		EXTENDED	UNTIL MAY 15	, 2013	1	_					
	0	n Return of Organiza	tion Exempt F	From I	ncome Tax	OMB No. 1545-0047					
Forr	n J	90 Return of Organiza Under section 501(c), 527, or 4947	(a)(1) of the Internal Rev trust or private foundat		e (except black lung	2011					
		of the Treasury enue Service The organization may have to use a	reporting requirements.	Open to Public Inspection							
AF	or the	e 2011 calendar year, or tax year beginning JUL			UN 30, 2012						
B	heck if	C Name of organization			D Employer identifi	cation number					
а	pplicabl	^{le:} ASSOCIATED STUDENTS OF SA	N DIEGO								
	Addre chang	B STATE ONIVERSITI									
	Name Chang	Doing Business As			95-6	042622					
F	Initial return Termii		to street address)	Room/suite	E Telephone numbe (619						
-	⊥ated ∃Amen	ded			G Gross receipts \$	20,423,086.					
F	_return				H(a) Is this a group re						
	tiòn pendii		INA BROWN		for affiliates?						
		SAME AS C ABOVE			H(b) Are all affiliates inc						
11	ax-ex	empt status: X 501(c)(3) 501(c) () ◀ (ir	isert no.) 4947(a)(1)	or 527		list. (see instructions)					
		te: HTTP://AS.SDSU.EDU	, , , , , , , , , , , , , , , , , , , ,		H(c) Group exemptio	, ,					
κF	orm of	f organization: 🚺 Corporation 🔄 Trust 🔄 Associati	on 🔄 Other 🕨	L Year	of formation: 1932	A State of legal domicile: CA					
Pa	art I	Summary									
é	1	Briefly describe the organization's mission or most signif	icant activities: SEE	SCHEDU	ILE O						
Activities & Governance		. []									
/ern		Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a)									
g		Number of voting members of the governing body (Part	<u>47</u> 40								
80 00		Number of independent voting members of the governin	1504								
ities		Total number of individuals employed in calendar year 2	454								
Stivi		Total number of volunteers (estimate if necessary) Total unrelated business revenue from Part VIII, column	3,374,032.								
Ă		Net unrelated business taxable income from Form 990-T				-95,055.					
			, 1110 04		Prior Year	Current Year					
đ	8	Contributions and grants (Part VIII, line 1h)			339,212.	244,872.					
Revenue		Program service revenue (Part VIII, line 2g)		18,214,442.	19,583,646.						
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and			26,370. 319,484.	70,983. 520,502.					
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 1	r revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)								
	i	Total revenue - add lines 8 through 11 (must equal Part V		18,899,508.	20,420,003.						
		Grants and similar amounts paid (Part IX, column (A), line			0.	0.					
		Benefits paid to or for members (Part IX, column (A), line	,	·····	0.	0.					
ses		Salaries, other compensation, employee benefits (Part I)			10,295,019.	10,357,381.					
Expenses		Professional fundraising fees (Part IX, column (A), line 11			0.	0.					
Ĕ		Total fundraising expenses (Part IX, column (D), line 25)		-	8,956,253.	8,516,700.					
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-2 Total expenses. Add lines 13-17 (must equal Part IX, colu			19,251,272.	18,874,081.					
		Revenue less expenses. Subtract line 18 from line 12			-351,764.	1,545,922.					
or					ginning of Current Year	End of Year					
Net Assets or Fund Balances	20	Total assets (Part X, line 16)			15,090,099.	16,973,692.					
Ass d Ba	21				4,043,789.	4,381,460.					
Fun	22	Net assets or fund balances. Subtract line 21 from line 2	11,046,310.	12,592,232.							
_	art II	Signature Block									
		alties of perjury, I declare that I have examined this return, includ				y knowledge and belief, it is					
true,	correc	ct, and complete. Declaration of preparer (other than officer) is be	ased on all information of wl	hich preparer	has any knowledge.						
		Signature of officer			Data						
Sig					Date						
Her	е	CHRISTINA BROWN, EXECUTIV	E DIRECTOR								
		· · · ·	rer's signature		Date Check	PTIN					

	Print/Type preparer's name	Preparer's signature									
Paid	CHRISTOPHER M. PEKULA	Preparer's signature Clistoph + RLL	5/09/2013 If self-employed	P00734965							
Preparer	Firm's name 🕨 MCGLADREY LLP		Firm's EIN 🕨	42-0714325							
Use Only	Firm's address 🖕 515 S. FLOWER ST	'., 41ST FL.									
	LOS ANGELES, CA	90071	Phone no. 213	3-330-4880							
May the IF	May the IRS discuss this return with the preparer shown above? (see instructions)										

132001 01-23-12 LHA For Paperwork Reduction Act Notice, see the separate instructions.

	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response to any question in this Part III	
1	Briefly describe the organization's mission:	
	SEE SCHEDULE O	
2	Did the organization undertake any significant program services during the year which were not listed on	
	the prior Form 990 or 990-EZ?	Yes X
	If "Yes," describe these new services on Schedule O.	
	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X
0	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by exp	nenses
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and alloca	
	others, the total expenses, and revenue, if any, for each program service reported.	
4a		86,44
	OPERATION OF CAMPUS RECREATION AND AQUATIC CENTER AS PART OF THE	
	EDUCATIONAL PROGRAMS AVAILABLE TO APPROXIMATELY 30,000 STUDENTS.	
	2 0 4 7 6 4 5	19,06
	OPERATION OF CHILDREN'S CENTER FOCUSING ON PARENTAL INVOLVEMENT	AND
	OPERATION OF CHILDREN'S CENTER FOCUSING ON PARENTAL INVOLVEMENT CHILD DEVELOPMENT WHILE OFFERING CAREER RELATED OPPORTUNITIES TO	AND
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4c 4d	OPERATION OF CHILDREN'S CENTER FOCUSING ON PARENTAL INVOLVEMENT CHILD DEVELOPMENT WHILE OFFERING CAREER RELATED OPPORTUNITIES TO STUDIES MAJORS. THIS PROGRAM IS AVAILABLE TO ALL STUDENTS.	AND FAMI

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 1 2 Is the organization required to complete Schedule B, Schedule of Contributors? 1 X 2 Is the organization required to complete Schedule C, Part I 3 X 4 Section 501(c)(3) organizations. Did the organization angage in lobbying activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part II 3 X 5 Is the organization again to 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Reveue Proceedure 98:197 If "Yes," complete Schedule C, Part II 5 X 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or lovers of an, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II 6 X 9 Did the organization maintain odlections of works of an, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II 7 X 9 Did the organization report an amount for works of an, historical treasures, or other similar assets? If 'Yes," complete Schedule D, Part II
If Yes,* complete Schedule A, Schedule B, Schedule of Contributors? 1 X 2 Is the organization required to complete Schedule D, Schedule of Contributors? 2 X 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,* complete Schedule C, Part I 3 X 4 Sectom OSI(Q)G organizations. Did the organization engage in tobbying activities, or have a secton 501(h) election in effect during the tax year? If 'Yes,* complete Schedule C, Part II 3 X 5 Is the organization ascetton 501(c)(d), 501(c)(S), or 501(c)(G) organization that receives membership dues, assessments, or similar amy donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,* complete Schedule D, Part II 6 X 7 Did the organization maintain collectons of vorks of art, historical treasures, or other similar assets? If 'Yes,* complete Schedule D, Part II 7 X 9 Did the organization metration collectons of vorks of art, historical treasures, or other similar assets? If 'Yes,* complete Schedule D, Part II 7 X 10 Did the organization, directly or through a related organization, networks, complete Schedule D, Part IV 7 X 10 Did the organization arelowemesh? If 'Yes,* complete Schedule D, Part IV
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during the tax year? If "Yes," complete Schedule C, Part II 4 X 5 is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure B3-P1/II "Yes," complete Schedule C, Part III 5 X 6 Did the organization celve or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 6 X 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 8 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 provide credit conselling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 9 X 10 Did the organization is envired to any of the following questions is "Yes," then complete Schedule D, Part V 10 X 11 If the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 10 X 12 Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," com
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provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 6 X 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II. 7 X 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II. 8 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 provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV. 9 X 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent nedowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 X 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V 11a X b Did the organization report an amount for investments - program related in Part X, line 12? that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11b X c Did the organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part X 11e X c Did th
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investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000
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15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV 15 X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals
located outside the United States? If "Yes," complete Schedule F, Parts III and IV
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,
column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I</i>
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines
1c and 8a? If "Yes," complete Schedule G, Part II 18 X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 X X
complete Schedule G, Part III 19 X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?
Form 990 (2011)

132003 01-23-12

Form 990 (2011)

ASSOCIATED STUDENTS OF SAN DIEGO

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STATE UNIN	/ERSTTY				

Form	990 (2011) STATE UNIVERSITY 95-6042	2622	Р	age 4
Pa	t IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
		23	x	
2 4a	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	20		<u> </u>
24 a	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
		040		x
	Schedule K. If "No", go to line 25	24a		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
		25b		x
26	Schedule L, Part I Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	200		<u> </u>
20	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		<u> </u>
21	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		x
20		21		
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):	00		x
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
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	x	
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					14a		X			
			le O		14b					

Form **990** (2011)

132005 01-23-12

Form 990 (2011)

ASSOCIATED		STUDENTS	OF	SAN	DIEGC
STATE	UNIVE	ERSITY			

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Pa	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 th to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule C	-		"No" r	espon	se		
	Check if Schedule O contains a response to any question in this Part VI					X		
Sec	tion A. Governing Body and Management							
					Yes	No		
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	47		100			
	If there are material differences in voting rights among members of the governing body, or if the governing							
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.							
b	Enter the number of voting members included in line 1a, above, who are independent	1b	40					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi		anv other					
	officer, director, trustee, or key employee?	-	-	2		Х		
3	Did the organization delegate control over management duties customarily performed by or under th							
	of officers, directors, or trustees, or key employees to a management company or other person?		-	3		Х		
4	Did the organization make any significant changes to its governing documents since the prior Form			4		Х		
5	Did the organization become aware during the year of a significant diversion of the organization's as			5		Х		
6	Did the organization have members or stockholders?			6		Х		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a							
	more members of the governing body?			7a	Х			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s							
	persons other than the governing body?			7b	Х			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye							
а	The governing body?			8a	Х			
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 read	ached	at the					
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		Х		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	Revenu	e Code.)					
					Yes	No		
	Did the organization have local chapters, branches, or affiliates?			10a		X		
b	If "Yes," did the organization have written policies and procedures governing the activities of such c							
	and branches to ensure their operations are consistent with the organization's exempt purposes? $_$			10b				
	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	dy befo	re filing the form?	11a	Х			
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			12a	х			
12a	a Did the organization have a written conflict of interest policy? If "No," go to line 13							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Χ			
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "							
	in Schedule O how this was done			12c	X			
13	Did the organization have a written whistleblower policy?			13	X			
14	Did the organization have a written document retention and destruction policy?			14	Χ			
15	Did the process for determining compensation of the following persons include a review and approv	-	idependent					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				v			
a	The organization's CEO, Executive Director, or top management official			15a	X X			
b	Other officers or key employees of the organization			15b	<u> </u>			
16 -	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).							
10a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange			10-		х		
h	taxable entity during the year?			16a				
D	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate in initial works and take at a set of a work the organization to evaluate the organization of the o	-	-					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga			104				
Sec	exempt status with respect to such arrangements?			16b				
17	List the states with which a copy of this Form 990 is required to be filed CA							
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T (Sect	ion 501(c)(3)s only) a	vailah	le			
	for public inspection. Indicate how you made these available. Check all that apply.				-			
Own website Another's website X Upon request								
19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and								
	statements available to the public during the tax year.							
20	State the name, physical address, and telephone number of the person who possesses the books a	ind rec	ords of the organizat	ion: 🕨	•			
-	THOMAS HUPPERT - (619) 594-0955							
	SDSU, ASSOCIATED STUDENTS BUSINESS OFFICE, SAN DIE	EGO,	CA 92182	-78	00			
132000 01-23-				Form	990 (2011)		

