPY OF THE FORM 990 WAS PROVIDED TO THE FOUNDATION'S AUDIT COMMITTEE FOR REVIEW PRIOR TO FILING AS PART OF THE REVIEW PROCESS, THE FOUNDATION'S CFO EXPLAINED ANY CHANGES TO THE FORM 990 AND ANSWERED ALL COMMITTEE MEMBERS' QUESTIONS SUBSEQUENT TO THIS REVIEW, THE FINAL DRAFT WAS PROVIDED TO THE FULL BOARD OF TRUSTEES FOR THEIR REVIEW AND ALL QUESTIONS WERE ANSWERED BY THE FOUNDATION'S CFO
	FORM 990, PART VI, SECTION B, LINE 12C	THE CAMPANILE FOUNDATION PROVIDES EACH BOARD MEMBER WITH A WRITTEN COPY OF THE FOUNDATION'S CONFLICT OF INTEREST POLICY ANNUALLY UPON RECEIPT, FOUNDATION DIRECTORS ARE ASKED TO REVIEW THE POLICY AND DISCLOSE ANY POTENTIAL CONFLICTS IN WRITING THE FOUNDATION'S SECRETARY THEN REVIEWS CONFLICT OF INTEREST STATEMENTS AND REPORTS ANY CONFLICT TO THE UNIVERSITY VICE PRESIDENT FOR BUSINESS AND FINANCIAL AFFAIRS, AND WORKS WITH THE BOARD OF DIRECTORS TO ENSURE NO ACTION IS TAKEN BY THE BOARD IN A MANNER INCONSISTENT WITH EXISTING POLICY
	FORM 990, PART VI, SECTION B, LINE 15A	THE CAMPANILE FOUNDATION'S CHIEF EXECUTIVE OFFICER AND CHIEF FINANCIAL OFFICER ARE EMPLOYEES OF SAN DIEGO STATE UNIVERSITY (SDSU) THE CAMPANILE FOUNDATION REIMBURSES THE UNIVERSITY FOR A PORTION OF THE CHIEF EXECUTIVE OFFICER'S AND THE FULL COST OF THE CHIEF FINANCIAL OFFICER'S SALARY AND BENEFITS THE COMPENSATION FOR BOTH THE CHIEF EXECUTIVE OFFICER AND THE CHIEF FINANCIAL OFFICER ARE SET IN A MANNER CONSISTENT WITH SDSU AND CALIFORNIA STATE UNIVERSITY SYSTEM POLICY
	FORM 990, PART VI, SECTION C, LINE 19	THE CAMPANILE FOUNDATION'S 990 TAX RETURN IS AVAILABLE ON THE WEBSITE HTTP//NEWSCENTER SDSU EDU/TCF THE TAX RETURN CAN ALSO BE FOUND ON THE GUIDESTAR WEBSITE -- WWW GUIDESTAR ORG IN ADDITION, AS A MATTER OF POLICY, THE FOUNDATION PROVIDES PAPER OR ELECTRONIC COPIES OF ALL DOCUMENTS INCLUDING THE 990 UPON REQUEST FORM 990, PART VIII, LINE 1B THE CAMPANILE FOUNDATION ADMINISTERS THE FUNDS HELD FOR THE SAN DIEGO STATE UNIVERSITY ALUMNI ASSOCIATION AS PART OF THIS, THE CAMPANILE FOUNDATION IS THE RECIPIENT OF MEMBERSHIP AND CONTRIBUTIONS REVENUE ON BEHALF OF THE ALUMNI ASSOCIATION FORM 990, PART IX, LINES 5, 6, AND 24B THE CAMPANILE FOUNDATION (THE FOUNDATION) DOES NOT CURRENTLY HAVE ANY EMPLOYEES HOWEVER, THE FOUNDATION, THROUGH A CONTRACTUAL RELATIONSHIP WITH ITS RELATED ORGANIZATIONS, SAN DIEGO STATE UNIVERSITY (SDSU) AND SAN DIEGO STATE UNIVERSITY RESEARCH FOUNDATION (SDSURF), FUNDS POSITIONS ON THE PAYROLL OF SDSU AND SDSURF THESE EXPENSES ARE PAID FOR BY SDSU AND SDSURF, AND AS SUCH, ARE REFLECTED AS GRANT EXPENSE TO THAT RELATED PARTY (SEE SCHEDULE I) OR MISCELLANEOUS EXPENSE AS REIMBURSED COMPENSATION
AVERAGE HOURS PER WEEK DEVOTED TO RELATED ORGANIZATIONS	FORM 990, PART VII, SECTION A, LINE 1A, COLUMN B	THE FOLLOWING LIST PROVIDES THE AVERAGE HOURS PER WEEK DEVOTED TO THE CAMPANILE FOUNDATION'S RELATED ORGANIZATIONS BY OFFICERS AND DIRECTORS OF THE CAMPANILE FOUNDATION DURING THEIR TERMS IN OFFICE ELLIOTT HIRSHMAN - 36 HOURS STEPHEN WEBER - 37 HOURS MARY RUTH CARLETON - 28 HOURS WILLIAM TONG - 39 5 HOURS SARAH SLAUGHTER - 0 HOURS BARBARA DAVIES - 30 HOURS LYNSEY BUERER - 30 HOURS ERIC DOEPEL - 30 HOURS
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -3,264,417
	FORM 990, PART XII, LINE 2C	THE PROCESS OF OVERSIGHT AND SELECTION OF AN INDEPENDENT ACCOUNTANT HAS NOT CHANGED DURING THE TAX YEAR
	SCHEDULE M, PART I - NON-CASH CONTRIBUTIONS	THE CAMPANILE FOUNDATION ACCEPTS VARIOUS HISTORICAL COLLECTIONS AND TREASURES AS DONATIONS IN-KIND ON BEHALF OF SAN DIEGO STATE UNIVERSITY (SDSU) ONCE ACCEPTED BY THE FOUNDATION, DONATIONS OF HISTORICAL TREASURES AND WORKS OF ART ARE TRANSFERRED TO THE CUSTODY OF SDSU PURSUANT TO DONOR STIPULATIONS AND/OR DUE TO THE VALUE OF THE ITEM IN FURTHERING THE UNIVERSITY'S EDUCATIONAL MISSION

