#### EXTENDED UNTIL MAY 16, 2011

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

OMB No. 1545-0047

Open to Public

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) Department of the Treasury The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service

	- 70.0				Inspection
	For the 2	009 calendar year, or tax year beginning JUL 1, 2009 and e	nding J	UN 30, 2010	TESTATION -
В	Check if applicable:	Please C Name of organization use IRS ASSOCIATED STUDENTS OF SAN DIEGO	TE O	D Employer identific	ation number
L	Address change	print or STATE UNIVERSITY			
	Name change	type. Doing Business As		95-60	142622
	Initial	See Number and street (or P.O. box if mail is not delivered to street address) R	Room/suite	E Telephone number	42022
	Termin- ated	Specific Instruction 5500 CAMPANILE DRIVE	iooni/suite		E04 6407
	Amended	tions. City or town, state or country, and ZIP + 4		TOTAL CO.	594-6487
F	Applica-	SAN DIEGO, CA 92182	U STATE OF	G Gross receipts \$	19,368,778.
	pending	F Name and address of principal officer: CHRISTINA BROWN		H(a) Is this a group ret	
		SAME AS C ABOVE	100	for affiliates?	Yes X No
,	Tay ayam			H(b) Are all affiliates inclu	
					ist. (see instructions)
		► HTTP://AS.SDSU.EDU	6.9	H(c) Group exemption	number >
		ganization: X Corporation Trust Association Other	L Year o	of formation: 1932 M	State of legal domicile: CA
P		summary State of the state of t			OT THE BUILDING
9	1 Bri	efly describe the organization's mission or most significant activities: THE P	RIMAR	Y EXEMPT PUR	POSE OF
and	A	SSOCIATED STUDENTS OF SAN DIEGO STATE UN	IVERS	ITY IS TO PR	OVIDE
E	2 Ch	eck this box 🕨 📖 if the organization discontinued its operations or dispose	ed of more	than 25% of its net ass	sets.
O	3 Nu	mber of voting members of the governing body (Part VI, line 1a)		3	47
8	4 Nu	mber of independent voting members of the governing body (Part VI, line 1b)		4	39
es	5 To	tal number of employees (Part V, line 2a)	*******************	5	1374
Viti	6 To	tal number of volunteers (estimate if necessary)		6	90
Activities & Governance	7a To	tal gross unrelated business revenue from Part VIII, column (C), line 12			
•	b Ne	t unrelated business taxable income from Form 990-T, line 34		7a	3,427,581.
			***************************************		-89,125.
	8 Co	ntributions and grants (Part VIII, line 1h)	10 0	Prior Year	Current Year
Revenue	9 Pro			417,932.	306,365.
Ve	10 Inv			19,582,731.	18,392,795.
æ	11 Oth	restment income (Part VIII, column (A), lines 3, 4, and 7d)		288,323.	68,327.
	10 Total	ner revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		269,730.	481,113.
_	12 Tot	tal revenue · add lines 8 through 11 (must equal Part VIII, column (A), line 12)		20,558,716.	19,248,600.
	13 Gra	ants and similar amounts paid (Part IX, column (A), lines 1-3)			
	14 Be	nefits paid to or for members (Part IX, column (A), line 4)			
Expenses	15 Sal	aries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		738,803.	9,683,354.
ens	16a Pro	ofessional fundraising fees (Part IX, column (A), line 11e)			
X	<b>b</b> Tot	tal fundraising expenses (Part IX, column (D), line 25)			
-	17 Oth	ner expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		19,178,320.	8,872,574.
	18 Tot	al expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		19,917,123.	18,555,928.
- /0	19 Re	venue less expenses. Subtract line 18 from line 12		641,593.	692,672.
Ses		7.576, market name of the common of the comm	Bea	inning of Current Year	End of Year
Net Assets or Fund Balances	<b>20</b> Tot	al assets (Part X, line 16)		14,815,692.	15,743,061.
TAS Ida B	21 Tot	al liabilities (Part X, line 26)		4,110,290.	4,344,987.
ᆵ	22 Net	t assets or fund balances. Subtract line 21 from line 20		10,705,402.	11,398,074.
P		Signature Block		10,105,402.	11,330,074.
	. Un	der penalties of perjury, I declare that I have examined this return, including accompanying schedules and s d complete. Declaration of preparer (other than officer) is based on all information of which preparer has any	statements, ar	nd to the best of my knowledge	and haliaf it is true parent
	and	a complete. Declaration of preparer (other than officer) is based on all information of which preparer has any	knowledge.	and a second or my knownedge	and belief, it is true, correct,
Sig	n A	CLIENT'S COPY		4	
Her		Signature of officer		Date	
		CHRISTINA BROWN, ASSOCIATE EXEC. DIR.		Date	
		Type or print name and title			
_	Dr	1	/ LOb-	ale if	
Paid	18828		Check self-		s identifying number uctions)
Pre	narar'a	mis game for		loyed	
Jse	Only you	rsif RSM MCGLADREY, INC.	. 0	EIN >	es marging rents. Ibe
	add	f-employed), 515 S. FLOWER STREET, 41ST FLOOR		THE PLE SALE	C B MANAGED
	ZIP	LOS ANGELES, CA 90071		Phone no. ▶ (2	13) 330-4600
May	y the IRS	discuss this return with the preparer shown above? (see instructions)		1.7	X Vac No

Pa	art III Statement of Program Service Accomplishments
1	Briefly describe the organization's mission: SEE SCHEDULE O FOR CONTINUATION
	THE PRIMARY EXEMPT PURPOSE OF ASSOCIATED STUDENTS OF SAN DIEGO STATE
	UNIVERSITY IS TO PROVIDE ESSENTIAL ACTIVITIES WHICH ARE AN INTEGRAL
	ACTIVITIES INCLUDE STUDENT COVERNMENT ON THE SAN DIEGO STATE UNIVERSITY'S CAMPUS PROGRAMS. SUCH
2	ACTIVITIES INCLUDE STUDENT GOVERNMENT, CULTURAL PROGRAMS, AND VARIOUS
-	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
2	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and
	allocations to others, the total expenses, and revenue, if any, for each program service reported.
	The second of a first of the second of the s
4a	(Code: )(Expenses\$ 6,918,990. including grants of\$ )(Revenue\$ 6,484,767.)  OPERATION OF CAMPUS RECREATION AND AQUATIC CENTER AS PART OF THE CAMPUS  EDUCATIONAL PROGRAMS PROVIDED TO APPROXIMATELY 33,000 STUDENTS.
	SHIPLINGS OF RI THERSEVIED ADVISE CHEEK MAG NO STREETING CHEEKS STREET
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	GE SALEN REPORTED AND CONTRACT OF A DESCRIPTION OF A DESC
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	The state of the s
	TO A P Lat 1 The 12 on the lat 12° and 20° and the late 12° and 12° an
	Line of the control o
4b	(Code: ) (Expenses \$ 1,747,365. including grants of \$ ) (Revenue \$ 3,634,495.)
	OPERATION OF STUDENT PROGRAMS AS PART OF THE CAMPUS EDUCATIONAL
	PROGRAMS PROVIDED TO APPROXIMATELY 33,000 STUDENTS.
	THE STATE OF THE S
	TALK OF THE PERSON OF THE WHITE WAS REPORTED TO SECURIOR FOR THE PERSON OF THE PERSON
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	A SER OF LICEY CID OF CONTROL OF
	A COLUMN TO THE PARTY OF THE PA
4c	(Code: ) (Expenses \$ 2,087,576 • including grants of \$ ) (Revenue \$ 1,419,693.)
	OPERATION OF CHILDREN'S CENTER FOCUSING ON PARENTAL INVOLVEMENT AND
	CHILD DEVELOPMENT WHILE OFFERING CAREER RELATED OPPORTUNITIES TO FAMILY
- 1	STUDIES MAJORS. THIS PROGRAM IS AVAILABLE TO ALL STUDENTS.
	TO ADD STODENTS.
	LEGA SCRIPTIN
	ATO DELLE SARE SARE DATE AND A STREET AND A STREET
	TOTAL VALUE OF THE PARTY OF THE
4d	Other program services. (Describe in Schedule O.)
	(Expenses \$ 5,422,976 · including grants of \$ ) (Revenue \$ 3,732,625 · )
4e	Total program service expenses \\$ 16,176,907.
32002	

1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	n interes				Yes	No
	If "Yes," complete Schedule A						
2	Is the organization required to complete Schedule B, Schedule of Contributors?				1	X	v
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	candid	ates f		2		X
	public office? If "Yes," complete Schedule C, Part I				3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schie	edule (	C. Part	11	4	Х	- 12
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(c)	notice	and.			100	
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III				5		145
6	bid the organization maintain any donor advised funds or any similar funds or accounts where donors have	the ria	ht to				
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete S	chedu	le D, I	Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,					1961	
8	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II				7		X
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes, Schedule D, Part III				8	bill i	x
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X	or pr	ovide			1	44
10	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes." complete Schedul	D P	ert IV	- 1	9		х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-end If "Yes," complete Schedule D, Part V	owmer	nts?	- 15	11 350		100 000
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, V.		 IV 05	······	10		X
	as applicable	ı, vını,	ix, or	^		х	00
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete	e Sche	edule	D	11	Λ	
	Part VI.			,		MI.	132
	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more	of its to	otal	476.5		1000	
х.	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			707			
•	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more	of its t	otal	E 1 9		HW.	
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			5.70			
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	report	ed in	-more	1	9.	
	Part X, line 16? If "Yes," complete Schedule D, Part IX.				m valid	MTA.	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Pa	art X.					
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that a the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.	ddres	ses				
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," con				and the		
	Schedule D, Parts XI, XII, and XIII.	nplete		1.19	dud		
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?		V		12	X	10
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	12A	Yes	No X		97.9	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes." complete Schedule F.				13	10754	X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		********		14a	myfir	X
b	bid the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking fundrain	ina h	ininaa		114	100	
	and program service activities outside the United States? If "Yes," complete Schedule F. Part I				14b		X
15	organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	anizat	ion		507 500	EL IV	75
40	or entity located outside the United States? If "Yes," complete Schedule F, Part II				15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	to ind	ividua	ls			4.00
17	located outside the United States? If "Yes," complete Schedule F, Part III				16		X
**	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on column (A) lines 6 and 11e2 if "Yes " complete School to C. Root I.	Part I	Κ,				
18	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I  Did the organization report more than \$15,000 total of fundraising event gross income and contributions on F				17		_X_
	1c and 8a? If "Yes," complete Schedule G, Part II	art VI	II, lines	8		T de la constant	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If				18		X
	complete Schedule G, Part III				10	e de la	v
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H				19		X

