

Form **990**

Department of the Treasury
Internal Revenue Service

**** PUBLIC DISCLOSURE COPY ****
Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

2003

Open to Public
Inspection

A For the 2003 calendar year, or tax year beginning **JUL 1, 2003** and ending **JUN 30, 2004**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization SAN FRANCISCO STATE UNIVERSITY FOUNDATION, INC.		D Employer identification number 94-1384645	
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite P.O. BOX 320160		E Telephone number 415-338-2297	
		City or town, state or country, and ZIP + 4 SAN FRANCISCO, CA 94132		F Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ►	
		• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).			

G Website: ► **N/A**

J Organization type (check only one) ► <input checked="" type="checkbox"/> 501(c) (03) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
K Check here ► <input type="checkbox"/> if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.	H(b) If "Yes," enter number of affiliates ►
	H(c) Are all affiliates included? N/A <input type="checkbox"/> Yes <input type="checkbox"/> No (If "No," attach a list.)
	H(d) Is this a separate return filed by an organization covered by a group ruling? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	I Group Exemption Number ►
	M Check ► <input type="checkbox"/> if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ► **32,221,839.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Revenue	1 Contributions, gifts, grants, and similar amounts received:				
	a Direct public support	1a	6,175,167.		
	b Indirect public support	1b			
	c Government contributions (grants)	1c			
	d Total (add lines 1a through 1c) (cash \$ 6,175,167. noncash \$)	1d	6,175,167.		
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2	17,556,166.		
	3 Membership dues and assessments	3			
	4 Interest on savings and temporary cash investments	4			
	5 Dividends and interest from securities	5	1,313,878.		
	6 a Gross rents	6a			
	b Less: rental expenses	6b			
	c Net rental income or (loss) (subtract line 6b from line 6a)	6c			
7 Other investment income (describe ►)	7				
Expenses	8 a Gross amount from sales of assets other than inventory	(A) Securities	7,176,628.	8a	
	b Less: cost or other basis and sales expenses		6,398,583.	8b	
	c Gain or (loss) (attach schedule)		778,045.	8c	
	d Net gain or (loss) (combine line 8c, columns (A) and (B))	STMT 2		8d	778,045.
	9 Special events and activities (attach schedule). If any amount is from gaming, check here ► <input type="checkbox"/>				
	a Gross revenue (not including \$ of contributions reported on line 1a)	9a			
	b Less: direct expenses other than fundraising expenses	9b			
	c Net income or (loss) from special events (subtract line 9b from line 9a)	9c			
	10 a Gross sales of inventory, less returns and allowances	10a			
	b Less: cost of goods sold	10b			
	c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c			
	11 Other revenue (from Part VII, line 103)	11			
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	25,823,256.			
Net Assets	13 Program services (from line 44, column (B))	13	20,193,010.		
	14 Management and general (from line 44, column (C))	14	6,435,131.		
	15 Fundraising (from line 44, column (D))	15			
	16 Payments to affiliates (attach schedule)	16			
	17 Total expenses (add lines 16 and 44, column (A))	17	26,628,141.		
	18 Excess or (deficit) for the year (subtract line 17 from line 12)	18	<804,885.>		
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19	31,405,007.		
	20 Other changes in net assets or fund balances (attach explanation)	20	998,461.		
	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	31,598,583.		

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Page 2

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule)				
	cash \$987,607. noncash \$	22 987,607.	987,607.	STATEMENT 6	
23	Specific assistance to individuals (attach schedule)	23			
24	Benefits paid to or for members (attach schedule)	24			
25	Compensation of officers, directors, etc.	25 152,375.	0.	152,375.	0.
26	Other salaries and wages	26 6,827,490.	6,135,780.	691,710.	
27	Pension plan contributions	27			
28	Other employee benefits	28 2,189,353.	1,874,696.	314,657.	
29	Payroll taxes	29			
30	Professional fundraising fees	30			
31	Accounting fees	31			
32	Legal fees	32			
33	Supplies	33 397,765.	367,345.	30,420.	
34	Telephone	34			
35	Postage and shipping	35			
36	Occupancy	36 246,593.	230,141.	16,452.	
37	Equipment rental and maintenance	37			
38	Printing and publications	38			
39	Travel	39 404,382.	397,042.	7,340.	
40	Conferences, conventions, and meetings	40 335,376.	323,808.	11,568.	
41	Interest	41			
42	Depreciation, depletion, etc. (attach schedule) ...	42 3,094,400.		3,094,400.	
43	Other expenses not covered above (itemize):				
a		43a			
b		43b			
c		43c			
d		43d			
e	SEE STATEMENT 4	43e 11,992,800.	9,876,591.	2,116,209.	
44	Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15	44 26,628,141.	20,193,010.	6,435,131.	0.