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
THE CAMPANILE FOUNDATION

Employer identification number
33-0868418

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) SAN DIEGO STATE UNIVERSITY 5500 CAMPANILE DRIVE SAN DIEGO, CA 92182 33-0373293	PUBLIC HIGHER EDUCATION	CA	115		N/A		No
(2) SAN DIEGO STATE UNIVERSITY FOUNDATION 5250 CAMPANILE DRIVE SAN DIEGO, CA 92182 95-6042721	ADMINISTER FUNDS IN SUPPORT OF SERVICE PROGRAMS AT SDSU	CA	501(C)(3)	LINE 5	N/A		No

Part III **Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)

		Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III or IV			
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Sale of assets to related organization(s)	1f		No
g Purchase of assets from related organization(s)	1g		No
h Exchange of assets with related organization(s)	1h		No
i Lease of facilities, equipment, or other assets to related organization(s)	1i		No
j Lease of facilities, equipment, or other assets from related organization(s)	1j	Yes	
k Performance of services or membership or fundraising solicitations for related organization(s)	1k	Yes	
l Performance of services or membership or fundraising solicitations by related organization(s)	1l	Yes	
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1m	Yes	
n Sharing of paid employees with related organization(s)	1n	Yes	
o Reimbursement paid to related organization(s) for expenses	1o	Yes	
p Reimbursement paid by related organization(s) for expenses	1p		No
q Other transfer of cash or property to related organization(s)	1q	Yes	
r Other transfer of cash or property from related organization(s)	1r	Yes	

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Schedule R (Form 990) 2011

Part VII Supplemental Information

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

Identifier	Return Reference	Explanation
DESCRIPTION OF RELATED PARTY TRANSACTIONS	SCHEDULE R, PART V	THE PRIMARY FUNCTION OF THE FOUNDATION IS TO SUPPORT SAN DIEGO STATE UNIVERSITY, ACCORDINGLY SEVERAL TRANSFERS HAVE BEEN MADE TO SAN DIEGO STATE UNIVERSITY THESE AMOUNTS ARE REPORTED AS GRANTS TO A GOVERNMENT AGENCY ON FORM 990 PART IX