Form 990 (2009) STATE UNIVERSITY

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		Yes	No
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Pall.	х
23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	non in		21
04-	Schedule J	23	X	
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 lines 24b through 24d and complete Schedule K. If "No", go to line 25	NO HT	Did	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a		X
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?	24b	nd	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c	COD.	-
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	berg	х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		42
	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	Stall Stall	x
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	Dall	X
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	PO IC	bd i	
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):	27	e e e e e e e e e e e e e e e e e e e	Х
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L. Part IV	28a		x
ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule I. Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L. Part IV	28c	t too	х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	to 00.27.	Х
30	contributions? If "Yes," complete Schedule M	30	ens)	х
31	Did the organization liquidate, terminate, or dissolve and cease operations?  If "Yes," complete Schedule N, Part I	31	NA. M	х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete		- 14	
33	Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701.3 and 301 7701.33 M IV or II provided to the organization of	32		Х
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  Was the organization related to any tax-exempt or taxable entity?  If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	33		Х
35	is any related organization a controlled entity within the meaning of section 512(b)(13)?	34	X	- 61
36	If "Yes," complete Schedule R, Part V, line 2  Section 501(c)(3) organizations. Did the organization make any transfers to any	35	X	- 1
V	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	-	х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30	TITLES	- 41
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule B. Part VI	37	ma of	х
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	х	

Page 5

Form 990 (2009) Part V

Statements Regarding Other IRS Filings and Tax Compliance

	and the second of the second o				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	pur (p	ol prince of	-		110
	U.S. Information Returns. Enter -0- if not applicable	1a	126			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and (gambling) winnings to prize winners?	reportable	gaming	10		3
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			1c		
	filed for the calendar year ending with or within the year covered by this return	2a	1374		mo	T.
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rne?	13/4	OL	x	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see	instruction	ne\	2b	Λ	+
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered	ed by this	return?	20	x	
b				3a 3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	authority	over a	30	Λ	
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?	ovor, a	40	100	х
b	If "Yes," enter the name of the foreign country:	account):		4a	0.00	Λ
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign	Bank and	10 to		nd :	0
	Financial Accounts.	Darik and			1 1/4	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		*v2.00 (cm	50	SOT	v
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	action?		5a		X
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Rega	arding Pro	hibited	5b	77.65	Λ
	Tax Shelter Transaction?	arang r 10	IIDITEG	50		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to	he organiz	ation solicit	5c	Tele	
	any contributions that were not tax deductible?			6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contribu-	tions or air	fts	Va	********	Λ
	were not tax deductible?	tione of gi	THE PERSON NAMED AND ADDRESS.	6b	177	
7	Organizations that may receive deductible contributions under section 170(c).			00	-	_
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for	goods an	d services		3.814	
	provided to the payor?		MACHINE AND AND ADDRESS OF THE PARTY OF THE	7a	+640	X
b	res, did the organization notify the donor of the value of the goods or services provided?		Section 1 Section 10 Control	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w to file Form 8282?	as require	d		- 22	v
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		7c	-	_X_
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a	personal	DO DE ASSESSION		18 M	
	benefit contract?		will display the stage	7e	HO'I	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit conti	ract?		7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required	?		7g		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-0	C as requir	red?	7h		X
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting or	ganizatio	ns. Did the			
	supporting organization, or a donor advised fund maintained by a sponsoring organization, have exc	ess busine	ess holdings	of the	arthy)	
	at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					-
а	Did the organization make any taxable distributions under section 4966?			9a	FERSE	
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:		III VIII VIII VIII VIII VIII VIII VIII		CEL THE	
а	Initiation fees and capital contributions included on Part VIII, line 12	10a		4		
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:				174	
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	III IIII		Name of		
	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?	The second second second	12a		
ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				

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

1a	Enter the number of voting members of the governing body	7	Yes	No
b	Enter the number of cotion mank as that		810	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	9		
	officer, director, trustee, or key employee?			
3	officer, director, trustee, or key employee?  Did the organization delegate control over management duties customarily performed by or under the direct supervision	2		X
-	of officers directors or trustees or key employees to a management example of or under the direct supervision			
4	of officers, directors or trustees, or key employees to a management company or other person?	3		X
5	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	PLONG.	X
6	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			
٧.	governing body?	7a	X	
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	-		
	by the following:			
а	The governing body?	8a	X	200
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	31 - 30		
_	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	0.1	х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	100 100		
	Tables pati at the light and		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
b	if "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates	100	TEVE	
	and branches to ensure their operations are consistent with those of the organization?	10b	Orgi	7
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	х	8
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		41	
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise	128	Λ	
	to conflicts?	101	х	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	12b	Λ	
	in Schedule O how this is done	100	v	
13	Does the graphization have a with this little in a	12c	X	v
14	Does the organization have a written whistleblower policy?  Does the organization have a written document retention and destruction policy?	13	v	X
15	Did the process for determining compensation of the following persons include a review and approval by independent	14	X	
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official			
b	Other officers or key employees of the organization	15a	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)	15b	Х	
16a				
		anner a		100.00
h		16a		X
-	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		42-00-0	
Sec	tion C. Disclosure	16b		_
17			TENTO.	-0)
18	List the states with which a copy of this Form 990 is required to be filed ►CA		Hillion	1.0
10	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	e for		
	public inspection. Indicate how you make these available. Check all that apply.  Own website  Another's website  X Upon request			
40	Laz opon roduost			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy,	and fina	ncial	
	statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person of	ation:		
	CHRISTINA BROWN - (619) 594-6487			
	SDSU, AZTEC CENTER BUSINESS OFFICE, SAN DIEGO, CA 92182-7800			

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons. Check this box if the organization did not compensate any current officer, director, or trustee.

	(A) Name and Title		(B) Average hours	(c		Pos		app	oly)		ntable	(E) Reportable compensation	(F) Estimated amount of
.0	9	. 0	per week	Individual trustee or director	Institutional trustee	Officer		Highest compensated employee		fro	om ne ization	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
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PRESIDENT		1	20.00	X							0.	0.	0.
SEAN KASHANCI	HI												
EXEC. VICE P			20.00	X						37 . 0	0.	0.	0.
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LAURA SCHOFI			198										Here E.P.
V.P. OF EXTER	RNAL AFFAIRS	and de	20.00	X							0.	0.	0.
CANDICE LUIS			222								- Best		
	ERSITY AFFAIRS		20.00	X						<u> </u>	0.	0.	0.
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MARTIN SOHIKI			4 00						-		116		
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KIMBERLY DIAZ			2.00	21					-		0.	0.	0.
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932007 02-04-10						-					0.		0 . Form <b>990</b> (2009)

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ated organizations g	reater than \$150	,000? If "Yes,	" co	mple	te S	che	dule	Jf	or such individual		4	X	100
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umber of independe	nt contractors (in	cluding but no	ot lin	nited	tot	thos	se lis	ted	above) who received m	ore than			100
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	umber of individuals neation from the orgonoganization list any organization list any organization listed on atted organizations go person listed on lineanization? If "Yes," ondependent Contracted this table for you anization.  Name of independent contracted the contracted organization.	umber of individuals (including but no insation from the organization organization from the organization organization is any former officer, or individual listed on line 1a, is the surfaced organizations greater than \$150 or person listed on line 1a receive or an anization? If "Yes," complete Schedumdependent Contractors of the this table for your five highest contanization.  (A)  Name and business a sumber of independent contractors (in individual listed on line 1a receive or an anization? If "Yes," complete Schedumdependent Contractors  (A)  Name and business a sumber of independent contractors (in individual listed on line 1a receive or an anization.  (A)  Name and business a sumber of independent contractors (in individual listed on line 1a, is the sum and experience or an anization? If "Yes," complete Schedum aniz	umber of individuals (including but not limited to the insation from the organization)  organization list any former officer, director or true of it "Yes," complete Schedule J for such individual individual listed on line 1a, is the sum of reportable atted organizations greater than \$150,000? If "Yes, or person listed on line 1a receive or accrue comperanization? If "Yes," complete Schedule J for such independent Contractors and the table for your five highest compensated incompanization.  NONE  (A)  Name and business address	umber of individuals (including but not limited to those insation from the organization organization from the organization organization list any former officer, director or trustee or lif "Yes," complete Schedule J for such individual or individual listed on line 1a, is the sum of reportable contacted organizations greater than \$150,000? If "Yes," complete Schedule J for such person listed on line 1a receive or accrue compensation anization? If "Yes," complete Schedule J for such person dependent Contractors of the this table for your five highest compensated independent individual.  (A)  Name and business address  Important organization incompensation from the organization.	with the second state of individuals (including but not limited to those listernsation from the organization organization is any former officer, director or trustee, key or individual issued on line 1a, is the sum of reportable competented organizations greater than \$150,000? 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and other similar amounts		Federated campaigns						
00		Membership dues				15 est (1) no		
ап		Fundraising events				rij sinubvitra et e		n stronger
a		Related organizations						that my
E		Government grants (contributio		306,365.		ACTION AND DESIGNATION OF REPORT AND DESIGNA		a tanta
E .	f	All other contributions, gifts, grants				(EX) art electro A		
듐		similar amounts not included above						7.45
9		Noncash contributions included in lines 1a				110		CONTRACTOR OF
a	h	Total. Add lines 1a-1f			306,365.		in invested to resta	Management of
				Business Code		6	entraction for the	
	2 a	CAMPUS PROGRAMS		812900	9911027.	7244829.	2,666,198.	
e	b	STUDENT FEES		900099	5473508.	5473508.	.,000,130.	
Revenue	С	CHILDREN'S CENTE	ER	812900	2181076.		761,383.	P STATES
ě		COMMUNICATIONS	Late	900099	593,966.	593,966.		See Section 1
		NIGHT/WEEKEND PR		900099	171,723.	171,723.		
	f	All other program service revenue	ue	900099	61,495.	61,495.		
	g	Total. Add lines 2a-2f		T T T	18,392,795.	01/400.	2 16 1 1 16 11	CONTRACT OF
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-				A THE PLANT COLOR	188,505.			188,505
1	4	Income from investment of tax-	exempt bond	proceeds	200/303.			100,505
1	5	Royalties			F7 83			STATE OF
1			(i) Real	(ii) Personal	00.102			
	6 a	Gross Rents	19.100.	Iny r Groomar	76 77			provided to
-	b	Less: rental expenses				Name of surface.	adverse protein found to	
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١.,			(i) Securities	Valled to the second			A45-20-41-00	
1		assets other than inventory	(i) Securities	(ii) Other	TA 0.7			Security of
-	h	Less: cost or other basis					and the state of t	and the same of th
-		and sales expenses		120178.	481185		10000	
-	0	Gain or (loss)	_					
	4	Net gain or (loss)		-120,178.	100 170	100 170		
		Gross income from fundraising			-120,178.	-120,178.		
5	<i>-</i> u	including \$						and some sort
		contributions reported on line 10						constitution at
					10-20- A			Transport Co.
	h	Part IV, line 18	a		42 44 6			electricity (c
5		Net income or (loss) from fundra					hara contraction of	
1		Gross income from gaming activ			19,995			
	<i>a</i>			. 3.6	21.67			
9		Part IV, line 19	a			24450 245 0		
9		Less: direct expenses			10	165.4	feeded and test to	
ę							7	
	С	Net income or (loss) from gaming						
	С	Net income or (loss) from gaming Gross sales of inventory, less ref	turns	180 6 -	The state of the s			
	c ) a	Net income or (loss) from gaming Gross sales of inventory, less rel and allowances	turns a		1.00.1		RECKE XX	
	c ) a b	Net income or (loss) from gaming Gross sales of inventory, less ret and allowances Less: cost of goods sold	turns a		1.107.1		HRE AKE AR	
	c ) a b	Net income or (loss) from gaming Gross sales of inventory, less ret and allowances Less: cost of goods sold Net income or (loss) from sales of	turns a	<b>&gt;</b>	61.006.1		RECKE AND	P
10	c ) a b c	Net income or (loss) from gaming Gross sales of inventory, less ret and allowances Less: cost of goods sold Net income or (loss) from sales of Miscellaneous Revenue	turns a	Business Code	0.06.1		REAKE AA	B
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10	c ) a b c	Net income or (loss) from gaming Gross sales of inventory, less ret and allowances Less: cost of goods sold Net income or (loss) from sales of Miscellaneous Revenue	turns a bof inventory	Business Code	481,113.	481,113.	SE CERTAIN	D D D D D D D D D D D D D D D D D D D
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10	b c	Net income or (loss) from gaming Gross sales of inventory, less ret and allowances Less: cost of goods sold Net income or (loss) from sales of Miscellaneous Revenue MISC. INCOME	turns a b	Business Code 900099	481,113.	481,113.	Se Linkonii	to the second se
10	b c	Net income or (loss) from gaming Gross sales of inventory, less ret and allowances Less: cost of goods sold Net income or (loss) from sales of Miscellaneous Revenue MISC • INCOME	turns a b	Business Code 900099	481,113.	481,113.	MESKE YP	AN ARTHUR ZA Y