16220508 141421 ASSD

Form 990 (2011)

2011.05060 ASSOCIATED STUDENTS OF SAN ASSD___1

6

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

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

STATE UNIVERSITY

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)	(C)					(D)	(E)	(F)	
Name and Title	Average	(do	Position (do not check more than one				one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson i	n is both an tor/trustee)		compensation	compensation	amount of
	week	<u> </u>		luau	reciu	////us	lee)	from	from related	other
	(describe hours for	Individual trustee or director						the organization	organizations (W-2/1099-MISC)	compensation from the
	related	e or c	stee			Isatec		(W-2/1099-MISC)	(00-2/1099-00130)	organization
	organizations	truste	al trus		yee	mper				and related
	in Schedule	id ual	nstitutional trustee	Ŀ	Key employee	est co oyee	ler			organizations
	O)	Indiv	Instit	Officer	Keye	Highest compensated employee	Former			
(1) CODY BARBO										
PRESIDENT - '11-12	20.00	Х		Х				13,790.	0.	0.
(2) DARIN RUIZ										
EXECUTIVE VP - '11-'12	20.00	Х		Х				12,857.	0.	0.
(3) ROBERT O'KEEFE										
VP OF FINANCE - '11-'12	20.00	Х		Х				14,586.	0.	0.
(4) KRISTA PARKER										
VP EXTERNAL AFFAIRS - '11-'12	20.00	Х		Х				12,929.	0.	0.
(5) MINA AZIM										
VP UNIVERSITY AFFAIRS - '11-'12	20.00	Х		Х				12,724.	0.	0.
(6) CHANNELLE MCNUTT										
COUNCIL MEMBER	4.00	Х						0.	0.	0.
(7) TOM RIVERA										_
COUNCIL MEMBER	4.00	Х						0.	0.	0.
(8) ELIZABETH MACKINNON										_
COUNCIL MEMBER	4.00	Х						0.	0.	0.
(9) MITCHELL BLEVINS										
COUNCIL MEMBER	4.00	Х						0.	0.	0.
(10) ERIC ANDERBERG										
COUNCIL MEMBER	4.00	Х						0.	0.	0.
(11) CORD CLAFFEY	4								0	0
COUNCIL MEMBER	4.00	х						0.	0.	0.
(12) KALEY KENT	4								0	0
COUNCIL MEMBER	4.00	X						0.	0.	0.
(13) JACKIE FELIX	1 00								0	0
COUNCIL MEMBER	4.00	X						0.	0.	0.
(14) JOSHUA BIELIK	1 00								0	0
COUNCIL MEMBER	4.00	X						0.	0.	0.
(15) RACHA LWALI	1 00								0	0
COUNCIL MEMBER	4.00	X						0.	0.	0.
(16) JAMES TRACY	1 00								0	0
COUNCIL MEMBER	4.00	X						0.	0.	0.
(17) PAUL CONTRERAS	4 00								~	•
COUNCIL MEMBER	4.00	X						0.	0.	0.
132007 01-23-12						-				Form 990 (2011)

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2011.05060 ASSOCIATED STUDENTS OF SAN ASSD___1

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Form 990 (2011) STATE UN	IVERSIT	Y							95-604	2622	<u>F</u>	Page 8
Part VII Section A. Officers, Directors, Tru	ustees, Key Ei	mplo	oyee	s, a	nd l	High	est	Compensated Employ	ees (continued)			
(A)	(B)	Ľ			C)			(D)	(E)		(F)	
Name and title	Average			Pos	itior	۱,		Reportable	Reportable	I F	stimat	ed
	hours per		not c					compensation	compensation		mount	
	week		cer an					from	from related		other	
	(describe	ctor						the	organizations	cor	npens	ation
	hours for	r dire				pa		organization	(W-2/1099-MISC)	1	from th	ıe
	related	tee o	u stee			en sai		(W-2/1099-MISC)		or	ganiza	tion
	organizations	al trus	nal tr		oyee	e					nd rela	
	in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			org	janizat	ions
(18) NICK WARNER				0	×	τo						
COUNCIL MEMBER	4.00	Х						0.	C	•		0.
(19) KRISTIN SWORD												
COUNCIL MEMBER	4.00	Х						0.	C	•		0.
(20) BETHANY SCRIBNER												
COUNCIL MEMBER	4.00	X						0.	C			0.
(21) ALANA BROOKS												
COUNCIL MEMBER	4.00	X						0.	C			0.
(22) PAULINA KING												
COUNCIL MEMBER	4.00	x						0.	C			0.
(23) ALEX ARENA										-		
COUNCIL MEMBER	4.00	x						0.	C C			0.
(24) JESSIKA SEEKATZ		122			-					•		
· · · · · · · · · · · · · · · · · · ·	4.00	x						0.	C C			0.
COUNCIL MEMBER	4.00							0.	U	′•		0.
(25) JOHN MCMILLAN	1 00	37						0				0
COUNCIL MEMBER	4.00	X				_		0.	L L	•		0.
(26) BRANDON WILLIAMS	4											•
COUNCIL MEMBER	4.00	Х						0.		•		0.
1b Sub-total								66,886.		•		0.
c Total from continuation sheets to Part V	II, Section A							397,776.	301,477			343.
d Total (add lines 1b and 1c)								464,662.	301,477	· 4	£5,8	343.
2 Total number of individuals (including but r	ot limited to th	nose	liste	ed al	bov	e) wł	no re	eceived more than \$100	,000 of reportable			
compensation from the organization												3
											Yes	No
3 Did the organization list any former officer,	director, or tru	uste	e, ke	ey er	nplo	byee	, or	highest compensated e	mployee on			
line 1a? If "Yes," complete Schedule J for s	uch individual					-		-		3		Х
4 For any individual listed on line 1a, is the su	um of reportab	le co	amc	ensa	atior	n and	d otl	her compensation from	the organization			
and related organizations greater than \$15									5	4	X	
5 Did any person listed on line 1a receive or a									idual for services			
rendered to the organization? If "Yes," corr	-				-					5		X
Section B. Independent Contractors		001	0/ 30	JUIT	pers	3011				. 5		
1 Complete this table for your five highest co	mponsatod in	don	ondo	nt c	ont	racto	vre t	that received more than	\$100.000 of compo	neation	from	
	-	-								IISalion	ITOITI	
the organization. Report compensation for	the calendar y	ear	enai	ng v	VILLI	or w			year.		<u> </u>	
(A) Name and business	address	М	ONE	7				(B) Description of s	envices	(Comp	C)	n
	addrood	TAC		-			\dashv			Comp	mound	
							\dashv					
							$ \rightarrow$					
2 Total number of independent contractors (ncluding but r	not li	mit≏	d to	tho	ise li	ster	d above) who received m	ore than			
\$100,000 of compensation from the organi				0		0						
SEE PART VII, SECTION		ΓII	NUZ	AT]	IOI	NS	SHI	EETS		Form	990	(2011)
132008 01-23-12						~						
						8						

Form 990 (2011) STATE UI	NIVERSIT	Y							95-604	2622
Part VII Section A. Officers, Directors, 1	1	mplo	byee			ligh	est	1	ees (continued)	
(A) Name and title	(B) Average hours	(C		((Pos (all 1			ly)	(D) Reportable compensation	(E) Reportable compensation	(F) 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
(27) HELENA MCALLISTER										
COUNCIL MEMBER	4.00	Х						0.	0.	0.
(28) RONALD HALILI										
COUNCIL MEMBER	4.00	Х						0.	0.	0.
(29) MICHELLE ONG										
COUNCIL MEMBER	4.00	X						0.	0.	0.
(30) WENDY HERRERA										
COUNCIL MEMBER	4.00	X						0.	0.	0.
(31) CANDACE HILL										
COUNCIL MEMBER	4.00	X						0.	0.	0.
(32) ABRAHAM PINEDA										
COUNCIL MEMBER	4.00	X						0.	0.	0.
(33) ASHLEY PAKOZDI										
COUNCIL MEMBER	4.00	X						0.	0.	0.
(34) JONATHAN DAVIDI										
COUNCIL MEMBER	4.00	X						0.	0.	0.
(35) MICHAEL MANACOP										
COUNCIL MEMBER	4.00	X						0.	0.	0.
(36) KELSEY BRUNGARD										
COUNCIL MEMBER	4.00	X						0.	0.	0.
(37) JASMINE HENDERSON										
COUNCIL MEMBER	4.00	X						0.	0.	0.
(38) MARILYN MARTINEZ										
COUNCIL MEMBER	4.00	X						0.	0.	0.
(39) JONATHAN VU										
COUNCIL MEMBER	4.00	X						0.	0.	0.
(40) SHEA ALEVY										
COUNCIL MEMBER	4.00	Х						0.	0.	0.
(41) TIM COLLINS										
COUNCIL MEMBER	4.00	Х						0.	0.	0.
(42) SEAN GUARDIAN										
COUNCIL MEMBER	4.00	X						0.	0.	0.
(43) KEVIN YABES										
COUNCIL MEMBER	4.00	Х						0.	0.	0.
(44) WASHINGTON NAVARRETE										
COUNCIL MEMBER	4.00	X						0.	0.	0.
(45) BECCA COHEN										
COUNCIL MEMBER	4.00	X						0.	0.	0.
(46) TIMOTHY QUINNAN										
UNIVERSITY PRESIDENT'S DESIGNEE	4.00	X						0.	163,399.	24,100.
Total to Part VII, Section A, line 1c			<u></u>	<u></u>	<u></u>	<u></u>	<u></u>			

132201 05-01-11

ASSOCIATED STUDENTS OF SAN DIEGO

STATE UNIVERSITY

Form 990 (2011)