Joint Costs. Check ☐ if you are following SOP 98-2.Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☒ No

If "Yes," enter (i) the aggregate amount of these joint costs \$ _____; (ii) the amount allocated to Program services \$ _____;

(iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____.

Part III Statement of Program Service AccomplishmentsWhat is the organization's primary exempt purpose? ☒ SEE STATEMENT 5

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses
(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)

a	PROMOTE AND ASSIST SAN FRANCISCO STATE UNIVERSITY THROUGH THE ADMINISTRATION OF EDUCATIONAL PROJECTS, UNIVERSITY RESEARCH AND DEVELOPMENT PROJECTS, AND COMMUNITY OUTREACH PROGRAMS.	(Grants and allocations \$)	20,193,010.
b		(Grants and allocations \$)	
c		(Grants and allocations \$)	
d		(Grants and allocations \$)	
e	Other program services (attach schedule)	(Grants and allocations \$)	
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)		20,193,010.

Part IV Balance Sheets

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year	(B) End of year
Assets	45 Cash - non-interest-bearing	1,248,867.	45 533,983.
	46 Savings and temporary cash investments		46 156,617.
	47 a Accounts receivable 47a 2,119,375.		
	b Less: allowance for doubtful accounts 47b 766,589.	2,357,334.	47c 1,352,786.
	48 a Pledges receivable 48a 3,919,338.		
	b Less: allowance for doubtful accounts 48b	854,003.	48c 3,919,338.
	49 Grants receivable		49
	50 Receivables from officers, directors, trustees, and key employees		50
	51 a Other notes and loans receivable 51a		
	b Less: allowance for doubtful accounts 51b		51c
	52 Inventories for sale or use		52
	53 Prepaid expenses and deferred charges 81,362.	53 69,105.	
	54 Investments - securities STMT 7 STMT 8 <input checked="" type="checkbox"/> Cost <input type="checkbox"/> FMV 29,490,143.	54 29,865,025.	
	55 a Investments - land, buildings, and equipment: basis 55a		
	b Less: accumulated depreciation 55b		55c
56 Investments - other		56	
57 a Land, buildings, and equipment: basis 57a 84,131,120.			
b Less: accumulated depreciation 57b 9,156,151.	77,731,754.	57c 74,974,969.	
58 Other assets (describe SEE STATEMENT 9) 18,412,403.	58 18,484,582.		
59 Total assets (add lines 45 through 58) (must equal line 74) 130,175,866.	59 129,356,405.		
Liabilities	60 Accounts payable and accrued expenses 2,159,979.	60 1,711,405.	
	61 Grants payable		61
	62 Deferred revenue 5,119,493.	62 6,000,607.	
	63 Loans from officers, directors, trustees, and key employees		63
	64 a Tax-exempt bond liabilities 84,352,500.	64a 83,565,000.	
	b Mortgages and other notes payable 4,535,000.	64b 4,066,500.	
	65 Other liabilities (describe SEE STATEMENT 10) 2,603,887.	65 2,414,310.	
66 Total liabilities (add lines 60 through 65) 98,770,859.	66 97,757,822.		
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.		
	67 Unrestricted 4,181,002.	67 2,836,641.	
	68 Temporarily restricted 19,083,781.	68 20,285,312.	
	69 Permanently restricted 8,140,224.	69 8,476,630.	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.		
	70 Capital stock, trust principal, or current funds		70
	71 Paid-in or capital surplus, or land, building, and equipment fund		71
	72 Retained earnings, endowment, accumulated income, or other funds		72
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21) 31,405,007.	73 31,598,583.	
74 Total liabilities and net assets / fund balances (add lines 66 and 73) 130,175,866.	74 129,356,405.		

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Part IV-B	Reconciliation of Expenses per Audited Financial Statements with Expenses per Return	
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a	Total expenses and losses per audited financial statements	a	26,628,141.
b	Amounts included on line a but not on line 17, Form 990:		
(1)	Donated services and use of facilities ... \$		
(2)	Prior year adjustments reported on line 20, Form 990 \$		
(3)	Losses reported on line 20, Form 990 ... \$		
(4)	Other (specify): \$		
	Add amounts on lines (1) through (4)	b	0.
c	Line a minus line b	c	26,628,141.
d	Amounts included on line 17, Form 990 but not on line a :		
(1)	Investment expenses not included on line 6b, Form 990 ... \$		
(2)	Other (specify): \$		
	Add amounts on lines (1) and (2)	d	0.
e	Total expenses per line 17, Form 990 (line c plus line d)	e	26,628,141.