#### Part IX Statement of Functional Expenses

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

7b, 8b	All other organizations must comp t include amounts reported on lines 6b, , 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	rants and other assistance to governments and granizations in the U.S. See Part IV, line 21			119-0-119-0	oxpolidos .
2 G	rants and other assistance to individuals in			· Elneve gin	DESCRIPTION OF THE PERSON OF T
	ne U.S. See Part IV, line 22		. 41	alicellating o	peline h
0	rants and other assistance to governments, rganizations, and individuals outside the U.S. ee Part IV, lines 15 and 16	2.4	10,000 10	of quality report ductions of property and a contract of the c	
4 B	enefits paid to or for members				
	ompensation of current officers, directors,	232 307 14		The second secon	A 1900 TO 1900
	ustees, and key employees	ASSESSMENT OF THE PARTY OF THE	The same of the sa		-
	ompensation not included above, to disqualified	rentres in		EBANGARIS EC	2140-1-1
	ersons (as defined under section 4958(f)(1)) and	ROSEVAS D	20002	REST THE	cuia .
	ersons described in section 4958(c)(3)(B)	2507676 0	81290	REPUBLIC S' NEED	
	ther salaries and wages	7,438,622.	5,976,270.	1,462,352.	MACO &
8 P	ension plan contributions (include section 401(k)	7 7 7 7 7 7	3/3/0/2/0:	1,402,332.	RESERVE DE LA COMP
	nd section 403(b) employer contributions)	281,753.	89,258.	192,495.	
9 0	ther employee benefits	1,532,323.		310,923.	
0 P	ayroll taxes	430,656.	343,288.	87,368.	
1 F	ees for services (non-employees):	302 882 14		07,300.	
a M	anagement	30,742.	phase and hard light	30,742.	
	egal	18,135.	9,540.	8,595.	DESCRIPTION OF
	ccounting	101,097.		84,097.	
	obbying	17,932.	17,932.	02/03/1	BILLIAN F. F. T.
e Pr	ofessional fundraising services. See Part IV, line 17		7.5.5.	F697W3-610	THE PERSON NAMED IN
f In	vestment management fees			INVESTMENT OF STREET	ALIENTA D
g O	ther	333,764.	322,179.	11,585.	EIGHT FINS D
2 A	dvertising and promotion				mp anyone at the
3 0	ffice expenses	70,452.	48,081.	22,371.	fo michi
4 In	formation technology	117,023.	70,997.	46,026.	100 and 0
5 R	oyalties		12027	100000	
6 0	ccupancy		1.001		2 2 2 2
	avel	80,126.	57,667.	22,459.	THE PARTY OF THE P
	ayments of travel or entertainment expenses		toni ade	on glasses of the first	OF SHIP SHIP THE
	r any federal, state, or local public officials		lo lo		
	onferences, conventions, and meetings		La la	In all to balloon a p	
	terest	1,276.		1,276.	N. WY PROT
1 Pa	ayments to affiliates	2,648,772.	2,648,772.		
	epreciation, depletion, and amortization	680,071.	589,519.	90,552.	HEDRI HIM D
	surance	330,522.	322,342.	8,180.	DOCUMENT OF IT
ab mi ex	her expenses. Itemize expenses not covered ove. (Expenses grouped together and labeled iscellaneous may not exceed 5% of total penses shown on line 25 below.)		d earthri	AND THE PARTY OF T	
a P	ROGRAM EXPENDITURES	3,093,042.	3,093,042.		SECTION STORY
b F	ACILITY EXPENSES	1,349,620.	1,349,620.		
c _				bits mixegri	HOVE HELD IN
d				Charles and the same	nest list a
е _					
	other expenses	481,113.	FEODOS	SILTER	A SERVICE OF THE SERV
157	tal functional expenses. Add lines 1 through 24f	18,555,928.	16,176,907.	2,379,021.	0
	int costs. Check here  if following				
	OP 98-2. Complete this line only if the organization				
	ported in column (B) joint costs from a combined	.121,231	4	HET ATT AND	
ed	ucational campaign and fundraising solicitation	Line beauty at		in high life his	TE Total invas

932010 02-04-10

Part X Balance Sheet

		The second of the second	la vene	المعاللة	(A) Beginning of year	Name of	(B) End of year
	1	Cash - non-interest-bearing		***************************************	684,728.	1	1,402,392.
	2	Savings and temporary cash investments		303 St. 21. 35 (74-40) (717 C. 34-6) 3 G. G. S. S. C. S.	5,878,311.	2	7,704,988.
	3	Pledges and grants receivable, net			agu, a trayera tata tatawanif	3	remember and drawns of
	4	Accounts receivable, net			1,189,706.	4	1,105,040
	5	Receivables from current and former officers, di	rectors, t	rustees, key	Africantial moved of	2 1-17	DOMESTIC WHICH
		employees, and highest compensated employee	s. Comp	olete Part II			
		of Schedule L			princh a box ballow to and	5	
	6	Receivables from other disqualified persons (as			mon to aread play	217	and the same of
		4958(f)(1)) and persons described in section 495				1 0	
		Part II of Schedule L			CHARLESTO WIT HOW DOWN	6	
ets	7	Notes and loans receivable, net			TO T	7	26,675
Assets	8	Inventories for sale or use			etuper esti ografisu noll	8	THE DESCRIPTION OF THE PERSON
Q.	9	Prepaid expenses and deferred charges			401,178.	9	485,433
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D					
	b	Less: accumulated depreciation		4,299,209.	3,308,769.	10c	3,830,533
	11	Investments - publicly traded securities			11	5/555/555	
	12	Investments - other securities. See Part IV, line 1	1		1,179,000.	12	1,188,000
	13	Investments - program-related. See Part IV, line	11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			2,174,000.	15	0
_	16	Total assets. Add lines 1 through 15 (must equa	al line 34)	L	14,815,692.	16	15,743,061
	17	Accounts payable and accrued expenses		2,267,711.	17	1,800,109	
	18	Grants payable		18			
	19	Deferred revenue	244,276.	19	237,215		
	20	Tax-exempt bond liabilities			20		
20	21	Escrow or custodial account liability. Complete F	Part IV of	Schedule D		21	
1	22	Payables to current and former officers, director	s, trustee	es, key employees,			
Liabilities		highest compensated employees, and disqualified	ed perso	ns. Complete Part II			
_		of Schedule L				22	
	23	Secured mortgages and notes payable to unrela	ted third	parties		23	
	24	Unsecured notes and loans payable to unrelated	third pa	urties		24	
	25	Other liabilities. Complete Part X of Schedule D			1,598,303.	25	2,307,663.
_	26	Total liabilities. Add lines 17 through 25			4,110,290.	26	4,344,987
		Organizations that follow SFAS 117, check he	re 🕨	X and complete			
Net Assets or Fund balances		lines 27 through 29, and lines 33 and 34.					
au	27	Unrestricted net assets			10,705,402.	27	11,398,074
0	28	Temporarily restricted net assets			28		
2	29	Permanently restricted net assets				29	
2		Organizations that do not follow SFAS 117, ch	eck her	e ▶ 🔲 and			
5	(2020	complete lines 30 through 34.					
261	30	Capital stock or trust principal, or current funds				30	
2	31	Paid-in or capital surplus, or land, building, or eq	uipment	fund	D1	31	
Ž.	32	Retained earnings, endowment, accumulated inc	come, or	other funds		32	
-	33	Total net assets or fund balances			10,705,402.	33	11,398,074.
	34	Total liabilities and net assets/fund balances		***************************************	14,815,692.	34	15,743,061.