Part VII Section A. Officers, Directors, Tr	1	mplo	oyee			ligh	est				
(A)	(B) (C)							(D)	(E)	(F)	
Name and title	Average				ition			Reportable	Reportable	Estimated	
	hours	(C	heck	c all i	that	app	ly)	compensation	compensation	amount of	
	per							from	from related	other	
	week					oyee		the	organizations	compensation	
		recto				em pl		organization	(W-2/1099-MISC)	from the	
		or di	æ			ated		(W-2/1099-MISC)		organization	
		Istee	truste		e	pens				and related	
		al tru	onal t		oloye	com				organizations	
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest com pen sated em ployee	Former				
		드	lls	æ	, A	Ĕ	Ē				
(47) CATHIE ATKINS	1 00							0.	120 070	21 7/2	
UNIVERSITY SENATE DESIGNEE	4.00	X						0.	138,078.	21,743.	
(48) DAN CORNTHWAITE	40.00							150 647	0	0	
EXECUTIVE DIRECTOR	40.00			Х	<u> </u>			150,647.	0.	0.	
(49) CHRISTINA BROWN	40.00			x				130,850.	0.	0.	
EXECUTIVE DIRECTOR DESIGNATE (50) JOHN KOLEK	40.00			^				130,030.	0.	0.	
VIEJAS ARENA DIRECTOR	40.00					x		116,279.	0.	0.	
			<u> </u>								
		\vdash	-		-	\vdash	-				
	1	L	<u> </u>		L	I	I				
Total to Part VII, Section A, line 1c								397,776.	301,477.	45,843	

Form	n 990 (;	2011) ASSOCIATED ST STATE UNIVERS		r SAN DIEG	0	95-6042	622 Page 9
	rt VII	· · · · · · · · · · · · · · · · · · ·	/			<u> </u>	
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts	1 a	Federated campaigns 1a					
Gra		Membership dues 1b					
fts,		Fundraising events 1c					
ia Gi		Related organizations 1d	244,872.				
Sin		Government grants (contributions) 1e	244,072.				
her	т	All other contributions, gifts, grants, and similar amounts not included above 1f					
Contributions, Gifts, Grants and Other Similar Amounts	g						
anc	-	Total. Add lines 1a-1f		244,872.			
			Business Code				
e	2 a		812900		8,223,397.	2700981.	
le ri	b	STUDENT FEES	900099	6,097,509.	6,097,509.		
m S Veni	c	CHILDREN'S CENTER	812900 900099		1,462,260.	673,051.	
Program Service Revenue	d	COMMUNICATIONS STUDENT GOVERNMENT	900099	60,309.	366,139. 60,309.	<u> </u>	
Pro	e f	All other program service revenue		00,309.	00,309.		
				19583646.			
	3	Investment income (including dividends, inter					
		other similar amounts)	►	68,016.			68,016.
	4	Income from investment of tax-exempt bond p	proceeds				
	5	Royalties					
		(i) Real	(ii) Personal				
		Gross rents					
		Less: rental expenses Rental income or (loss)					
		Net rental income or (loss)					
		Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory	6,050.				
	b	Less: cost or other basis					
		and sales expenses	3,083.				
		Gain or (loss)	2,967.	0.067			2 0 6 7
		Net gain or (loss)	🕨	2,967.			2,967.
Other Revenue	8 a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See					
ther	h	Part IV, line 18 a Less: direct expenses b					
Ò		Net income or (loss) from fundraising events	•				
		Gross income from gaming activities. See	-				
		Part IV, line 19 a					
		Less: direct expenses b					
		Net income or (loss) from gaming activities	····· ►				
	10 a	Gross sales of inventory, less returns					
	h	and allowances a Less: cost of goods sold b					
		Net income or (loss) from sales of inventory					
t		Miscellaneous Revenue	Business Code				
	11 a	MISC. INCOME	900099	520,502.	520,502.		
	b						
	c						
	d	All other revenue		520,502.			
		Total. Add lines 11a-11d Total revenue. See instructions.		20420003.		3374032	70,983.
13200	12	וטומו ובידרוועב. טבל ווזטו עלעטווז.			1 10/30110.	55740520	Form 990 (2011)
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Form 990 (2011) Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	Chack if Schedule O contains a reason	and to any quantion in th	No. Dort IV		
	Check if Schedule O contains a respon	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and		expenses	general expenses	скрепаеа
	organizations in the United States. See Part IV, line 21				
0					
2	Grants and other assistance to individuals in				
-	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	447,840.		447,840.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	7,376,339.	6,555,015.	821,324.	
8	Pension plan accruals and contributions (include				
	section 401(k) and section 403(b) employer contributions)	430,171.	137,191.	292,980.	
9	Other employee benefits	1,661,464.	1,193,853.	467,611.	
10	Payroll taxes	441,567.	369,940.	71,627.	
11	Fees for services (non-employees):			, • _ , •	
	-	90,365.	22,725.	67,640.	
	Management	20,673.	5,000.	15,673.	
b	Legal	118,361.	14,850.	103,511.	
	Accounting			103,511.	
	Lobbying	6,828.	6,828.		
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion	373,066.	356,442.	16,624.	
13	Office expenses	213,391.	147,161.	66,230.	
14	Information technology	388,259.	305,206.	83,053.	
15	Royalties				
16	Occupancy	696,660.	696,660.		
17	Travel	99,875.	53,716.	46,159.	
18	Payments of travel or entertainment expenses	¥			
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	39,400.	39,400.		
		16,744.	16,744.		
20	Interest	2,311,316.	2,311,316.		
21	Payments to affiliates	619,931.	553,707.	66,224.	
22	Depreciation, depletion, and amortization	396,209.	383,053.	13,156.	
23		590,209.	505,055.	13,130.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line				
	24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)	0 0 4 5 5 0 1	0.045 504		
а	PROGRAM EXPENDITURES	2,045,524.	2,045,524.		
b	FACILITY EXPENSES	879,528.	879,528.		
с	MISC - OTHER MGMT & GEN	200,570.		200,570.	
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	18,874,081.	16,093,859.	2,780,222.	0 .
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here implicit in following SOP 98-2 (ASC 958-720)				
13201	0 01-23-12		I		Form 990 (2011)
10201			10		

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Form 990 (2011)

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ASSOCIATED STUDENTS OF SAN DIEGO

95-6042622 Page 11

STATE UNIVERSITY Part X Balance Sheet

3 Pledges and grants receivable, net 3 4 Accounts receivable, net 747,379.4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employees' beneficiary organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) 6 7 Notes and loans receivable, net 30,208.7 8 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 521,317.9 10a 8,419,466. 10b 11 Investments - publicly traded securities 11 12 Investments - other securities. See Part IV, line 11 645,000.12 13 Investments - program-related. See Part IV, line 11 13	(B) End of year 1,258,192. 0,389,261. 779,145. 22,458. 511,763.
2 Savings and temporary cash investments 9,546,743.2 1 3 Pledges and grants receivable, net 3 3 4 Accounts receivable, net 747,379.4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employees' beneficiary organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) 6 7 Notes and loans receivable, net 30,208.7 8 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 521,317.9 10a 8,419,466. 8 b Less: accumulated depreciation 10a 11 Investments - publicly traded securities 11 12 Investments - other securities. See Part IV, line 11 645,000.12 13 Investments - program-related. See Part IV, line 11 13	0,389,261. 779,145. 22,458. 511,763.
2 Savings and temporary cash investments 9,546,743.2 1 3 Pledges and grants receivable, net 3 3 4 Accounts receivable, net 747,379.4 3 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 6 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employees' beneficiary organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) 6 7 7 Notes and loans receivable, net 30,208.7 8 9 Prepaid expenses and deferred charges 521,317.9 9 10a 8,419,466. 8 9 b Less: accumulated depreciation 10a 8,419,466. 10c 11 Investments - publicly traded securities 11 11 12 Investments - other securities. See Part IV, line 11 13 13	0,389,261. 779,145. 22,458. 511,763.
3 Pledges and grants receivable, net 3 4 Accounts receivable, net 747,379.4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employees' beneficiary organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) 6 7 Notes and loans receivable, net 30, 208.7 8 1nventories for sale or use 8 9 Prepaid expenses and deferred charges 521, 317.9 10a 8, 419, 4666. 10b 11 Investments - publicly traded securities 11 12 Investments - other securities. See Part IV, line 11 645, 000.12 13 Investments - program-related. See Part IV, line 11 13	22,458. 511,763.
4 Accounts receivable, net 747,379.4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employees' beneficiary organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) 6 7 Notes and loans receivable, net 30,208.7 8 9 Prepaid expenses and deferred charges 10a 8,419,466. b Less: accumulated depreciation 11 Investments - publicly traded securities 12 Investments - other securities. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11	22,458. 511,763.
5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employees' beneficiary organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) 6 7 Notes and loans receivable, net 30,208.7 8 9 Prepaid expenses and deferred charges 8 9 Prepaid expenses and deferred charges 521,317.9 10a 8,419,466. 8 9 Less: accumulated depreciation 10b 5,193,657.3,334,403.10c 11 Investments - publicly traded securities 11 12 Investments - other securities. See Part IV, line 11 645,000.12 13 Investments - program-related. See Part IV, line 11 13	511,763.
employees, and highest compensated employees. Complete Part II of Schedule L 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employees' beneficiary organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) 6 7 Notes and loans receivable, net 30, 208. 7 8 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 521, 317. 9 10a 8, 419, 466. b Less: accumulated depreciation 10b 5, 193, 657. 11 11 12 Investments - publicly traded securities 13 Investments - program-related. See Part IV, line 11	511,763.
state of Schedule L 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employees and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) 6 7 Notes and loans receivable, net 30,208.7 8 100 100 100 9 Prepaid expenses and deferred charges 521,317.9 10a 8,419,466. 10a b Less: accumulated depreciation 10b 5,193,657.3,334,403.10c 11 Investments - publicly traded securities 11 12 Investments - other securities. See Part IV, line 11 645,000.12 13 Investments - program-related. See Part IV, line 11 13	511,763.
6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) 6 7 Notes and loans receivable, net 30, 208. 7 8 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 521, 317. 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 8, 419, 466. 6 11 Investments - publicly traded securities 11 645, 000. 12 13 Investments - program-related. See Part IV, line 11 13	511,763.
employers and sponsoring organizations of section 501(c)(9) voluntary 6 remployees' beneficiary organizations (see instructions) 30,208.7 set investing for sale or use 8 9 Prepaid expenses and deferred charges 521,317.9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 8,419,466. b Less: accumulated depreciation 10b 5,193,657.3,334,403.10c 11 11 Investments - publicly traded securities 11 11 12 Investments - other securities. See Part IV, line 11 645,000.12 13 13 Investments - program-related. See Part IV, line 11 13	511,763.
employers and sponsoring organizations of section 501(c)(9) voluntary 6 7 Notes and loans receivable, net 30,208.7 8 10ventories for sale or use 8 9 Prepaid expenses and deferred charges 521,317.9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 8,419,466. b Less: accumulated depreciation 10b 5,193,657.3,334,403.10c 11 Investments - publicly traded securities 11 12 Investments - other securities. See Part IV, line 11 645,000.12 13 Investments - program-related. See Part IV, line 11 13	511,763.
7 Notes and loans receivable, net 30,208.7 8 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 521,317.9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 8,419,466. b Less: accumulated depreciation 10b 5,193,657.3,334,403.10c 11 Investments - publicly traded securities 11 12 Investments - other securities. See Part IV, line 11 645,000.12 13 Investments - program-related. See Part IV, line 11 13	511,763.
9 Prepaid expenses and deferred charges 521,317.9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 8,419,466. b Less: accumulated depreciation 10b 5,193,657.3,334,403.10c 11 Investments - publicly traded securities 11 12 Investments - other securities. See Part IV, line 11 645,000.12 13 Investments - program-related. See Part IV, line 11 13	511,763.
9 Prepaid expenses and deferred charges 521,317.9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 8,419,466. b Less: accumulated depreciation 10b 5,193,657.3,334,403.10c 11 Investments - publicly traded securities 11 12 Investments - other securities. See Part IV, line 11 645,000.12 13 Investments - program-related. See Part IV, line 11 13	
10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 8,419,466. b Less: accumulated depreciation 10b 5,193,657. 3,334,403. 10c 11 Investments - publicly traded securities 11 11 645,000. 12 13 Investments - program-related. See Part IV, line 11 13 13	
basis. Complete Part VI of Schedule D10a8,419,466.bLess: accumulated depreciation10b5,193,657.3,334,403.11Investments - publicly traded securities1112Investments - other securities. See Part IV, line 11645,000.1213Investments - program-related. See Part IV, line 1113	3 225 000
b Less: accumulated depreciation 10b 5,193,657. 3,334,403. 10c 11 Investments - publicly traded securities 11 12 Investments - other securities. See Part IV, line 11 645,000. 12 13 Investments - program-related. See Part IV, line 11 13	3 225 000
b Less: accumulated depreciation 10b 5,193,657. 3,334,403. 10c 11 Investments - publicly traded securities 11 12 Investments - other securities. See Part IV, line 11 645,000. 12 13 Investments - program-related. See Part IV, line 11 13	2 225 000
11 Investments - publicly traded securities 11 12 Investments - other securities. See Part IV, line 11 645,000.12 13 Investments - program-related. See Part IV, line 11 13	3,225,809.
13 Investments - program-related. See Part IV, line 11	
	447,000.
14 Intensible assots	
	240.004
15 Other assets. See Part IV, line 11 122,047.15	340,064.
	6,973,692.
17 Accounts payable and accrued expenses 1,399,908.17	1,407,712.
18 Grants payable 18	272 405
19 Deferred revenue 281,171.19	372,405.
20 Tax-exempt bond liabilities 20	
g 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21	
21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II 21	
highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22	
of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23	
23 Secured mongages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24	
25 Other liabilities (including federal income tax, payables to related third	
parties, and other liabilities not included on lines 17-24). Complete Part X of	
Schedule D 2,362,710. 25	2,601,343.
26 Total liabilities. Add lines 17 through 25	4,381,460.
Organizations that follow SFAS 117, check here X and complete	
lines 27 through 29, and lines 33 and 34.	
27 Unrestricted net assets 11,046,310. 27 1	2,592,232.
28 Temporarily restricted net assets 28	
29 Permanently restricted net assets 29	
☐ Organizations that do not follow SFAS 117, check here ▶ 🛄 and	
ັດ complete lines 30 through 34.	
g 30 Capital stock or trust principal, or current funds 30	
31 Paid-in or capital surplus, or land, building, or equipment fund 31	
Ines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 28 Temporarily restricted net assets 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117, check here 20 Organizations that do not follow SFAS 117, check here 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 32 Tutle determines	
	2,592,232. 6,973,692.
34 Total liabilities and net assets/fund balances	