Additional Data

Software ID:
Software Version:
EIN: 33-0868418
Name: THE CAMPANILE FOUNDATION

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

4d. Other program services

(Code) (Expenses $ 7,243,206 including grants of $ 3,292,281) (Revenue $ 11,170,970)

THE REMAINING $7,243,206 OF PROGRAM EXPENSES REFLECT SUPPORT OF ALL OTHER PROGRAMS THROUGHOUT THE UNIVERSITY INCLUDING, BUT NOT LIMITED TO, HEALTH AND HUMAN SERVICES, ARTS AND LETTERS, ENGINEERING, EDUCATION, SCIENCES, BUSINESS ADMINISTRATION, AS WELL AS STUDENT SERVICES SUCH AS LIBRARY SERVICES, STUDENT CLUBS, ORGANIZATIONS & ACTIVITIES, CAREER SERVICES, ACADEMIC SERVICES, AND UNDERGRADUATE STUDIES

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ALAN GOLD DIRECTOR	50	X						0	0	0
ALEXIS FOWLER DIRECTOR	50	X						0	0	0
ANDREW ESPARZA DIRECTOR	50	X						0	0	0
BETSY MANCHESTER DIRECTOR	50	X						0	0	0
CASEY BROWN DIRECTOR	50	X						0	0	0
CHRISTOPHER SICKELS CHAIRMAN OF THE BOARD	50	X						0	0	0
CHRISTY HILTON DIRECTOR	50	X						0	0	0
DAN GROSS DIRECTOR	50	X						0	0	0
DOROTHY CODLING DIRECTOR	50	X						0	0	0
EDWARD BLESSING DIRECTOR	50	X						0	0	0
ELLIOT HIRSHMAN PRESIDENT OF SDSU	1 00	X		X				0	220,657	59,647
GREG FOWLER DIRECTOR	50	X						0	0	0
GREG LUCIER DIRECTOR	50	X						0	0	0
JACK MCGRORY DIRECTOR	50	X						0	0	0
JIM SINEGAL DIRECTOR	50	X						0	0	0
JULIE DILLON DIRECTOR	50	X						0	0	0
KARIN WINNER DIRECTOR	50	X						0	0	0
KEN MCCAIN DIRECTOR	50	X						0	0	0
MARK MCMILLIN DIRECTOR	50	X						0	0	0
MARSHALL FAULK DIRECTOR	50	X						0	0	0
MARY CURRAN DIRECTOR	50	X						0	0	0
MARY RUTH CARLETON CEO	12 00	X		X				0	225,000	73,019
NIKKI CLAY DIRECTOR	50	X						0	0	0
PATRICIA ROSCOE DIRECTOR	50	X						0	0	0
ROBERT O'KEEFE DIRECTOR	50	X						0	0	0

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
RODNEY LANTHOME DIRECTOR	50	X						0	0	0
SAL JANMOHAMED DIRECTOR	50	X						0	0	0
SHERRILL AMADOR DIRECTOR	50	X						0	0	0
STEVEN DAVIS DIRECTOR	50	X						0	0	0
SUSAN SALKA DIRECTOR	50	X						0	0	0
TERRY ATKINSON DIRECTOR	50	X						0	0	0
VINCENT MUDD DIRECTOR	50	X						0	0	0
WILLIAM GEPPERT DIRECTOR	50	X						0	0	0
WILLIAM TONG DIRECTOR	50	X						0	109,284	34,991
BARBARA DAVIES CORPORATE SECRETARY	50			X				0	34,837	14,761
ERIC DOEPEL CORPORATE SECRETARY	50			X				0	134,318	35,959
SARAH SLAUGHTER CFO	40 00			X				0	145,000	42,382
STEPHEN WEBER PRESIDENT OF SDSU (FORMER)	0 00						X	0	282,172	50,675