Part XI Financial Statements and Reporting

	(A)	N	Yes	No
1 2a	Accounting method used to prepare the Form 990: Cash Accrual X Other FUND ACCOUNTI  If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.  Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	1 2	х
b	and the state of t	2b	X	
С	If "Yes" to line 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?	20	х	
d	and all and a solution indicate whether the infancial statements for the year were issued on a			
За	consolidated basis, separate basis, or both:  X Separate basis Consolidated basis Both consolidated and separate basis  As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit		el .	
	Act and OMB Circular A-133?	3a	7	x
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	8	Ï
			990	2000

932012 02-04-10

#### SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

# **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

Open to Public Inspection

Name of the organization

ASSOCIATED STUDENTS OF SAN DIEGO

Employer identification number

Dort I	Donner	for Dublic Ob	UNIVERSITY					300,000	95	-6042	622		
Part I	Heason	for Public Cha	arity Status (All organ	izations m	ust comple	te this pa	rt.) See ins	structions.		U POLICE	100 Jak		
The organ	nization is not	a private foundation	on because it is: (For lines	1 through	11, check	only one	box )	195,0	The latest	i paralli			
1	A church, co	onvention of church	nes, or association of chu	rches des	cribed in se	ection 17	0(b)(1)(A)(i	i).					
2	A school de	scribed in section	170(b)(1)(A)(ii). (Attach S	chedule E.	)								
3 🖳	A hospital o	r a cooperative hos	pital service organization	described	in section	170(b)(1	)(A)(iii).						
4 🔲	A medical re city, and sta	search organizatio te:	n operated in conjunction	n with a ho	spital desc	ribed in s	ection 170				l's nan	ne,	
5 X	An organiza	tion operated for th	e benefit of a college or u	university o	wned or o	perated b	y a govern	mental uni	t describe	d in			
e 🗀		D(b)(1)(A)(iv). (Com											
6	An organizat	ate, or local govern	ment or governmental ur	nit describe	ed in section	on 170(b)	1)(A)(v).						
	section 170	(b)(1)(A)(vi). (Comp	eceives a substantial part	t of its sup	port from a	governm	ental unit	or from the	general p	ublic desc	ribed	in	
8 🗌			section 170(b)(1)(A)(vi).	(Complete	Part II \								
9 🔲	An organizat	ion that normally re	eceives: (1) more than 33	1/3% of its	e eunnort	rom cont	ibutions -						
	activities rela	ated to its exempt f	functions - subject to cert	ain evcent	ions and (	2) 50 50111	a the second	nembersnip	o fees, and	d gross re	ceipts	from	
	income and	unrelated business	taxable income (less sec	ction 511 ta	ax) from bi	sinesses	e than 33	1/3% of its	support f	rom gross	invest	tment	
-	See section	509(a)(2). (Comple	ete Part III.)		any month be	011103303	acquired t	by the orga	nization a	ter June 3	30, 197	5.	
10	An organizat	ion organized and	operated exclusively to te	est for oub	lic safety	See section	on 500/aV	4)					
11	An organizat	ion organized and	operated exclusively for t	he benefit	of to perfe	orm the fu	nctions of	or to corn					
	more publicl	y supported organi	zations described in sect	ion 509(a)(	1) or section	on 509(a)(	2) See se	otion FOO	out the p	ourposes o	of one	or	
	describes th	e type of supportin	g organization and comp	lete lines 1	1e through	11h	2). Odd 50	Ction 209(s	1)(3). Chec	ck the box	tnat		
	а П Туре	1 Ь			e III - Fund		tegrated		d	T	241		
е 🔙	By checking	this box, I certify th	nat the organization is no	t controlled	directly o	r indirectly	thy one o	r more die	a	Type III - (	other		
	foundation n	nanagers and other	than one or more public	ly supporte	ed organiza	tions dos	cribed in a	notion 500	(a)(1) as a	ersons otr	er tha	n	
f	If the organiz	ation received a w	ritten determination from	the IRS th	at it is a Tu	ne I Type	II or Tun	. III	(a)(1) or se	ection 509	(a)(2).		
	supporting o	rganization, check	this box		at it is a 1 y	pe i, Type	ii, or typ	e III					
g	Since Augus	t 17, 2006, has the	organization accepted a	ny aift or c	ontribution	from any	of the foll	owing para				. L	
	(i) A perso	n who directly or in	directly controls, either a	lone or too	ether with	nersons (	described	in (ii) and (ii	i) below		.,		
	the gov	erning body of the	supported organization?							44-0	Yes	No	
	(ii) A family	member of a perso	on described in (i) above	?	************		************			11g(i)			
	(iii) A 35%	controlled entity of	a person described in (i)	or (ii) abov	e?	************	*************	••••••		11g(ii)			
h	Provide the f	ollowing informatio	n about the supported or	ganization	(s)	************		••••••		11g(iii)			
			1	3	(0).								
(i) Name	of supported	(ii) EIN	(iii) Type of	(iv) Is the	organization	(v) Did vo	u notify the	(vi) Is	the				
	inization	(,	organization	in col. (i) li	sted in your	organizat	ion in col.	organization	n in col. I	A CONTRACTOR OF THE PARTY OF TH		(vii) Amount of	
			(described on lines 1-9 above or IRC section		ning document? (i) of your support?					sup	support		
			I above of the section	9	document?	(I) of you	support?	U.S.	?				
			(see instructions))		No	Yes		Yes U.S.	No				
						200					S1 18	401	
						200				e mare P e mare P engase -P	07 /K	ACH ACH	
						200					33 VG	(5) (5) (4)	
		The second second				200					OV 18	(5) (6)	
		im asst vi ne'l is i				200					ON TE	(1) (4)	
						200				epare di	Of the	(5) (5) (6. (7) (7)	
	e e e e e e e e e e e e e e e e e e e					Yes				emper de la proposition della	CA FE	60 60 60 67	
		A Part Whole mi				Yes				eman de la company de la compa	DI TE	AD ADD	
		in solving the man				Yes						(d)	
Total	mathematical and the control of the					Yes						er er er	

932021 02-08-10

Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

ASSOCIATED STUDENTS OF SAN DIEGO Schedule A (Form 990 or 990-EZ) 2009 STATE UNIVERSITY 95-6042622 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2,782,750 4.248.049 5 268 540 5,473,508 21,658,070. 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 Total. Add lines 1 through 3 ...... 2,782,750 3 885 223 4 248 049 5.268.540 5,473,508 658,070. The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included

6 Public support. Subtract line 5 from line 4.

Section B. Total Support

21,658,070,

Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 7 Amounts from line 4 2,782,750 3,885,223 4,248,049 5,268,540 5,473,508 21,658,070. 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties 306,247. and income from similar sources 375,784 430,618. 274,057 188,505. 575.211. 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 20.715 15,143 118,487. 269,730. 481,113. 905,188. Total support. Add lines 7 through 10 24 138 469.

12 Gross receipts from related activities, etc. (see instructions)

12 68,923,963.

13 First five years, if the Form 990 is for the organization's first second, third, fourth, or fifth tay years as a section 504(4)(6).

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))

15 Public support percentage from 2008 Schedule A, Part II, line 14

16 89.72 %

17 89.79 %

16a 33 1/3% support test - 2009. 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

> X

b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

17a 10% -facts-and-circumstances test - 2009. 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 - 2008. 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

Schedule A (Form 990 or 990-EZ) 2009

on line 1 that exceeds 2% of the amount shown on line 11.

column (f)

	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1		notice street			P Attach to		17.514
	membership fees received. (Do not	lott st init At t	Permission 52, 24	or Land, William	DESCRIPTION OF THE	of the market want	penagre out to
	include any "unusual grants.")		e-boursey	early filters in	Complete Part	Bearing of the 21	DE MORTES #
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	below Do not of	eta Parta (A. arco Porm 200-002, Pa uzroar apoliton di	a Abril M he's	os 50 Uppilli org salate Per I-A pa L" to Form 1990 that have liber I	to the second part of the second	10 metael) 4 savagra mil D 10 no tuel 8
3	Gross receipts from activities that	NameO (pers)	erms when rody	us Epital mort for	TOUT OWN SOT		K COTOR
	are not an unrelated trade or bus- iness under section 513		nett July Van	A Level Vines	L <sup>A</sup> In Francisco	Charavant and	telesagno actifiti No mortovio M
4	Tax revenues levied for the organ-	.0	BRIC HAR	ro emello	e omral	The state of the s	
	ization's benefit and either paid to			VIII	REPORT OF THE	A A S A S A S A S A S A S A S A S A S A	
	or expended on its behalf		D mod and some	u famoto bi	communication of the second	with the strategmes	A-I mari
5	The value of services or facilities	All hard on earth	e e e	co tentro tota	Maria Company		E SULL P
	furnished by a governmental unit to					000.00000	a modifical is
	the organization without charge					15.00	Heatmaker &
6	Total. Add lines 1 through 5					+	
78	Amounts included on lines 1, 2, and 3 received from disqualified persons	J8](a)[8	ë noltore teb	(a terrorio di	lo i stina pio	a i manane	16 I hell
ŀ	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		Company and all Co	STREET HAS A SEC	Just SEEF HORSE	nin bronzeni nelbali Kataan radios	EQUIDATE E
	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6.)	Triange John	2 notions sale	LU JUNEAU BE	TOBLE YEAR OF THE	THE STREET	
Sec	ction B. Total Support				point will out the br	THE PERSON NAMED IN	
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(=) 2007	4 11 0000	1	
9	Amounts from line 6	(4) 2000	(b) 2000	(c) 2007	(d) 2008	(e) 2009	(f) Total
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	.104	ST r mod ne trié	port with S bris	1 10 9 20 1 mm	e programación de la composición del composición de la composición	ett, mit 6 Out on 186
b	Unrelated business taxable income					THE RESERVE THE PARTY OF THE PA	CES PRO C
	(less section 511 taxes) from businesses				a transmission and tell	to belle will be a	o vinna sé il
	acquired after June 30, 1975				so as or bereatilets	touth brit dense	carpe inti-
	Add lines 10a and 10b				HEAT STORY AND ADDRESS OF THE PARTY AND ADDRES		LEL CIARL
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	(u) Aung Ping pili Number Ma	VILLOJ.	perich	0	- Transition (1)	
	Other income. Do not include gain			P			
12	or loss from the sale of capital						
	assets (Explain in Part IV.)						
13	assets (Explain in Part IV.)	the organization's	s first second thir	d fourth or fifth to	V voor oo o oost	501/2/(0)	- W
13	assets (Explain in Part IV.)  Total support (Add lines 9, 10c, 11, and 12.)  First five years. If the Form 990 is for	the organization's	s first, second, third	d, fourth, or fifth to	ax year as a sect	ion 501(c)(3) organiz	ation,
13 14	assets (Explain in Part IV.)  Total support (Add lines 9, 10c, 11, and 12.)  First five years. If the Form 990 is for check this box and stop here		English to the	d, fourth, or fifth to	ax year as a sect	on 501(c)(3) organiz	ration,
13 14	Total support (Add lines 9, 10c, 11, and 12.)  First five years. If the Form 990 is for check this box and stop here  ction C. Computation of Public	c Support Pe	rcentage				
13 14 Sec	Total support (Add lines 9, 10c, 11, and 12.)  First five years. If the Form 990 is for check this box and stop here chion C. Computation of Public Public support percentage for 2009 (line)	c Support Pe	rcentage	olumn (fl)		15	9
13 14 Sec 15 16	Total support (Add lines 9, 10c, 11, and 12.)  First five years. If the Form 990 is for check this box and stop here ction C. Computation of Public Public support percentage for 2009 (line)	c Support Pe ne 8, column (f) di Schedule A, Part	rcentage ivided by line 13, c	olumn (fl)		15	eation,
13 14 Sec 15 16 Sec	Total support (Add lines 9, 10c, 11, and 12.)  First five years. If the Form 990 is for check this box and stop here  Stion C. Computation of Public Public support percentage for 2009 (line Public support percentage from 2008 stion D. Computation of Inves	c Support Pe ne 8, column (f) di Schedule A, Part tment Incom	rcentage ivided by line 13, c III, line 15	olumn (f))		15 16	9
13 14 Sec 15 16 Sec 17	assets (Explain in Part IV.)  Total support (Add lines 9, 10c, 11, and 12.)  First five years. If the Form 990 is for check this box and stop here  Stion C. Computation of Public Public support percentage for 2009 (line Public support percentage from 2008 stion D. Computation of Investment income percentage for 2009 (line Public support percentage from 2008 stion D. Computation of Investment income percentage for 2009 (line Public support perc	c Support Pe ne 8, column (f) di Schedule A, Part tment Income 09 (line 10c, colun	rcentage ivided by line 13, c III, line 15 e Percentage	olumn (f))		15 16	9 9
13 14 Sec 15 16 Sec 17 18	assets (Explain in Part IV.)  Total support (Add lines 9, 10c, 11, and 12.)  First five years. If the Form 990 is for check this box and stop here  Stion C. Computation of Public Public support percentage for 2009 (line)  Public support percentage from 2008 ction D. Computation of Investment income percentage from 2001 Investment income percentage from 2001 Investment income percentage from 2001	c Support Pene 8, column (f) di Schedule A, Part tment Income Og (line 10c, colum 008 Schedule A,	rcentage ivided by line 13, c III, line 15 e Percentage nn (f) divided by lin Part III, line 17	olumn (f)) e 13, column (f))		15 16	9
13 14 Sec 15 16 Sec 17 18	assets (Explain in Part IV.)  Total support (Add lines 9, 10c, 11, and 12.)  First five years. If the Form 990 is for check this box and stop here  ction C. Computation of Public support percentage for 2009 (line)  Public support percentage from 2008 ction D. Computation of Investment income percentage from 2008 investment income percentage from 2009. If the 600 in the first percentage from 2009 in the 600 in th	c Support Pene 8, column (f) di Schedule A, Part tment Income Og (line 10c, colum 008 Schedule A, organization did n	rcentage ivided by line 13, c III, line 15 e Percentage nn (f) divided by lin Part III, line 17 ot check the box of	e 13, column (f))	3 15 is more than	15   16   17   18   33 1/3%, and line 1	9
13 14 Sec 15 16 Sec 17 18 19a	assets (Explain in Part IV.)  Total support (Add lines 9, 10c, 11, and 12.)  First five years. If the Form 990 is for check this box and stop here  ction C. Computation of Public Public support percentage for 2009 (line Public support percentage from 2008 ction D. Computation of Investment income percentage from 2008 linestment income percentage from 2008 linestment income percentage from 2008 investment income percentage from 2008 investment income percentage from 2008 linestment income percentage from 2008 investment	c Support Pe ne 8, column (f) di Schedule A, Part tment Income 09 (line 10c, colum 008 Schedule A, organization did n d stop here. The	rcentage ivided by line 13, c III, line 15 e Percentage on (f) divided by lin Part III, line 17 ot check the box corganization qualif	olumn (f)) e 13, column (f)) on line 14, and line ies as a publicly s	15 is more than	15   16   17   18   33 1/3%, and line 1	9 9 9 7 is not
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#### SCHEDULE C