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Form	1 990 (2011) STATE UNIVERSITY	95-	6042	622	Pag	ge 12
Ра	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response to any question in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,420		
2	Total expenses (must equal Part IX, column (A), line 25)	2		,874		
3	Revenue less expenses. Subtract line 2 from line 1	3		<u>,545</u>		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	11	,040	5,3	10.
5	Other changes in net assets or fund balances (explain in Schedule O)	5				0.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	12	,592	2,2	32.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response to any question in this Part XII					X
		~	г		Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual X Other SEE SCH	0				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule (
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		t	2a		X
b	Were the organization's financial statements audited by an independent accountant?		t	2b	Χ	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the					
	review, or compilation of its financial statements and selection of an independent accountant?		1	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche					
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis X Both consolidated and separate basis					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	•	dit			
	Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required					
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.			3b		

Form **990** (2011)

132012 01-23-12

(Form 99 Department of Internal Reve		Complet ► At	te if the organization is 4947(a)(1) no tach to Form 990 or Fo	a section onexempt orm 990-E	i 501(c)(3) charitabl Z. ▶ See	organizat e trust. separate	tion or a s	ection		OMB No. 20 Open to Inspe	11 Publicction	ic
Name of	the organizati		TED STUDENTS NIVERSITY	OFS	AN DI	EGO		!'		identificati 5-6042		
Part I	Reason		ity Status (All organiz	ations mu	st comple	te this par	t.) See inst	ructions				
The organ			because it is: (For lines 1									
1 🗂			s, or association of chur									
2			0(b)(1)(A)(ii). (Attach Sc									
3			tal service organization of		in section	170(b)(1)	(A)(iii).					
4		•	operated in conjunction					(b)(1)(A)(iii). Enter	the hospital	's nam	ie,
	city, and stat											,
5 X	An organizati	on operated for the	benefit of a college or ur	niversity o	wned or op	perated by	a governr	nental ur	nit describ	ed in		
	-	(b)(1)(A)(iv). (Comple	-				0					
6	A federal, sta	te, or local governm	ent or governmental uni	t described	d in sectio	n 170(b)(1	l)(A)(v).					
7			eives a substantial part					r from th	e general	public desc	ribed i	n
	section 170(b)(1)(A)(vi). (Comple	te Part II.)									
8	A community	r trust described in s	ection 170(b)(1)(A)(vi).	(Complete	Part II.)							
9	An organizati	on that normally rec	eives: (1) more than 33 1	1/3% of its	support f	rom contri	butions, m	nembersh	nip fees, a	nd gross red	ceipts	from
	activities rela	ted to its exempt fur	nctions - subject to certa	ain excepti	ons, and (2) no more	than 33 1	/3% of it	ts support	from gross	invest	ment
	income and ι	unrelated business ta	axable income (less sect	tion 511 ta	x) from bu	isinesses a	acquired b	y the org	anization	after June 3	0, 197	5.
	See section	509(a)(2). (Complete	e Part III.)									
10	An organizati	on organized and op	perated exclusively to te	st for publ	ic safety. S	See sectio	n 509(a)(4	·).				
11 🗌	An organizati	on organized and op	perated exclusively for th	ne benefit (of, to perfo	orm the fur	nctions of,	or to car	rry out the	purposes c	of one of	or
	more publicly	v supported organiza	ations described in section	on 509(a)([.]	1) or section	on 509(a)(2	2). See sec	tion 509	(a)(3). Ch	eck the box	that	
	describes the	e type of supporting	organization and comple	ete lines 1	1e through	n 11h.				_		
	a 🛄 Type I	b	Type II c	; 📖 Тур	e III - Func	tionally int	egrated		d	Type III - C	Other	
e	By checking	this box, I certify tha	t the organization is not	controlled	l directly o	r indirectly	y by one or	r more di	squalified	persons oth	er tha	n
	foundation m	anagers and other t	han one or more publicly	y supporte	d organiza	ations des	cribed in s	ection 50	09(a)(1) or	section 509	(a)(2).	
f	If the organiz	ation received a writ	ten determination from t	the IRS tha	at it is a Ty	ре I, Туре	II, or Type	e III				
	supporting o	rganization, check th	nis box									
g	Since August	t 17, 2006, has the c	organization accepted ar	ny gift or co	ontributior	n from any	of the follo	owing pe	rsons?			
	(i) A perso	n who directly or ind	irectly controls, either al	one or tog	ether with	persons c	lescribed i	n (ii) and	(iii) below	,	Yes	No
	the gove	erning body of the su	upported organization?							11g(i)		
	., ,		n described in (i) above?							11g(ii)		<u> </u>
	(iii) A 35% d	controlled entity of a	person described in (i) o	or (ii) above	ə?					11g(iii)		
h	Provide the f	ollowing information	about the supported or	ganization	(s).							
			(iii) Type of	(h) le the	raphetics		notif.th-	(vi)	le tha			
	e of supported	(ii) EIN	organization		sted in your	(v) Did you organizat		organizat	ls the tion in col.	(vii) Am		f
org	anization		(described on lines 1-9	governing				(I) organ	ized in the S.?	sup	holt	
			above or IRC section (see instructions))	Yes	No	Yes	No	Yes	No			
				105		105		103				

Total			
LHA For Paperwork Re	duction Act Notice,	, see the Instructions for	or
Form 990 or 990-EZ.			

Schedule A (Form 990 or 990-EZ) 2011

132021 01-24-12

ASSOCIATED STUDENTS OF SAN DIEGO

16220508 141421 ASSD

132022 01-24-12

	fails to qualify under the tests			•	in railed to quality t		e organizati
0.0	1 2	s listed below, plea	se complete Fait	iii. <i>)</i>			
	ction A. Public Support						
	endar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Tot
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	4040040		F 4 7 2 F 0 0		6240201	
	include any "unusual grants.")	4248049.	5268540.	5473508.	5122059.	6342381.	264545
2	Tax revenues levied for the organ-						
	ization'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	4040040	5060540	5482500	F1000F0	6240201	
	Total. Add lines 1 through 3	4248049.	5268540.	5473508.	5122059.	6342381.	264545
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.						264545
	ction B. Total Support						. <u> </u>
	endar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	
	Amounts from line 4	4248049.	5268540.	5473508.	5122059.	6342381.	264545
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties	420 610		100 505	114 007	CO 01C	10700
	and income from similar sources	430,618.	274,057.	188,505.	114,897.	68,016.	10760
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	110 407		401 112	210 404		17007
	assets (Explain in Part IV.)	118,48/.	269,730.	481,113.	319,484.	520,502.	
	Total support. Add lines 7 through 10						292399
	Gross receipts from related activities,						,229,5
13	First five years. If the Form 990 is for	-	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
6-	organization, check this box and stor	here					🕨
	ction C. Computation of Publ		-				00 45
14	Public support percentage for 2011 (ine 6, column (f) di	vided by line 11, c	olumn (f))		14	90.47

15 Public support percentage from 2010 Schedule A, Part II, line 14 _____ 15

16a 33 1/3% support test - 2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and

b 33 1/3% support test - 2010. 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 - 2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization **18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

stop here. The organization qualifies as a publicly supported organization

Schedule A (Form 990 or 990-EZ) 2011 STATE UNIVERSITY Part II

95-6042622 Page 2

37.

37.

37.

37.

93.

16

46.

20.

%

%

90.27

Schedule A (Form 990 or 990-EZ) 2011

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

(Complete only if you checked the box on line 5.7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization

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

Page 3

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 						
 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support (Add lines 9, 10c, 11, and 12.) 						
14 First five years. If the Form 990 is for	r the organization'	s first second th	ird fourth or fifth	tax year as a sectiv		ization
	C C			2		>
Section C. Computation of Publ						····· 🕨 🖵
15 Public support percentage for 2011 (colump (f))		15	
16 Public support percentage for 2011					16	
Section D. Computation of Inves						
17 Investment income percentage for 20					17	
					17	
18 Investment income percentage from 2						17 in pot
19a 33 1/3% support tests - 2011. If the	-					
more than 33 1/3%, check this box a						
b 33 1/3% support tests - 2010. If the	•					
line 18 is not more than 33 1/3%, che						
20 Private foundation. If the organization	n did not check a	box on line 14, 1	9a, or 19b, check i			
132023 01-24-12			1 7	Sc	hedule A (Form 99	90 or 990-EZ) 20
	0.0	11 05050	17		a of all	1000
220508 141421 ASSD	∠0.	TT.02000	ASSOCIATE	D STUDENT	S OF SAN	ASSD

Schedule E	3
(Form 990, 990-F7.	

or 990-PF) Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

2011

Employer identification number

95-6042622

Name of the organization ASSOCIATED STUDENTS OF SAN DIEGO STATE UNIVERSITY

Filers of:	Section:					
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private foundation					
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

X For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

Name of organization ASSOCIATED STUDENTS OF SAN DIEGO STATE UNIVERSITY

95-6042622

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributio
1	CALIFORNIA DEPT OF EDUCATION 1430 N STREET, SUITE 5319 SACRAMENTO, CA 95814	- \$\$216,242.	Person X Payroll Noncash (Complete Part II if the is a noncash contribut
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributio
2	DEPARTMENT OF BOATING AND WATERWAYS 2000 EVERGREEN ST, SUITE 100 SACRAMENTO, CA 95815	- \$\$28,630.	Person X Payroll Noncash (Complete Part II if the is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributi
		- _ \$	Person Payroll On Complete Part II if the is a noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributi
		- _ \$	Person Payroll Noncash Complete Part II if the is a noncash contributed of the is a noncash contributed of the is a noncash contributed of the ison of
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributi
		- \$\$	Person Payroll Noncash (Complete Part II if the is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributi
		- _ \$	Person Payroll Noncash (Complete Part II if the is a noncash contributed on the is noncash contributed on the is a noncash contributed on the is a noncash contributed on the is a noncash contributed on the is noncash contributed on th

Schedule B (Form 990, 990-EZ, or 990-PF) (2011)	Page 3
Name of organization	Employer identification number
ASSOCIATED STUDENTS OF SAN DIEGO	
STATE UNIVERSITY	95-6042622

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

	Noncash Property (see instructions). Use duplicate copies of Par	t in in additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. irom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received

16220508 141421 ASSD

20 2011.05060 ASSOCIATED STUDENTS OF SAN ASSD___1

	B (Form 990, 990-EZ, or 990-PF) (2011)		Page 4						
Name of or	-	100	Employer identification number						
	IATED STUDENTS OF SAN I UNIVERSITY)TEGO	95-6042622						
Part III	Exclusively religious, charitable, etc., ind year. Complete columns (a) through (e) and the total of exclusively religious, charitable, e Use duplicate copies of Part III if addition	vidual contributions to section 501(c) the following line entry. For organization tc., contributions of \$1,000 or less for nal space is needed.	(7), (8), or (10) organizations that total more than \$1,000 for the is completing Part III, enter the year. (Enter this information once.) \$\$						
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
Part I									
		(e) Transfer of gift							
	Transferee's name, address, a	Ind ZIP + 4	Relationship of transferor to transferee						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
		e) Transfer of gift							
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
		(e) Transfer of gift							
	Transferee's name, address, a	Relationship of transferor to transferee							
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
		(e) Transfer of gift							
	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee								
123454 01-2		21	Schedule B (Form 990, 990-EZ, or 990-PF) (2011)						

16220508 141421 ASSD

2011.05060 ASSOCIATED STUDENTS OF SAN ASSD___1

SCHEDULE C (Form 990 or 990-EZ)	Po	olitical Campaign a	and Lobbyin	g Activities	OMB No. 1545-004	7					
(FOITH 990 OF 990-EZ)	For Organizations Exempt From Income Tax Under section 501(c) and section 527										
Department of the Treasury Internal Revenue Service											
If the organization ans	wered "Yes" to	Form 990, Part IV, line 3, or Form		e 46 (Political Campaig	n Activities), then						
 Section 501(c)(3) or 	ganizations: Con	nplete Parts I-A and B. Do not com	plete 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 organiz 											
		Form 990, Part IV, line 4, or Form									
		have filed Form 5768 (election uno have NOT filed Form 5768 (electio		•	•						
	-	Form 990, Part IV, line 5 (Proxy 1			-						
-		tions: Complete Part III.	Tax), of Form 990-L2		y rax), uten						
Name of organization		TED STUDENTS OF S	AN DIEGO	E	nployer identification nun	nber					
-		NIVERSITY			95-6042622						
Part I-A Compl	ete if the org	janization is exempt unde	r section 501(c)	or is a section 52	7 organization.						
	-	ation's direct and indirect politica									
					►\$						
3 Volunteer hours											
Part I-B Compl	ata if the ore	anization is exempt unde	r section 501(c)	(3)							
		incurred by the organization unde			\$						
		incurred by organization manager									
		n 4955 tax, did it file Form 4720 fo				No					
						No					
b If "Yes," describe in	n Part IV.										
Part I-C Compl	ete if the org	anization is exempt unde	r section 501(c),	except section 5	01(c)(3).						
1 Enter the amount of	lirectly expended	d by the filing organization for sect	ion 527 exempt funct	tion activities	►\$						
	0 0	ization's funds contributed to othe	0								
					►\$						
		. Add lines 1 and 2. Enter here an	,								
		1120-POL for this year?				No					
		nployer identification number (EIN tion listed, enter the amount paid		-							
		omptly and directly delivered to a				ı					
		additional space is needed, provid			5 5						
(a) Name	9	(b) Address	(c) EIN	(d) Amount paid fro filing organization?	s contributions received	and					
				funds. If none, enter	delivered to a separa political organization	ate n.					
					If none, enter -0						
For Paperwork Reduct	ion Act Notice	see the Instructions for Form 99	0 or 990-F7	Schedul	e C (Form 990 or 990-EZ) :	2011					
LHA				Concour							

132041 01-27-12

ASSOCIATED STUDENTS OF SAN DIEGO

Scho	edule C (Form 990 or 990-EZ) 2011		RSTTY	SAN DIEGO	95-6	5042622 Page 2
Pa	rt II-A Complete if the org	panization is exe	mot under sectio	n 501(c)(3) and fil	ed Form 5768	Fayez
	(election under sec	•				
A C	heck 🕨 🛄 if the filing organiza	ation belongs to an affi	iliated group (and list ir	Part IV each affiliated	group member's nar	ne, address, EIN,
	expenses, and sha	re of excess lobbying	expenditures).			
вс			nd "limited control" pro	visions apply.		
	Limi	its on Lobbying Expe			(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to infl	uence public opinion (grass roots lobbying)			
b	Total lobbying expenditures to infl	uence a legislative bo	dy (direct lobbying)			
с	Total lobbying expenditures (add l	ines 1a and 1b)				
	Other exempt purpose expenditur					
	Total exempt purpose expenditure					
	Lobbying nontaxable amount. Ent					
	If the amount on line 1e, column (a)		bying nontaxable am			
	Not over \$500,000	20% of	the amount on line 1e.			
	Over \$500,000 but not over \$1,00	ess over \$500,000.				
	Over \$1,000,000 but not over \$1,5	500,000 \$175,00	00 plus 10% of the exc	ess over \$1,000,000.		
	Over \$1,500,000 but not over \$17)0 plus 5% of the exce			
	Over \$17,000,000	\$1,000,				
		, . ,				
g	Grassroots nontaxable amount (er	nter 25% of line 1f)				
h	Subtract line 1g from line 1a. If zer	ro or less, enter -0-				
i	Subtract line 1f from line 1c. If zer	o or less, enter -0-				
j	If there is an amount other than ze	ero on either line 1h or	line 1i, did the organiz	ation file Form 4720		
	reporting section 4911 tax for this	_				Yes No
			eraging Period Under			
			ection 501(h) election e instructions for line			
		Lobbying Expe	nditures During 4-Yea	ar Averaging Period		
	Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total

Schedule C (Form 990 or 990-EZ) 2011

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2a Lobbying nontaxable amountb Lobbying ceiling amount (150% of line 2a, column(e))

c Total lobbying expenditures

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

f Grassroots lobbying expenditures

ASSOCIATED STUDENTS OF SAN DIEGO

95-6042622 Page 3

Schedule C (Form 990 or 990 EZ) 2011 STATE UNIVERSITY 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)).

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description	(a	ı)	(b)	
of the lobbying activity.	Yes	No	Amo	ount
1 During the year, did the filing organization attempt to influence foreign, national, state or				
local legislation, including any attempt to influence public opinion on a legislative matter				
or referendum, through the use of:				
a Volunteers?				
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X			
c Media advertisements?		X		
d Mailings to members, legislators, or the public?		X		
e Publications, or published or broadcast statements?		Х		
f Grants to other organizations for lobbying purposes?		Х		
g Direct contact with legislators, their staffs, government officials, or a legislative body?			6	5,828.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X		
i Other activities?		X		
j Total. Add lines 1c through 1i			6	5,828.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X		
b If "Yes," enter the amount of any tax incurred under section 4912				
f c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Part III-A Complete if the organization is exempt under section 501(c)(4), se 501(c)(6).	ection 501(c)	(5), or se	ction	
			Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?		1		
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?				
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "Yes." 1 Dues, assessments and similar amounts from members			III-A, lin	e 3, is
 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of p 				
expenses for which the section 527(f) tax was paid).	ontical			
a Current year		2a		
b Carryover from last year				
c Total				
 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due 				
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the				
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying a				
	and pointoal	4		
 5 Taxable amount of lobbying and political expenditures (see instructions) 		5		
Part IV Supplemental Information		5		
Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line	5: Part II-A: and	Part II-B. lir	ne 1. Also, o	complete
this part for any additional information.	_ ,,	,		
PART II-B, LINE 1, LOBBYING ACTIVITIES:				
TRAVEL FOR STUDENT LEADERS TO PARTICIPATE IN MARCH	FOR HIGH	IER		
EDUCATION, CHESS (CALIFORNIA HIGHER EDUCATION STUDE	NT SUMMI	T), A	ND CSS	SA
(CALIFORNIA STATE STUDENT ASSOCIATION) AND TO VISIT	WITH SI	ATE A	ND	
FEDERAL LEGISLATORS TO ADVOCATE ON BEHALF OF CSU (C	CALIFORNI	A STA	TE	

UNIVERSITY) STUDENTS.