(Form 990 or 990-EZ)

# Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization is described below.

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

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

Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

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

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

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

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

<ul> <li>Section 501(c)(4), (5), or (6) organ</li> </ul>	izations: Complete Part III.			
	ATED STUDENTS OF	SAN DIEGO	Emp	loyer identification number
STATE	UNIVERSITY		the latest a supplied	05 6042622
Part I-A Complete if the c	organization is exempt und	der section 501(	c) or is a section 527 of	organization.
1 Provide a description of the orga	inization's direct and indirect politic	cal campaign activitie	es in Part IV	
2 Political expenditures				The part of the latest
3 Volunteer hours		***************************************		The same of the same
				Carl Later State State State Co.
Part I-B Complete if the c	organization is exempt und	der section 501(	c)(3).	NO DESCRIPTION OF THE PARTY OF
1 Enter the amount of any excise t	ax incurred by the organization und	der section 4955		THE HEAT CENTRE IS
2 Enter the amount of any excise t	ax incurred by organization manag	ers under section 49	l55 ▶ §	
3 If the organization incurred a sec	tion 4955 tax, did it file Form 4720	for this year?		Yes No
4a Was a correction made?  b If "Yes," describe in Part IV.				Yes No
b ii res, describe in Part IV.	rganization is exempt und			
1 Enter the amount directly super-	and house file	er section 501(	c), except section 501	(c)(3).
1 Enter the amount directly expend	animation for se	ction 527 exempt fur	nction activities	
2 Enter the amount of the filing org	anization's funds contributed to ot	ther organizations for	section 527	
3 Total exempt function expenditure	on Additional and S. L. L.		▶\$	
4 Did the filing organization file For	4400 DOI (11			
5 Enter the names, addresses and	m 1120-POL for this year?			Yes No
For each organization listed, enter	employer identification number (El	N) of all section 527	political organizations to which	ch payments were made.
that were promptly and directly of	er the amount paid from the filing o	apization s funds.	Also enter the amount of polit	tical contributions received
(PAC). If additional space is need	led, provide information in Part IV.	ariizatiori, sucri as a s	separate segregated fund or	a political action committee
(a) Name	(b) Address	(a) FINI		
(4)	(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and
			funds. If none, enter -0	
				delivered to a separate
			107045	political organization.
				If none, enter -0
				Add to seem and page 1.5
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For Privacy Act and Paperwork Redu	ection Act Nation and the Late			
aper work neur	action Act Notice, see the instruc	ctions for Form 990	or 990-EZ. Schedule C	(Form 990 or 990-FZ) 2009

932041 02-04-10

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Schedule C (Form 990 or 990-EZ) 2009

ASSOCIATED STUDENTS OF SAN DIEGO

Part II-A Complete if the organ (election under section	nization is exer	ERSITY npt under section	on 501(c)(3) and file	95- ed Form 5768	6042622 Page 2
A Check ► ☐ if the filing organization		liated group.	0.010		ales (b)
B Check Lifthe filing organization	n checked box A ar	nd "limited control" pr	rovisions apply.		
Limits (The term "expenditu	on Lobbying Exper ures" means amou	nditures ints paid or incurred	l.)	(a) Filing organization's totals	(b) Affiliated group totals
Total lobbying expenditures to influer     Total lobbying expenditures to influer     Total lobbying expenditures (add line)     d Other exempt purpose expenditures     Total exempt purpose expenditures (add line)	nce a legislative books 1a and 1b)	dy (direct lobbying)			
f Lobbying nontaxable amount. Enter t	THE PARTY OF THE P			alest authors of	Communication to
Not over \$500,000		bying nontaxable an			<ul> <li>Publications, or plan</li> </ul>
Over \$500,000 but not over \$1,000,0		the amount on line 1			to reduce the state of
Over \$1,000,000 but not over \$1,500		O plus 15% of the ex			the barrier bearing
Over \$1,500,000 but not over \$17,00		cess over \$1,000,000. ess over \$1,500,000.		The state of the state of	
Over \$17,000,000	\$1,000,0		ess over \$1,500,000.		The Author
j If there is an amount other than zero or reporting section 4911 tax for this year (Some organization)	4-Year Ave	raging Period Unde		lete all of the five	Yes No
1 1 6			ear Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying nontaxable amount	delines to stre		and the second second		
b Lobbying ceiling amount (150% of line 2a, column(e))		1.0	- Anna and Anna	Of the latest of	and the state of
c Total lobbying expenditures					181 5
d Grassroots nontaxable amount	200 CO 10 TO 10 TO		proceed theory of ear		service makes I to
e Grassroots ceiling amount (150% of line 2d, column (e))	erest ner halter			-	
f Grassroots lobbying expenditures				James of Labor	Sec. 2 Villa

Schedule C (Form 990 or 990-EZ) 2009 STATE UNIVERSITY 95-6042622 Page 3
Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	and the second s	(:	a)		)
	total contents in the set to the set of the	Yes	No	Amo	unt
1	During the year, did the filing organization attempt to influence foreign, national, state or	in expects		Name of the	order March
	local legislation, including any attempt to influence public opinion on a legislative matter	and and			
	or referendum, through the use of:				
а	Volunteers?	X			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X			
C	Media advertisements?		X		
	Mailings to members, legislators, or the public?		X		
	Publications, or published or broadcast statements?		X		-
	Grants to other organizations for lobbying purposes?		X	200	
	Direct contact with legislators, their staffs, government officials, or a legislative body?	X		17	7,932
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X		
	Other activities? If "Yes," describe in Part IV	70	X		
j	Total. Add lines 1c through 1i			17	7,932
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X		
	If "Yes," enter the amount of any tax incurred under section 4912		CHILDREN I		a had made
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912		E POST		T CONTRACT
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	THE NAME OF THE OWNER,		uesti 16 H	7.17.41.51
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	on 501(c	)(5), or se	ection	a period
	A Year American Control States Institute of USA			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
1 2	Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?			9	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carryover lobbying and political expenditures from the prior year?  t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, lines	on 501(c	2 3 )(5), or se		nini)
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2 3 Par  1 2 a b c 3 4  5 Par  Comporar  PAF	Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carryover lobbying and political expenditures from the prior year?  III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Pail "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues of lobe the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)  It IV Supplemental Information  Polete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and additional information.  RT II-B, LINE 1(I), OTHER LOBBYING ACTIVITIES:	cal	2 3 )(5), or seine 3 is a  1 2a 2b 2c 3 , line 1i. Alse	o, complete	e this part
2 3 Par  1 2 a b c 3 4  5 Par  Comporar  PAF	Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carryover lobbying and political expenditures from the prior year?  III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Paryes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the except does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)  It IV Supplemental Information  Polete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and additional information.  RT II-B, LINE 1(I), OTHER LOBBYING ACTIVITIES:	cal	2 3 )(5), or seine 3 is a  1 2a 2b 2c 3 , line 1i. Alse	o, complete	e this part
2 3 Par  1 2 a b c 3 4  5 Par  Comporar  PAF	Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carryover lobbying and political expenditures from the prior year?  III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Pail "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues of lobe the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)  It IV Supplemental Information  Polete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and additional information.  RT II-B, LINE 1(I), OTHER LOBBYING ACTIVITIES:	cal	2 3 )(5), or seine 3 is a  1 2a 2b 2c 3 , line 1i. Alse	o, complete	e this part

#### Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

# Supplemental Financial Statements

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

➤ Attach to Form 990. ➤ See separate instructions.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

ASSOCIATED STUDENTS OF SAN DIEGO STATE UNIVERSITY

Employer identification number

Pa	rt I Organizations Maintaining Donor Advised	Funds or Other Similar Fund	ds or Accounts Complete if the
	organization answered "Yes" to Form 990, Part IV, line	6.	do or Accounts. Complete if the
	plates where to be comed to be	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	Company and the facility and the second material	(17) Eller Eller Geller Geller (18)
2	Aggregate contributions to (during year)	agts Federation Libraria printing	about the court of the second
3	Aggregate grants from (during year)	The state of the s	
4	Aggregate value at end of year		BULL STAFF OF THE PARTY OF THE
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor adv	vised funds
	are the organization's property, subject to the organization's e	xclusive legal control?	Vec No
6	Did the organization inform all grantees, donors, and donor ad	visors in writing that grant funds can be	ne used only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpos	se conferring
_	impermissible private benefit?		
Pa	Conservation Easements. Complete if the orga	inization answered "Yes" to Form 990.	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).	
	Preservation of land for public use (e.g., recreation or ple		nistorically important land area
	Protection of natural habitat	The state of the s	ertified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified	ed conservation contribution in the form	n of a conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
ь	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified historic structure	cture included in (a)	2c
a	Number of conservation easements included in (c) acquired af	ter 8/17/06	2d
3	Number of conservation easements modified, transferred, release	ased, extinguished, or terminated by t	he organization during the tax
	year		
4	Number of states where property subject to conservation ease	ement is located >	to again the control of the control of
5	Does the organization have a written policy regarding the period	dic monitoring, inspection, handling o	and the same of th
6	violations, and enforcement of the conservation easements it h	nolds?	Yes No
7	Staff and volunteer hours devoted to monitoring, inspecting, at	nd enforcing conservation easements	during the year
8	Amount of expenses incurred in monitoring, inspecting, and en	forcing conservation easements during	ng the year ▶ \$
•	Does each conservation easement reported on line 2(d) above and section 170(b)(4)(R)(ii)2	satisfy the requirements of section 17	'0(h)(4)(B)(i)
9	and section 170(h)(4)(B)(ii)?		Yes No
	In Part XIV, describe how the organization reports conservation include, if applicable, the text of the footnote to the organization	easements in its revenue and expens	se statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization conservation easements.	on s financial statements that describe	s the organization's accounting for
Par	rt III Organizations Maintaining Collections of	Art Historical Treasures or	Othor Similar Assats
	Complete if the organization answered "Yes" to Form 99	90 Part IV line 8	other Similar Assets.
		50, 7 d. ( 17, m) 0.	
1a	If the organization elected, as permitted under SFAS 116, not t	o report in its revenue statement and	halana da
	treasures, or other similar assets held for public exhibition, edu	cation or research in furtherance of p	ublic conden and idea of art, historical
	the footnote to its financial statements that describes these ite	ms.	ublic service, provide, in Part XIV, the text of
b	If the organization elected, as permitted under SFAS 116, to re	nort in its revenue statement and hala	inco about waster of a total to the
	or other similar assets held for public exhibition, education, or r	esearch in furtherance of public sonic	or provide the fellowing mistorical treasures,
	these items:	secure in randocarde of public service	ce, provide the following amounts relating to
	(i) Revenues included in Form 990, Part VIII, line 1		
	(ii) Assets included in Form 990, Part X		<b>\</b> \$
2	If the organization received or held works of art, historical treas	ures, or other similar assets for financial	ial gain, provide
	the following amounts required to be reported under SFAS 116	relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1		•
b	Assets included in Form 990, Part X		<b>&gt;</b> \$
			<b>&gt;</b> \$

932051 02-01-10

Are there endowment funds not in the possession of the organization that are held and administered for the organization No (i) unrelated organizations 3a(i) (ii) related organizations 3a(ii) If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? Describe in Part XIV the intended uses of the organization's endowment funds. Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of investment (a) Cost or other (b) Cost or other (c) Accumulated (d) Book value basis (investment) basis (other) depreciation 1a Land **b** Buildings 576,648. 576,648 Leasehold improvements 1,866,692. 79,273 1,787,419. d Equipment 5,678,958. 3,643,288. 2,035,670. Other 7,444. 7,444. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

Schedule D (Form 990) 2009

3,830,533.

End of year balance

Permanent endowment Term endowment

Board designated or quasi-endowment

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

Part VII Investments - Other Securities.	700 1 01111 330, 1 att A, line 12.		
(a) Description of security or category (including name of security)	(b) Book value	(c) Me Cost or en	thod of valuation: d-of-year market value
Financial derivatives		Lend your Event Continue	1
Closely-held equity interests		almindayor r	Charles and paralege in A
Other		no Title	of to real blue people are unlessed in
CERTIFICATES OF DEPOSIT	1,188,000.	COST	Indicate the property of
			and make to the control of
		2 miles (1997 ), and	
Adverses			um en en siden e sexue e
Vorb Formus was made	nominal Standard Florida	MINE OF THE BUTTON	TO RESIDENCE HE HAD
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	ti mi	ny net pitt met ne for	LES Y BYES YOU DESCRIPTION OF THE PARTY OF
		emin	STREET OF STREET STREET OF STREET
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)	1,188,000.	194.160	O to any grat percent purposes of
Part VIII Investments - Program Related.	See Form 990, Part X, line 13		TIVE AND THE PROPERTY OF
(a) Description of investment type	(b) Book value		thod of valuation:
		Cost or en	d-of-year market value
277, 635, 53, 5			THE SUPERIOR AND THE PARTY OF T
		older And All Mill And The St.	THE PERSON OF THE PARTY OF THE
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TAX BES BEJ . I		Company is trained before	THE PROPERTY OF THE PARTY OF THE PARTY.
9 V = 1 V 3 - 1 S 2 -	25 01	not on Form SBA, Part IX.	NOT THE PARTY OF T
		Arriv.	A TO ORD ON PRINCIPLE AND IN
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)			and the second of
Part IX Other Assets. See Form 990, Part X, line			the state of
(a	) Description		(b) Book value
224, 227, 24 4			
	100	E HO CO CE NO DO NE	
			VI III ( SAC SHEET BOOK O
A Last			
084 323 81 8	CAY and Chief City		
		140/2011	
the second second and property of	of Hard Street Lines.	og G ist handed levery a	THE RESERVE OF THE PARTY OF THE
the second second second second second			THOUGHT BUILDING THE
Total. (Column (b) must equal Form 990, Part X, col (B) lin	e 15.)		
Part X Other Liabilities. See Form 990, Part X			the second of the second
(a) Description of liability	18 19 19 19 19 19 19 19 19 19 19 19 19 19	b) Amount	THE STREET SHIP CONTINUES
Federal income taxes  ACCRUED EMPLOYEE BENEFIT COST	70	T	
ACCRUED PENSION COSTS	rs 1	,357,253.	
CAPITAL LEASE PAYBLE	to bed the second	340,805.	
NOTES PYABLE TO RELATED PARTY	, and an exact	9,605.	
NOTED TIABLE TO RELATED PARTY		600,000.	
THE COLUMN TWO IS NOT THE	ALL CHATTALL AT		
	1 1 17 11	FRUGUE RESTO	
Fotal. (Column (b) must equal Form 990, Part X, col (B) lin	e 25.) > 2	,307,663.	

2,307,663. 2. FIN 48 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.

932053 02-01-10

Schedule D (Form 990) 2009

932055 02-01-10

Schedule D (Form 990) 2009

#### SCHEDULE J (Form 990)

Part I

### **Compensation Information**

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

 Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

**Questions Regarding Compensation** 

► Attach to Form 990. ► See separate instructions.

ASSOCIATED STUDENTS OF SAN DIEGO STATE UNIVERSITY

Employer identification number 95-6042622

Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.    First-class or charter travel	No No
First-class or charter travel    Housing allowance or residence for personal use   Travel for companions	2GN
Travel for companions  Tax indemnification 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 on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain  1b 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 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  X Approval by the board or compensation committee  During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:  a Receive a severance payment from, a supplemental nonqualified retirement plan?  4 Participate in, or receive payment from, an equity-based compensation arrangement?  If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.  Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.  For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:  a The organization?  5 and The organization?	M00
Tax indemnification and gross-up payments  Discretionary spending account  Personal services (e.g., maid, chauffeur, chef)  b If any of the boxes on line 1 a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain  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?  Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.  Compensation committee  Written employment contract  Independent compensation consultant  Compensation survey or study  Form 990 of other organizations  Approval by the board or compensation committee  During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:  Receive a severance payment or change-of-control payment?  Participate in, or receive payment from, a supplemental nonqualified retirement plan?  Participate in, or receive payment from, an equity-based compensation arrangement?  If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.  Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.  For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:  The organization?  5a	CON
Discretionary spending account  Personal services (e.g., maid, chauffeur, chef)  b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain  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 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  X Approval by the board or compensation committee  During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:  Receive a severance payment or change-of-control payment?  4a Participate in, or receive payment from, an equity-based compensation arrangement?  If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.  Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.  For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:  The organization?  5a	
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reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain  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?  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  Form 990 of other organizations  X Approval by the board or compensation committee  During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:  Receive a severance payment or change-of-control payment?  Participate in, or receive payment from, a supplemental nonqualified retirement plan?  Participate in, or receive payment from, an equity-based compensation arrangement?  If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.  Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.  For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:  The organization?  5a	
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?  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  Independent compensation consultant  Compensation survey or study  Form 990 of other organizations  Approval by the board or compensation committee  During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:  Receive a severance payment or change-of-control payment?  Participate in, or receive payment from, a supplemental nonqualified retirement plan?  Participate in, or receive payment from, an equity-based compensation arrangement?  If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.  Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.  For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:  The organization?	
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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  Independent compensation consultant  Form 990 of other organizations  During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:  Receive a severance payment or change-of-control payment?  Participate in, or receive payment from, a supplemental nonqualified retirement plan?  Participate in, or receive payment from, an equity-based compensation arrangement?  If "Yes" to any of lines 4a·c, list the persons and provide the applicable amounts for each item in Part III.  Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.  For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:  The organization?	
CEO/Executive Director. Check all that apply.  Compensation committee  Independent compensation consultant  Form 990 of other organizations  During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:  Receive a severance payment or change-of-control payment?  Participate in, or receive payment from, a supplemental nonqualified retirement plan?  Participate in, or receive payment from, an equity-based compensation arrangement?  If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.  Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.  For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:  The organization?	
CEO/Executive Director. Check all that apply.  Compensation committee  Independent compensation consultant  Form 990 of other organizations  During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:  Receive a severance payment or change-of-control payment?  Participate in, or receive payment from, a supplemental nonqualified retirement plan?  Participate in, or receive payment from, an equity-based compensation arrangement?  If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.  Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.  For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:  The organization?	
Independent compensation consultant  Form 990 of other organizations  Approval by the board or compensation committee  During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:  Receive a severance payment or change-of-control payment?  Participate in, or receive payment from, a supplemental nonqualified retirement plan?  Participate in, or receive payment from, an equity-based compensation arrangement?  If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.  Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.  For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:  The organization?	
Independent compensation consultant Form 990 of other organizations  Approval by the board or compensation committee  4 During the year, did any person listed in Form 990, Part 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?  b Participate in, or receive payment from, a supplemental nonqualified retirement plan?  c Participate in, or receive payment from, an equity-based compensation arrangement?  If "Yes" to any of lines 4a·c, list the persons and provide the applicable amounts for each item in Part III.  Only section 501(c)(3) and 501(c)(4) organizations 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?	
During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:  Receive a severance payment or change-of-control payment?  Participate in, or receive payment from, a supplemental nonqualified retirement plan?  Participate in, or receive payment from, an equity-based compensation arrangement?  If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.  Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.  For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:  The organization?	
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?  b Participate in, or receive payment from, a supplemental nonqualified retirement plan?  c Participate in, or receive payment from, an equity-based compensation arrangement?  If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.  Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.  For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:  a The organization?	
organization or a related organization:  a Receive a severance payment or change-of-control payment?  b Participate in, or receive payment from, a supplemental nonqualified retirement plan?  c Participate in, or receive payment from, an equity-based compensation arrangement?  If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.  Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.  For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:  a The organization?	1
organization or a related organization:  a Receive a severance payment or change-of-control payment?  b Participate in, or receive payment from, a supplemental nonqualified retirement plan?  c Participate in, or receive payment from, an equity-based compensation arrangement?  If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.  Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.  For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:  a The organization?	
c Participate in, or receive payment from, a supplemental nonqualified retirement plan?  If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.  Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.  For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:  The organization?	
c Participate in, or receive payment from, a supplemental nonqualified retirement plan?  If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.  Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.  For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:  The organization?	x
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.  Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.  For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:  The organization?	X
Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.  For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:  The organization?	X
<ul> <li>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:</li> <li>The organization?</li> </ul>	
<ul> <li>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:</li> <li>The organization?</li> </ul>	
contingent on the revenues of:  a The organization?	
a The organization? 5a	
	x
b Any related organization?  5b	X
Tes to life 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? b Any related organization?	X
b Any related organization?  If "Yes" to line 6a or 6b, describe in Part III.	X
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	
not described in lines 5 and 6? If "Yes," describe in Part III  8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	X
initial contract exception described in Poss section 53 4050 (4-)(0)0 (4 lb)	77
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in	X
Regulations section 53 4958.6(c)2	
LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.  Schedule J (Form 99)	2) 2555

Schedule J (Form 990) 2009

STATE UNIVERSITY

Schedule J (Form 990) 2009

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed. 95-6042622

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

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

		(b) Breakdown of W-2	W-2 and/or 1099-MI	and/or 1099-MISC compensation	(0)	(Q)	(E)	(F)
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	Hetirement and other deferred compensation	Nontaxable benefits	Total of columns (B)(i)-(D)	Compensation reported in prior Form 990 or Form 990-EZ
	(0)	0.	0.	0	0	0	0	O
TIMOTHY QUINNAN	(ii)	129,336.	0.	26,416.	21,644.	0.	177.396.	59.058
	Θ	_	0.	0		0	0.	0.0
JAMES KITCHEN	(ii)	191,612.	0.	21,159.	32,06	0	244.837.	
	8	0.	0.	0.	0.	0		0
CATHIE ATKINS	(ii)		0.	14,419.	19,528.	0	150.636.	0
	8	13,604.	0.	0.	4	0	٠.	0.0
TYLER BODEN	(ii)	0.	0.	0	0	0	0	
	(9)	10,300.	0.	0	0	0	10.300.	0
NATALIE COLLI	(ii)	0.	0.	0	0	0.	0	0
	Θ							
	(ii)							W 8 0
	(i)							
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	(1)							
	(ii)							
	(6)							
	(ii)							06
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	(ii)							

Schedule J (Form 990) 2009

#### SCHEDULE J-2 (Form 990)

## Continuation Sheet for Form 990

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a. Department of the Treasury Internal Revenue Service ➤ See the Instructions for Form 990.

OMB No. 1545-0047 Open to Public Inspection

Name of the Organization

ASSOCIATED STUDENTS OF SAN DIEGO STATE UNIVERSITY

Employer Identification number 95-6042622

Part I Continuation of Office  (A)  Name and title	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(c		Pos		app	ly)	Reportable compensation	Reportable compensation	Estimated amount of
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
ALEX ARENA	4 00	7.								1.12 10
COUNCIL MEMBER	4.00	X	-		-	-	1	0.	0.	0
PHILLIP GIORI	4 00		-		1		1			
COUNCIL MEMBER	4.00	X	-		5	N.		0.	0.	0
BHARATH BHARADWAJ	4 00							0 0		
COUNCIL MEMBER	4.00	X						0.	0.	0
CHANNELLE MCNUTT	4 00	v							1 1 1 1 1	
COUNCIL MEMBER	4.00	A	-			-		0.	0.	0
SARAH BUXBAUM	4.00	v								
COUNCIL MEMBER JACQUELINE TERNAL	4.00	Λ	-			7/2		0.	0.	0
COUNCIL MEMBER	4.00	v						0		3 19 .
VANESSA KOR	4.00	Λ						0.	0.	0
COUNCIL MEMBER	4.00	x						0.	0	
CAITLIN SEANDEL	4.00	Λ			-		+	0.	0.	0
COUNCIL MEMBER	4.00	x					-	0		
BRENDA HERNANDEZ	2.00	A					7 - 12	0.	0.	0
COUNCIL MEMBER	4.00	x						0.	0	
ERIC ANDERBERG	1.00	44						0.	0.	0
COUNCIL MEMBER	4.00	x						0.	0.	0
ASHLEY PAKOZDI								0.	0.	0
COUNCIL MEMBER	4.00	x	-		-		-	0.	0.	0
LYNDSI SHERMAN								Elia el lei	0.	0
COUNCIL MEMBER	4.00	X				i i		0.	0.	0
SHANNON ROBERTS								rejust per juli		
COUNCIL MEMBER	4.00	X					-	0.	0.	0
WASHINGTON NAVARETTE			T							
COUNCIL MEMBER	4.00	X						0.	0.	0
KYRA BAERST										
COUNCIL MEMBER	4.00	X						0.	0.	0
RYAN KUENZI									T	E E 2 % [6]
COUNCIL MEMBER	4.00	X						0.	0.	0
MARITZA LEON										3 - 6 5 1
COUNCIL MEMBER	4.00	X						0.	0.	0
TIMOTHY QUINNAN	50 2000000									FEEEB
UNIV. PRESIDENT'S DESIGNEE	4.00	X						0.	155,752.	21,644
JAMES KITCHEN	Q gean									TITAL
UNIV, PRESIDENT'S DESIGNEE	4.00	X						0.	212,771.	32,066
CATHIE ATKINS										I SETE
UNIV. SENATE DESIGNEE	4.00	X				6		0.	131,108.	19,528

932201 02-02-10

#### SCHEDULE J-2

Department of the Treasury

Internal Revenue Service

(Form 990)

# **Continuation Sheet for Form 990**

Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Open to Public

See the Instructions for Form 990, Part VII, Section A, line 1a.

2009 Open to Public Inspection

Name of the Organization

ASSOCIATED STUDENTS OF SAN DIEGO STATE UNIVERSITY

Employer Identification number 95-6042622

Part I Continuation of Officers, D (A)	(B)	ust		3, r	C	En	ibic	yees, and Hignes		mployees
Name and title	Average hours	(cl		Pos	c) itior that		oly)	(D) Reportable compensation	<b>(E)</b> Reportable compensation	(F) Estimated amount of
SERVICUS.	bet week  Omcer  New employee Highest compensated employee  Former  Fo		the	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations					
DAN R. CORNTHWAITTE EXECUTIVE DIRECTOR	40.00	714			mq	x		142,958.	0.	0
CHRISTINA BROWN ASSOCIATE DIRECTOR	40.00					x		118,844.	0.	0
JOHN KOLEK ARENA DIRECTOR	40.00					x		109,413.	0.	0
TYLER BODEN FORMER PRESIDENT	0.00	14/	83	28			х	13,604.	0.	0
NATALIE COLLI FORMER VP OF UNIVERSITY AFFAIRS	0.00	6.		9.1	A.	X	х	10,300.	0.	0
ODD, EE WINTENNE	MARA C							SHIA ONA BE	Director and	
EVENUE 6 3733626.	1 .0		10.		4			st (Gyal-201	0 2468976	
CONTRACTOR TO THE	EGIBBES	3	(1)		1			A MOPEAR	, IV TEAS	een mace
SECT TO STRUCTURE URI	ASSOCIA	E	IT	X		E.E.		E SHITTON A.	A TERESTINA	2130
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EEN THANDISED DETORAL	ZA CICA	YII).				411		T BL ESDATA	ows wrenty	- 800000
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SHEET AND INCHES	MIATE I							THE RESERVE	THE PART OF	

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

Schedule J-2 (Form 990) 2009

#### SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

# Supplemental Information to Form 990

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

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization

ASSOCIATED STUDENTS OF SAN DIEGO STATE UNIVERSITY

Employer identification number 95-6042622

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
ESSENTIAL ACTIVITIES WHICH ARE AN INTEGRAL PART OF THE SAN DIEGO STATE
UNIVERSITY'S CAMPUS PROGRAMS. SUCH ACTIVITIES INCLUDE STUDENT
GOVERNMENT, CULTURAL PROGRAMS, AND VARIOUS OTHER SERVICES.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: OTHER SERVICES.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

OPERATION OF OPEN AIR THEATER, COX ARENA AND AZTEC CENTER PROVIDING

CULTURAL ART PROGRAMS AND ATHLETIC EVENTS TO APPROXIMATELY 33,000

STUDENTS.

EXPENSES \$ 5422976. INCLUDING GRANTS OF \$ 0. REVENUE \$ 3732625.