132043 01-27-12

Schedule C (Form 990 or 990-EZ) 2011

60		1		Supp	lomont	ol Einor	noi	al Statama	nto		I	OMB No.	1545-0047
	HEDULE D n 990)							al Stateme red "Yes," to Form				20	11
						-		11d, 11e, 11f, 12a,	-			Open t	o Public
	ment of the Treasury I Revenue Service							arate instructions				Inspec	tion
Nam	Name of the organization ASSOCIATED STUDENTS OF SAN DIEGO STATE UNIVERSITY									Employer identification number 95-6042622			
Pa	rt I Organiza	atio	ons Maint	aining Do	onor Advis	ed Funds	or C	her Similar F	unds or A	ccol	unts.	Complete if	the
	organizatio	n an	nswered "Ye	s" to Form 9	90, Part IV, li	ne 6.							
						(a)	Dono	r advised funds	(b) Fun	ids and	d other acco	ounts
1	Total number at er												
2	Aggregate contrib			• • • • • • • • • • • • • • • • • • • •									
3 4	Aggregate grants												
4 5	Aggregate value a Did the organization		• • • • •				the a	ssets held in dono	advised fun	ds			
Ŭ	are the organizatio					-						Yes	No
6	Did the organization												
	for charitable purp												
	impermissible priv											Yes	No
Pa					-	-		red "Yes" to Form	990, Part IV,	line 7.			
1	Purpose(s) of cons				0		all tha						
			-		recreation or	education)		Preservation of					
	Protection o		tural habitat					Preservation of	a certified hi	storic	structi	ure	
2	Complete lines 2a		• •	o organizati	on held a qua	lified consen	ation	contribution in the	form of a co	neary	ation e	assement on	the last
-	day of the tax year			e organizatio	un neiu a qua		allon	contribution in the		11301	ation e	asement on	i li le last
	ady of the tax yea										Held	at the End of	the Tax Year
а	Total number of co	onse	ervation ease	ements						2a			
b	Total acreage rest									2b			
с	Number of conser	vatio	on easement	ts on a certi	fied historic s	tructure inclu	ided i	n (a)		2c			
d	Number of conser												
_	listed in the Nation									2d			
3	Number of conser	vatio	on easement	ts modified,	transferred, r	eleased, exti	nguis	hed, or terminated	by the orgar	nization	n durin	ig the tax	
4	year ▶ Number of states	who	re property a	subject to c	onservation e	asomont is lo	ocator	1					
5	Does the organiza			-					na of				
•	violations, and enf											Yes	No No
6	Staff and voluntee	er ho	ours devoted	to monitorii	ng, inspecting								
7	Amount of expense	ses ir	ncurred in m	ionitoring, in	specting, and	l enforcing co	onser	vation easements	during the ye	ar 🕨	\$		_
8	Does each conser	vatic	on easement	t reported o	n line 2(d) abo	ove satisfy th	e req	uirements of sectio	n 170(h)(4)(E	3)(i)			
	and section 170(h											Yes	└── No
9	In Part XIV, descri		-						-				
	include, if applicat			ie footnote t	o the organiz	ation's financ	cial st	atements that desc	ribes the or	ganiza	tion's a	accounting	or
Pa	conservation ease			aining Co	llections	of Art. His	torio	cal Treasures,	or Other	Simil	ar As	ssets.	
				-	"Yes" to Forr	-		-					
1 a	If the organization		-						statement ar	nd bal	ance s	heet works	of art,
	historical treasures												
	the text of the foor	tnote	e to its finan	cial stateme	ents that desc	ribes these it	tems.						
b	If the organization	elec	cted, as perr	nitted under	SFAS 116 (A	SC 958), to i	report	in its revenue stat	ement and b	alance	e shee	t works of a	rt, historical
	treasures, or other	r sim	nilar assets h	eld for publ	ic exhibition,	education, or	r rese	arch in furtherance	of public se	rvice, j	provide	e the followi	ng amounts
	relating to these it									•	~		
	(i) Revenues incl										¢		
2	(ii) Assets include If the organization										\$		
2	the following amou									P10010			
а	Revenues include		•				,	0			\$		
	Assets included in										\$		
LHA	For Paperwork R	educ	ction Act No	otice, see tl	ne Instructio	ns for Form	990.				Sched	lule D (Forn	n 990) 2011
13205 01-23-	12						٩Ŀ						
							25						

16220508 141421 ASSD

2011.05060 ASSOCIATED STUDENTS OF SAN ASSD___1

	ASSOCIAT	ED STUDEN	TS O	F SAN	DIEGO						
Sche	dule D (Form 990) 2011 STATE UN	IVERSITY						95-60	42622	2 Pa	ge 2
Par	t III Organizations Maintaining Co	ollections of A	rt, Hist	orical Tr	easures, o	or Othe	r Simil	ar Asse	ts (conti	nued)	<u> </u>
3	Using the organization's acquisition, accession	n, and other record	ls, check	any of the	following that	t are a sig	gnificant	use of its	collection	n items	5
	(check all that apply):										
а	Public exhibition	d	I 🗆 I	Loan or exc	hange progra	ms					
b	Scholarly research	e		Other							
с	Preservation for future generations										
4	Provide a description of the organization's col	ections and explai	n how th	ey further t	he organizatio	on's exen	npt purpo	ose in Par	t XIV.		
5	During the year, did the organization solicit or	receive donations	of art, hi	storical trea	sures, or othe	er similar	assets				
	to be sold to raise funds rather than to be mai	ntained as part of t	the organ	nization's co	ollection?				Yes		No
Par	t IV Escrow and Custodial Arrang	ements. Comple	ete if the	organizatio	on answered "	Yes" to F	orm 990	, Part IV,	line 9, or		
	reported an amount on Form 990, Part	X, line 21.									
1a	Is the organization an agent, trustee, custodia	n or other intermed	diary for	contributior	ns or other as	sets not i	included		_		
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIV a										
									Amount		
с	Beginning balance						1c				
	Additions during the year										
е	Distributions during the year						. 1e				
f	Ending balance						. 1f		_		
2a	Did the organization include an amount on For	m 990, Part X, line	21?					L	Yes		No
b	If "Yes," explain the arrangement in Part XIV.										
Par	t V Endowment Funds. Complete if	the organization an	swered	"Yes" to Fo	1).				
		(a) Current year	(b) P	rior year	(c) Two year	s back 🛛 🕻	d) Three y	ears back	(e) Four	years t	ack
	Beginning of year balance										
b	Contributions										
с	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curre	nt year end baland	e (line 1	g, column (a	a)) held as:						
а	Board designated or quasi-endowment 🕨 _		_%								
b	Permanent endowment	%									
с	Temporarily restricted endowment	%									
	The percentages in lines 2a, 2b, and 2c should	d equal 100%.									
3a	Are there endowment funds not in the posses	sion of the organization	ation tha	at are held a	and administe	red for th	ie organiz	zation	_		
	by:									Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
b	If "Yes" to 3a(ii), are the related organizations	isted as required o	on Schec	lule R?					3b		
4	Describe in Part XIV the intended uses of the										
Par	, 3, 11	ent. See Form 990), Part X,	, line 10.							
	Description of property	(a) Cost or o		• •	or other	• •	cumulate	ed	(d) Book	k value	
		basis (investr	nent)	basis	(other)	dep	reciation				
	Land		640					10			
	Buildings						76,6		1 0 4 4		0.
	Leasehold improvements	E 004					83,1		1,94(
	Equipment	225				-	21,5		1,062		
	Other					1	12,3			2,84	
Total	. Add lines 1a through 1e. (Column (d) must eq	ual Form 990, Part	X, colun	nn (B), line 1	1U(c).)				3,225		
								Schedule	U (Form	990) 2	2011

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Schedule D (Form 990) 2011 STATE UNIVE			95-6	042622	Page 3
Part VII Investments - Other Securities. S	ee Form 990, Part X, lin	e 12.			
(a) Description of security or category (including name of security)	(b) Book value	Cos	(c) Method of valuation at or end-of-year market		
(1) Financial derivatives					
(2) Closely-held equity interests					
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
(1)					
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)					
Part VIII Investments - Program Related.	See Form 990, Part X, li	ne 13.			
(a) Description of investment type	(b) Book value	Cos	(c) Method of valuation at or end-of-year market		
(1)					
(2)					
(3)					
(4)					
(5) (6)					
(7)					
(8)					
(9)					
(10)					
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)					
Part IX Other Assets. See Form 990, Part X, line	e 15				
) Description			(b) Book val	ue
(1)	, ,			. ,	
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
Total. (Column (b) must equal Form 990, Part X, col (B) lin	ne 15.)				
Part X Other Liabilities. See Form 990, Part X	, line 25.				
1. (a) Description of liability		(b) Book value			
(1) Federal income taxes					
(2) ACCRUED EMPLOYEE BENEFIT	COSTS	1,944,002.			
(3) ACCRUED PENSION COSTS		294,183.			
(4) NOTES PAYABLE TO RELATED	PARTY	363,158.			
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
Total. (Column (b) must equal Form 990, Part X, col (B) lin		2,601,343.			
 FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote FIN 48 (ASC 740). 	to the organization's financial s	natements that reports the organi	zation s hability for uncertain tax	k positions under	
132053 01-23-12			Schedu	le D (Form 99	90) 2011

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Sche	dule D (Form 990) 2011 STATE UNIVERSITY			95	-6042622	Page 4
Pa	t XI Reconciliation of Change in Net Assets from Form 990 to	Audited Fina	ncial S			
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1		20,420	,003.
2	Total expenses (Form 990, Part IX, column (A), line 25)				18,874	
3	Excess or (deficit) for the year. Subtract line 2 from line 1				1,545	
4	Net unrealized gains (losses) on investments		·		, ,	
5	Donated services and use of facilities					
6	Investment expenses					
7	Prior period adjustments					
8						
9	Other (Describe in Part XIV.) Total adjustments (net). Add lines 4 through 8					
	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and				1,545	922.
10 Pai	t XII Reconciliation of Revenue per Audited Financial Statements.			er Retu		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Total revenue, gains, and other support per audited financial statements		-		20,420	003.
1					20,420	,005.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
	Net unrealized gains on investments	2a				
b	Donated services and use of facilities	2b				
	Recoveries of prior year grants	2c				
	Other (Describe in Part XIV.)	2d				0
е	Add lines 2a through 2d					0.
3	Subtract line 2e from line 1			3	20,420	,003.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
	Other (Describe in Part XIV.)	4b				0
С	Add lines 4a and 4b			4c		0.
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				20,420	,003.
Pa	t XIII Reconciliation of Expenses per Audited Financial Stateme	nts With Exp	penses	per Re		
1	Total expenses and losses per audited financial statements			1	18,874	,081.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a				
b	Prior year adjustments	2b				
	Other losses	2c				
	Other (Describe in Part XIV.)	2d				
	Add lines 2a through 2d			2e		0.
3	Subtract line 2e from line 1				18,874	,081.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
	Other (Describe in Part XIV.)	4b				
	Add lines 4a and 4b	•		4c		0.
	Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>)				18,874	,081.
	t XIV Supplemental Information					
	blete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III,	lines 1a and 4: I	Part IV. I	nes 1b an	d 2b: Part V. line	4: Part
	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also comple					.,
	RT X, LINE 2: THE ORGANIZATION ADOPTED THE					
ACO	COUNTING FOR UNCERTAINTY IN INCOME TAXES. T	HE ORGAN	IZAT	ION F	ILES A FO	ORM
99() (RETURN OF ORGANIZATION EXEMPT FROM INCOM	E TAX) A	NNUA	LLY. N	WHEN THES	SE
RE	URNS ARE FILED, IT IS HIGHLY CERTAIN THAT	SOME POS	ITIO	NS TA	KEN WOULI) BE
SUS	TAINED UPON EXAMINATION BY THE TAXING AUTH	ORITIES,	WHI	LE OT	HERS ARE	
SUI	JECT TO UNCERTAINTY ABOUT THE MERITS OF TH	Ε ΤΑΧ ΡΟ	SITI	ON TA	KEN OR TH	ΗE
AM(OUNT OF THE POSITION THAT WOULD ULTIMATELY	BE SUSTA	INED	• EXA	MPLES OF	'I'AX
POS	SITIONS COMMON TO THE ORGANIZATION INCLUDE	SUCH MAT	TERS			00) 0011
13205 01-23-	12			Sche	edule D (Form 9	90) 2011
	28					

TAX-EXEMPT STATUS OF EACH ENTITY AND VARIOUS POSITIONS RELATIVE TO POTENTIAL SOURCES OF UNRELATED BUSINESS TAXABLE INCOME (UBIT). UBIT IS REPORTED ON FORM 990-T, AS APPROPRIATE. THE BENEFIT OF A TAX POSITION IS RECOGNIZED IN THE FINANCIAL STATEMENTS IN THE PERIOD DURING WHICH, BASED ON ALL AVAILABLE EVIDENCE, MANAGEMENT BELIEVES IT IS MORE LIKELY THAN NOT THAT THE POSITION WILL BE SUSTAINED UPON EXAMINATION, INCLUDING THE RESOLUTION OF APPEALS OR LITIGATION PROCESSES, IF ANY.

TAX POSITIONS ARE NOT OFFSET OR AGGREGATED WITH OTHER POSITIONS. TAX POSITIONS THAT MEET THE MORE-LIKELY-THAN-NOT RECOGNITION THRESHOLD ARE MEASURED AS THE LARGEST AMOUNT OF TAX BENEFIT THAT IS MORE THAN 50 PERCENT LIKELY TO BE REALIZED ON SETTLEMENT WITH THE APPLICABLE TAXING AUTHORITY. THE PORTION OF THE BENEFITS ASSOCIATED WITH TAX POSITIONS TAKEN THAT EXCEEDS THE AMOUNT MEASURED AS DESCRIBED ABOVE IS REFLECTED AS A LIABILITY FOR UNRECOGNIZED TAX BENEFITS IN THE ACCOMPANYING STATEMENTS OF FINANCIAL POSITION, ALONG WITH ANY ASSOCIATED INTEREST AND PENALTIES THAT WOULD BE PAYABLE TO THE TAXING AUTHORITIES UPON EXAMINATION. UPON ADOPTION AND AS OF JUNE 30, 2012, THE ORGANIZATION HAS ADDRESSED UNCERTAINTY IN ITS INCOME TAX POSITION, AND THERE ARE NO UNRECOGNIZED/DERECOGNIZED TAX BENEFITS REQUIRING AN ACCRUAL.

SCHEDULE D, PART VI, LINE 1E DETAIL:

Part XIV Supplemental Information (continued)

SOFTWARE AND WEBSITES

COST 335,202 ACC. DEPR. 112,361

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132055 01-23-12

Schedule D (Form 990) 2011

sc	Compensation Information	OMB	o. 1545-0	1047
(Fo	For certain Officers, Directors, Trustees, Key Employees, and Highest	2	11.	1
	Compensated Employees Complete if the organization answered "Yes" to Form 990,			
Depa	artment of the Treasury Part IV, line 23.		to Pul	
	Attach to Form 990. See separate instructions.		pectio	
Nar	-	mployer identific		umber
	STATE UNIVERSITY	95-60426	44	
F			N.	
10	Check the appropriate bay(as) if the organization provided any of the following to at far a person listed in Form 00		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990 Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.	<i>i</i> 0,		
	First-class or charter travel			
	Travel for companions Payments for business use of personal residence for persona			
	Tax indemnification and gross-up payments			
	Discretionary spending account Personal services (e.g., maid, chauffeur, che	ef)		
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	1	,	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, direct			
_	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?			
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organizatio	on's		
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization	n to		
	establish compensation of the CEO/Executive Director. Explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations	nmittee		
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:			
а	.,		a 📃	X
b			<u> </u>	X
С			;	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.			
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:			v
a	The organization?		_	X
b	Any related organization?)	
•	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
-	contingent on the net earnings of:	6		x
a b	The organization?		_	X
a	Any related organization? If "Yes" to line 6a or 6b, describe in Part III.		, 	
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			
'	not described in lines 5 and 6? If "Yes," describe in Part III	7		x
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			+
0	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III			x
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in	······		+
Ŭ	Regulations section 53.4958-6(c)?	g		
LHA	A For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule J (Fo	_) 2011
	-			-

Schedule J (Form 990) 2011 STATE UNIV	CD T N M	STATE UNIVERSITY	, D		95-6042622	622		Pade 2
Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed	mplo	yees, and Highest (Compensated Emp	Ioyees. Use duplica	te copies if additional	space is needed.		
For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (i) Do not list any individuals that are not listed on Form 990, Part VII.	be re Form	ported in Schedule J 1 990, Part VII.	, report compensati	ion from the organiz	ation on row (i) and frc	m related organizations	s, described in the inst	ructions, on row (ii).
Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.	ed in	dividual must equal t	he total amount of F	⁻ orm 990, Part VII, S	ection A, line 1a, appl	icable column (D) and (F	∃) amounts for that ind	lividual.
		(B) Breakdown of W-2 a	W-2 and/or 1099-MI	nd/or 1099-MISC compensation	(C)	(D)	(E) Total of columns	(F)
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	compensation reported as deferred in prior Form 990
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1 TIMOTHY QUINNAN) (j)	135,000.	•0	28,39		24,100.	187,499.	•0
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2 CATHIE ATKINS	<u>(ii</u>	N	• 0	16,		21,74	>	
3 DAN CORNTHWAITE	€	148,698. 0.	00	1,949.	.00	•••	150,647.	.00
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SCHEDULE O

(Form 990 or 990-EZ) Department of the Treasury

Internal Revenue Service

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

Supplemental Information to Form 990 or 990-EZ



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:

THE PRIMARY EXEMPT PURPOSE OF ASSOCIATED STUDENTS OF SAN DIEGO STATE

UNIVERSITY IS TO SUPPORT THE MISSION OF SAN DIEGO STATE UNIVERSITY AND

CREATE, PROMOTE AND FUND SOCIAL, RECREATIONAL, CULTURAL, AND

EDUCATIONAL PROGRAMS AND FACILITIES, ADVOCATE FOR STUDENT INTERESTS,

PROVIDE LEADERSHIP OPPORTUNITIES AND PARTICIPATE IN SHARED GOVERNANCE.

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

THE PRIMARY EXEMPT PURPOSE OF ASSOCIATED STUDENTS OF SAN DIEGO STATE

UNIVERSITY IS TO PROVIDE ESSENTIAL ACTIVITIES WHICH ARE AN INTEGRAL

PART OF THE SAN DIEGO STATE UNIVERSITY'S CAMPUS PROGRAMS. SUCH

ACTIVITIES INCLUDE STUDENT GOVERNMENT, EDUCATIONAL, RECREATIONAL AND

CULTURAL PROGRAMS, AND VARIOUS OTHER SERVICES.

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

OPERATION OF STUDENT PROGRAMS AS PART OF THE CAMPUS EDUCATIONAL

PROGRAMS AVAILABLE TO APPROXIMATELY 30,000 STUDENTS.

EXPENSES \$ 2,337,279. INCLUDING GRANTS OF \$ 0. REVENUE \$ 6,376,076.

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 DELEGATED 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.

Schedule O (Form 990 or 990-EZ) (2011)

 Schedule O (Form 990 or 990-EZ) (2011)
 Page 2

 Name of the organization
 ASSOCIATED STUDENTS OF SAN DIEGO
STATE UNIVERSITY
 Employer identification number
95-6042622

 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

 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 FINANCE DIRECTOR EXPLAINED THE SIGNIFICANT CHANGES IN THE FORM AND SOLICITED QUESTIONS. A COPY OF THE RETURN WAS MADE AVAILABLE TO THE ASSOCIATED STUDENTS 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: REPORTING ANY CONFLICTS TO THE UNIVERSITY VICE PRESIDENT FOR BUSINESS AND FINANCIAL AFFAIRS; 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 REQUIRING THE RESIGNATION OF THE INTERESTED PARTY.

22

132212 01-23-12 Schedule O (Form 990 or 990-EZ) (2011) Page 2 Name of the organization ASSOCIATED STUDENTS OF SAN DIEGO Employer identification number STATE UNIVERSITY 95-6042622 FORM 990, PART VI, SECTION B, LINE 15: UNDER 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 THE BOARD OF DIRECTORS OF THE ASSOCIATED STUDENTS 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.

FORM 990, PART XI, LINE 1:

OTHER ACCOUNTING METHOD

THE ORGANIZATION USES FUND ACCOUNTING AS ITS METHOD OF ACCOUNTING.

FORM 990, PART XI, LINE 2C:

OVERSIGHT AND SELECTION OF INDEPENDENT ACCOUNTANT

THE ORGANIZATION HAS NOT CHANGED THE PROCESS FOR SELECTION AND

OVERSIGHT OF ITS INDEPENDENT ACCOUNTANT.