FORM 990, PART VI, SECTION A, LINE 7A: THE PRESIDENT OF THE SAN DIEGO
STATE UNIVERSITY IS A VOTING MEMBER OF THE ASSOCIATED STUDENTS OF SDSU

COUNCIL AND HAS DELIGATED HIS AUTHORITY TO A UNIVERSITY STAFF VIA THE

UNIVERSITY PRESIDENT'S DESIGNEE TITLE. THIS INDIVIDUAL IS APPOINTED BY

VIRTUE OF THEIR POSITIONS IN THE UNIVERSITY AND ALL ELECTED DESIGNEES ARE

NOMINATED BY THE PRESIDENT.

FORM 990, PART VI, SECTION A, LINE 7B: UNDER TITLE 5 CALIF. CODE OF REGS.

SECTION 42402, THE CAMPUS PRESIDENT IS REQUIRED TO ASSURE THAT THE

ASSOCIATED STUDENTS OF SDSU OPERATES IN CONFORMITY WITH POLICIES OF THE

CALIFORNIA STATE UNIVERSITY AND OF SAN DIEGO STATE UNIVERSITY. THE

PRESIDENT MAY DISCONTINUE ANY PROGRAM OR EXPENDITURE THAT HE OR SHE

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

Schedule O (Form 990) 2009
02-03-10

#### SCHEDULE O (Form 990)

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

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

Attach to Form 990.

2009 Open to Public Inspection

Name of the organization

ASSOCIATED STUDENTS OF SAN DIEGO STATE UNIVERSITY

Employer identification number 95-6042622

DETERMINES IS INCONSISTENT WITH THESE POLICIES.

FORM 990, PART VI, SECTION B, LINE 11: A DRAFT OF FORM 990 WAS DELIVERED

TO THE AUDIT COMMITTEE CHAIR OF THE ASSOCIATED STUDENTS OF SAN DIEGO STATE

UNIVERSITY. THE CONTROLLER EXPLAINED THE SIGNIFICANT CHANGES IN THE FORM

AND SOLICITED QUESTIONS. A COPY OF THE RETURN WAS MADE AVAILABLE TO THE

ASSOCIATED STUDENT BOARD OF DIRECTORS (INCLUDING THE EXECUTIVE COMMITTEE).

FORM 990, PART VI, SECTION B, LINE 12C: THE ASSOCIATED STUDENTS OF SAN DIEGO STATE UNIVERSITY REQUIRES EACH INTERESTED PARTY TO DISCLOSE ANNUALLY INTERESTS THAT COULD GIVE RISE TO CONFLICTS. THE ASSOCIATED STUDENTS OF SAN DIEGO STATE UNIVERSITY ALSO MONITORS COMPLIANCE WITH ITS CONFLICT OF INTEREST POLICY THROUGH ITS PURCHASING AND OPERATING DEPARTMENTS. THE ASSOCIATED STUDENTS OF SAN DIEGO STATE UNIVERSITY STAFF REVIEWS CONTRACTS AND REQUISITIONS FOR POTENTIAL CONFLICTS. THE BOARD OF DIRECTORS IS AUTHORIZED TO TAKE WHATEVER ACTION IS DEEMED NECESSARY TO RESOLVE POTENTIAL OR ACTUAL CONFLICTS INCLUDING: PROHIBITING THE INTERESTED PARTY FROM DISCUSSIONS OR DECISIONS REGARDING THE CONFLICT OF INTEREST; MODIFYING OR REDEFINING THE DUTIES AND RESPONSIBILITIES OF THE INTERESTED PARTY; OR

FORM 990, PART VI, SECTION B, LINE 15: O TITLE 5, CAL. CODE OF REGS.,

SECTION 42405, THE ASSOCIATED STUDENTS OF SAN DIEGO STATE UNIVERSITY

MAINTAINS SALARY SCHEDULES COMPARABLE TO SAN DIEGO STATE UNIVERSITY (A

CALIFORNIA PUBLIC INSTITUTION). THE SALARY OF THE EXECUTIVE DIRECTOR IS

ALSO SUBJECT TO APPROVAL BY BOARD OF DIRECTORS OF THE ASSOCIATED STUDENTS

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

Schedule O (Form 990) 2009

932211

932211

932-03-10

#### SCHEDULE O (Form 990)

# Supplemental Information to Form 990

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

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization

ASSOCIATED STUDENTS OF SAN DIEGO STATE UNIVERSITY

Employer identification number 95-6042622

75-0042622
OF SAN DIEGO STATE UNIVERSITY.
FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES AVAILABLE
ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL
STATEMENTS UPON REQUEST.
AND SOLICITED QUESTIONS, A COPY OF THE RECIEN HAS NAME AND AVAILABLE OF THE
FORM 990, PART XI, LINE 1
OTHER ACCOUNTING METHOD
THE ORGANIZATION USES FUND ACCOUNTING AS THEIR METHOD OF ACCOUNTING.
FORM 990, PART XI, LINE 2C
OVERSIGHT AND SELECTION OF INDEPENDENT ACCOUNTANTS
THE ORGANIZATION HAS NOT CHANGED THE SELECTION AND OVERSIGHT PROCESS OF
ITS INDEPENDENT ACCOUNTANT.
AND REQUISITIONS FOR POTENTIAL CONFLICTS. THE SOARS OR TROPINGS IN
ATTEMPTS STREET OF VERNESSES BEINGER BINDING SHOPE OF CHIEFORIUS
HORR STREET REPORTERED SHIP ORIGINATED SHIP DEPORT DESCRIPTION OF THE PROPERTY
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NO PERSON OF THE DUTIES AND RESPONSED INTERIOR OF PROPERTY OF THE PARTY OF THE PART
VERTA CHARACTER OF LAW INCHESCAND PERSON
PORM 990, PART VI. SECTION 9, LINE 18: O TITLE 5 ONL COME OF RECE
SECTION AIADS, THE ASSOCIATED STUDENTS OF SAM DIRAG STATE THEY SECTION
MAINTAINS SALANC SCHRÖDING COMPARABLE TO MAN DIRCO OFFICE DEALER THEORY
CALIFORNIA FURLIC INSTITUTION), THE SALARY OF THE STANDING DIGHTS DIGHTS DIGHTS
ALEG BURIEGY TO AFFROVAL BY BOARD OF DIRECTORS OF THE AGREEMENT OF TOSTERIE OF A

Employer identification number Schedule R (Form 990) 2009 Open to Public OMB No. 1545-0047 Inspection Direct controlling Direct controlling 95-6042622 entity E Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) End-of-year assets status (if section Public charity 501(c)(3)) (e) (e) INE 2 LINE 5 Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. Total income Exempt Code section GOVERNMENT D g 501(C)(3) ▶ See separate instructions. Related Organizations and Unrelated Partnerships Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) Legal domicile (state or Legal domicile (state or foreign country) foreign country) CALIFORNIA STATE UNIVERSITY CALIFORNIA CALIFORNIA LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. ASSOCIATED STUDENTS OF SAN DIEGO Attach to Form 990. Primary activity Primary activity UNIVERSITY COMMUNITY **(P)** 9 PROGRAMS STATE UNIVERSITY - 33-0373293 95-6042721 Name, address, and EIN Name, address, and EIN of related organization of disregarded entity SAN DIEGO STATE UNIVERSITY SDSU RESEARCH FOUNDATION Name of the organization 5500 CAMPANILE DRIVE 92182 5250 CAMPANILE DRIVE 92182 Department of the Treasury Internal Revenue Service SAN DIEGO, CA SAN DIEGO CA SCHEDULER (Form 990) Part Part II

95-6042622

Page 2

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) STATE UNIVERSITY Schedule R (Form 990) 2009 Part III

General or managing partner?			_	-	L	_				-			
(i) Code V-UBI amount in box	K-1 (Form 1065)						1			1000			
(h) Disproportion- ate allocations?	No	L							ĺ				
Dispro ate allo	Yes	Ī					3	*!					
(g) Share of end-of-year	2000				- SH1-1-		and the second			TO SHOW THE PERSON OF			
(f) Share of total income		SALKELLES						Towns of the last				,	
(e) Predominant income (related, unrelated, excluded from tax under	sections 512-514)						- Indicessed						
(d) Direct controlling entity										1			
(c) Legal domicile (state or foreign	country)												
(b) Primary activity													
(a) Name, address, and EIN of related organization								M. Leaf Litt. Collection 1		The state of the s	in the light of the state of th		

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

(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
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			NAME OF TAXABLE PARTY OF	20 to 100 Mg			
			The second second				3
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# STATE UNIVERSITY Schedule R (Form 990) 2009

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

Note. Complete line 1 if any entity is listed in Parts II III or IV of this schadula			-
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			Yes
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		19	
b Gift, grant, or capital contribution to other organization(s)		4	
c Gift, grant, or capital contribution from other organization(s)		2	
d Loans or loan guarantees to or for other organization(s)		3	
e Loans or loan guarantees by other organization(s)		0 4	9 ×
f Sale of assets to other organization(s)		#	~
g Purchase of assets from other organization(s)		10	×
h Exchange of assets		+	×
i Lease of facilities, equipment, or other assets to other organization(s)		=	×
j Lease of facilities, equipment, or other assets from other organization(s)		=	×
k Performance of services or membership or fundraising solicitations for other organization(s)		*	×
		1	X
m Sharing of facilities, equipment, mailing lists, or other assets		Ę	×
		=	×
		10	×
p heimbursement paid by other organization for expenses		-1p	×
q Other transfer of cash or property to other organization(s)		19	×
r Other transfer of cash or property from other organization(s)  2 If the answer to any of the above is "Yes." see the instructions for information on who minst complete this line including covered relationships and transfer the instructions.	blodosatt coitosocat	1-	×
	transaction threshold	S.	
(a) Name of other organization(s)	(b) Transaction type (a-r)	(c) Amount involved	olved
(1) SAN DIEGO STATE UNIVERSITY	ט	2,350,525	,525
(2) SAN DIEGO STATE UNIVERSITY	0	2,094,717	,717
(3) SAN DIEGO STATE UNIVERSITY	д	608	608,448
(4)		At the Chapter of	1
(5).			
(9)	Di-	6042623	
932163 02-04-10	AS.	Schodule B /Form 0	0000

# Schedule R (Form 990) 2009 STATE UNIVERSITY

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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.

Trimary activity   Legal domicile   Ace a legistration   Aceta   Ace	(a) (b)	(q)	(0)	(p)		Œ	(6)	(h)
	Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign country)	Are all partners section 501(c)(3) organizations?	S	0 40	Code V-UBI amount in box 20 of Schedule K·1 (Form 1065)	General or managing partner?
	THE PERSON NAMED AND PERSONS ASSESSED.							ru ru
	0.00	100						
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Schedule R (Form 990) 2009