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Identification of Diseagarded Entities (Complete The organization answered "Yes" to Form 960, Part IV, Ine 33) Image (a) Image	Attach STUDENTS OF RSITY
(c) (ganization a
tion answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt froreign country) section status (if section from the entity) foreign country) section status (if section entity) for for entity (if section entity) for controlling section entity (if section entity) for controlling entity (if section entity) entity (if section entity) for controlling entity (if section entity) entity entity (if section entity) entity entity (if section entity) entity en	(b) Primary activity
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Legal domicile (state or foreign country) Exempt Code section Public charity status (if section 501(c)(3)) Direct controlling entity CALIFORNIA 115 LINE 2 N/A CALIFORNIA 115 LINE 2 N/A CALIFORNIA 501(c)(3) LINE 5 N/A	(q)
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CALIFORNIA 501(C)(3) LINE 5 N/A CALIFORNIA 501(C)(3) LINE 5 N/A	SEE PART VII
CALIFORNIA 501(C)(3) LINE 5 N/A	CAMPUS BOOKSTORE, FOO. SERVICE, AND PROPERTY
	PHILANTHROPIC OR FOR SDSU

Page 2		(k) Percentage ownership			bre related	(h) Percentage ownership			Schedule R (Form 990) 2011
- 6042622		(j) General or DX managing JIe partner? S5) Yes No			d one or mo	(g) Share of end-of-year assets			lule R (Forr
95-6 ad one or r		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)			ecause it ha				Schec
because it h		(h) Disproportion- ate allocations? 2 Yes No K			V, line 34 be	(f) Share of total income			
90, Part IV, line 34		(g) Share of ^{Dis} end-of-year _{ate} assets <u></u>			L to Form 990, Part I	(e) Type of entity (C corp, S corp, or trust)			
SAN DIEGO 95-6042622 (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related		(f) Share of total income			or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related	(d) Direct controlling entity			
ganization answer		(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)			e if the organizatic	(c) Legal domicile (state or foreign country)			36
OF' SAN DIEGO ership (Complete if the o	- -	(d) Direct controlling exclute				(b) Primary activity			
ENTS C Y sa Partne	x year.)	(c) Legal domicile (state or foreign country)			Is a Corpol g the tax y				
ASSOCLATED STUDENTS STATE UNIVERSITY ated Organizations Taxable as a Part	thership during the tax ye	(b) Primary activity			Janizations Taxable a				
ASSOC. Schedule R (Form 990) 2011 STATE Doct III Identification of Related Organ	organizations treated as a partnership during the tax year.)	(a) Name, address, and EIN of related organization			Part IV Identification of Related Organizations Taxable as a Corporation organizations treated as a corporation or trust during the tax year.)	(a) Name, address, and EIN of related organization			132162 01-23-12

ASSOCIATED STUDENTS OF SAN DIEGO

SAN DIEGO	
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STUDENTS OF	IRSITY
IATED	UNIVER
ASSOCIATED	STATE
	2011
	990) 201
	(Form
	Schedule R

95-6042622 Page 3

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
1 During the tax year, did the organization engage in any of the following transactio	ns with one or more re	transactions with one or more related organizations listed in Parts II-IV?	l in Parts II-IV?			
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a		×
b Gift, grant, or capital contribution to related organization(s)				1b		X
c Gift, grant, or capital contribution from related organization(s)				10		×
d Loans or loan guarantees to or for related organization(s)				19		×
e Loans or loan guarantees by related organization(s)				1e	×	
f Sale of assets to related organization(s)				#		×
g Purchase of assets from related organization(s)				1g		X
h Exchange of assets with related organization(s)				1h		X
i Lease of facilities, equipment, or other assets to related organization(s)				;		×
j Lease of facilities, equipment, or other assets from related organization(s)				1j	×	
k Performance of services or membership or fundraising solicitations for related org	related organization(s)			1k	X	
I Performance of services or membership or fundraising solicitations by related org	elated organization(s)			=	×	
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	tion(s)			13		×
n Sharing of paid employees with related organization(s)				-		×
					;	
o Reimbursement paid to related organization(s) for expenses				1 0	~:	
p Reimbursement paid by related organization(s) for expenses				₽ :	×	
q Other transfer of cash or property to related organization(s)				19		×
r Other transfer of cash or property from related organization(s)				- -		×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	who must complete th	is line, including covered	relationships and transaction thresholds.			
(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved			
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
132163 01-23-12	37		Schedul	Schedule R (Form 990) 2011	(066	2011

2 Page 4		revenue)	(j) (k) General or Percentage Imanaging partner? ownership																Schedule R (Form 990) 2011
622		ross	(j) General or managing partner? Yes No		_		_		+		\vdash								For
95-60426		∕ total assets or g	(i) Code V-UBI Ge amount in box 20 min of Schedule K-1 Dr (Form 1065) Ve																Schedule R
		asured by	(h) Dispropor- tionate allocations? Yes No																
	37.)	nt of its activities (me	(g) Share of end-of-year assets																
	ר 1900, Part IV, line	re than five percer	(f) Share of total income																
	" to Form	ucted mo	(e) Are all 501(c)(3) orgs.?			 			 +						 				
DIEGO	ization answered "Yes	the organization condu estment partnerships.	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)																
OF SAN	mplete if the organ	nip through which sion for certain inv	(c) Legal domicile (state or foreign country)																
ASSOCIATED STUDENTS STATE UNIVERSITY	ole as a Partnership (Co	ntity taxed as a partnersl tructions regarding exclu	(b) Primary activity																
ASSOCIATED Schedule R (Form 990) 2011 STATE UNIVE	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.	(a) Name, address, and EIN of entity																

Schedule R (Form 990) 2011

Part VII Supplemental Information

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

SCHEDULE R, PART II: IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS

SDSU RESEARCH FOUNDATION: PRIMARY ACTIVITY

ADMINISTERS FUNDS IN SUPPORT OF RESEARCH, EDUCATIONAL, AND COMMUNITY

SERVICE PROGRAMS AT SDSU

Schedule R (Form 990) 2011

132165 01-23-12

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

0 7

	File a	separate	application	for	each	return.
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If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box

• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (*e-file*). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/efile* and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or		
print	ASSOCIATED STUDENTS OF SAN DIEGO			
File by the due date for filing your return. See Instructions.	STATE UNIVERSITY	X 95-6042622		
	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)		
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. SAN DIEGO, CA 92182			

Enter the Return code for the return that this application is for (file a separate application for each return)

	Return				
Application				Return	
Is For		ls For			Code
Form 990		Form 990-T (corporation)			07
Form 990-BL	02	Form 1041-A			08
Form 990-EZ	01	Form 4720			09
Form 990-PF	04	Form 5227			10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990-T (trust other than above)	06	Form 8870			12
• The books are in the care of SAN DIEGO , CA 9		OSU, AZTEC CENTER BU -7800	SIN	ESS OFFICE	
Telephone No.▶ (619) 594-6487		FAX No. 🕨			
• If the organization does not have an office or place of business	in the Ur	ited States, check this box			
• If this is for a Group Return, enter the organization's four digit (heck this
box . If it is for part of the group, check this box	and atta	ch a list with the names and EINs of all	memb	ers the extension is	for.
MAY 15, 2013 , to file the exempt is for the organization's return for: □ □ calendar year or □ X tax year beginning JUL 1, 2011 2 If the tax year entered in line 1 is for less than 12 months, cl □ Change in accounting period	, an	d ending JUN 30, 2012	l retur	_ ·	
3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, c nonrefundable credits. See instructions.	or 6069, e	nter the tentative tax, less any	3a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, or	enter anv	refundable credits and			
estimated tax payments made. Include any prior year overp	•		Зb	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required,					
by using EFTPS (Electronic Federal Tax Payment System).	-	-	3c	\$	0.
Caution. If you are going to make an electronic fund withdrawal w				EO for payment inst	
LHA For Privacy Act and Paperwork Reduction Act Notice,			0010	Form 8868 (Re	
123841 01-04-12		4.5			

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ASSD

Form 8868 (Rev. 1-2012)	2)
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Page 2

If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868. If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).

Par	Additional (Not Automatic) 3-Moi			nal (no co	opies need	ded).	
			Enter filer's	identifyIn	g number, s	ee instructions	
Type print File by 1	or Name of exempt organization or other filer, see instructions EASSOCIATED STUDENTS OF SAN DIEGO			Employer	Employer identification number (EIN) or		
due dat filing yo return. S					Social security number (SSN)		
instruct	City, town or post office, state, and ZIP code. I SAN DIEGO, CA 92182	For a foreign add	ress, see instructions.				
Enter	the Return code for the return that this application is	for (file a separa	te application for each return)			01	
Applie	Application Return Application						
Form	990	01		局制的作品。	的现在分词	如此是 通常的 "	
Form	990·BL	02	Form 1041-A			08	
Form	990-EZ	01	Form 4720			09	
-	990-PF	04	Form 5227			10	
0	990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
	990-T (trust other than above) I Do not complete Part II if you were not already g	06	Form 8870				
Tel • If t • If t <u>box</u> 4 5 6 7	a books are in the care of ► <u>SAN DIEGO</u> , ephone No. ► <u>(619) 594-6487</u> ne organization does not have an office or place of b nis is for a Group Return, enter the organization's fou ► If it is for part of the group, check this box I request an additional 3-month extension of time un For calendar year, or other tax year beginni If the tax year entered in line 5 is for less than 12 mo Change in accounting period State in detail why you need the extension <u>ADDITIONAL TIME IS NEEDED</u> RETURN .	usiness in the Ur r digit Group Exe and atta til <u>MAY</u> ing <u>JUL 1</u> onths, check reas <u>TO GATHE</u>	FAX No. ►	If this is for <u>f all memb</u> ng <u>JUN</u> Final r	r the whole g ers the exter 30, 2 eturn	roup, check this ision is for. 012	
8a	If this application is for Form 990-BL, 990-PF, 990-1, nonrefundable credits. See instructions.	4720, or 6069, e	nter the tentative tax, less any	8a	\$	0.	
b	If this application is for Form 990-PF, 990-T, 4720, or tax payments made. Include any prior year overpayr	•					
	previously with Form 8868.			8b_	\$	0.	
C	Balance due. Subtract line 8b from line 8a. Include y EFTPS (Electronic Federal Tax Payment System). Se	• • •	th this form, if required, by using	8c		0.	
			st be completed for Part II		L.Ŧ		
Under it Is tru	penalties of perjury, I declare that I have examined this form e, correct, and complete, and that I am authorized to prepar	n, including accom	-	-	of my knowled	ge and belief,	
Signat	ure 🕨 Ti	tle 🕨 ASSOC	IATE EXEC. DIR.	Date			
				. <u></u>	Form 8	868 (Rev. 1-2012)	