[illegible]

323031 12-17-03

**SAN FRANCISCO STATE UNIVERSITY
FOUNDATION, INC.**

Form 990 (2003)

94-1384645

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Part VI Other Information

		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76	X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77	X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b	If "Yes," has it filed a tax return on Form 990-T for this year? N/A	78b	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X
b	If "Yes," enter the name of the organization SAN FRANCISCO STATE UNIVERSITY and check whether it is <input type="checkbox"/> exempt or <input checked="" type="checkbox"/> nonexempt.		
81 a	Enter direct or indirect political expenditures. See line 81 instructions 81a 0.		
b	Did the organization file Form 1120-POL for this year?	81b	X
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) 82b N/A		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? N/A	84b	
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? N/A	85a	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	85b	
c	Dues, assessments, and similar amounts from members 85c N/A		
d	Section 162(e) lobbying and political expenditures 85d N/A		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? N/A	85g	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? N/A	85h	
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12 86a N/A		
b	Gross receipts, included on line 12, for public use of club facilities 86b N/A		
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders 87a N/A		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 87b N/A		
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 0. ; section 4912 0. ; section 4955 0.		
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0.		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization 0.		
90 a	List the states with which a copy of this return is filed CALIFORNIA		
b	Number of employees employed in the pay period that includes March 12, 2003 90b 220		
91	The books are in care of THE CORPORATION Telephone no. 415-338-2238		

Located at **1600 HOLLOWAY, SAN FRANCISCO, CA**

ZIP + 4 **94132-0160**

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here ☐
and enter the amount of tax-exempt interest received or accrued during the tax year 92 N/A

Part VII Analysis of Income-Producing Activities (See page 33 of the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a PROGRAM SERVICES					7,610,093.
b OTHER REVENUE					1,049,056.
c HOUSING INCOME					8,856,584.
d FEE REVENUE					40,433.
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities			14	1,313,878.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	778,045.	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		2,091,923.	17,556,166.
105 Total (add line 104, columns (B), (D), and (E))					19,648,089.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See page 34 of the instructions.)

Line No. Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).

SEE STATEMENT 12

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 34 of the instructions.)(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	
	Signature of officer	Date
Paid Preparer's Use Only	Signature of preparer	Date
	Firm's name (or yours if self-employed), address, and ZIP + 4	Type or print name and title.
323161 12-17-03	HOOD & STRONG LLP, CPAS 60 SPEAR STREET, SUITE 400 SAN FRANCISCO, CA 94105	Preparer's SSN or PTIN
		Check if self-employed <input type="checkbox"/>
		Phone no. (415) 781-0793

If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** and check this box ☒ **X**

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).

Part II Additional (not automatic) 3-Month Extension of Time - Must file Original and One Copy.		
Type or print. File by the extended due date for filing the return. See instructions.	Name of Exempt Organization SAN FRANCISCO STATE UNIVERSITY FOUNDATION, INC.	Employer identification number 94-1384645
	Number, street, and room or suite no. If a P.O. box, see instructions. 1600 HOLLOWAY AVENUE LVC-116	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. SAN FRANCISCO, CA 94132-0160	

Check type of return to be filed (File a separate application for each return):

- ☒ Form 990
 ☐ Form 990-EZ
 ☐ Form 990-T (sec. 401(a) or 408(a) trust)
 ☐ Form 1041-A
 ☐ Form 5227
 ☐ Form 8870
☐ Form 990-BL
☐ Form 990-PF
☐ Form 990-T (trust other than above)
☐ Form 4720
☐ Form 6069

STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- If the organization does **not** have an office or place of business in the United States, check this box ☐
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the **whole** group, check this box ☐. If it is for **part** of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until MAY 16, 2005.
- 5 For calendar year _____, or other tax year beginning JUL 1, 2003 and ending JUN 30, 2004.
- 6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period
- 7 State in detail why you need the extension
THE TAXPAYER'S AFFAIRS ARE QUITE COMPLEX. ADDITIONAL TIME IS NEEDED TO PREPARE AND FILE A COMPLETE AND ACCURATE RETURN.
- 8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ _____
- b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ _____
- c **Balance Due.** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ _____ **N/A**

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature *Robert J. Pienaar* Title *CPA* Date *Feb 11, 2005*

An application for Extension of Time to File the return was filed timely. As of this date we have not received the approved copy of the extension request.

otherwise required to be made on a timely return. Please attach this form to the organization's return.

- ☐ We **have not** approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting the 10-day grace period.
- ☐ We **cannot consider** this application because it was filed after the due date of the return for which an extension was requested.
- ☐ Other _____

Director _____ By: _____ Date _____

Alternate Mailing Address - Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or print	Name HOOD & STRONG LLP, CPAS
	Number and street (include suite, room, or apt. no.) Or a P.O. box number 60 SPEAR STREET, SUITE 400
	City or town, province or state, and country (including postal or ZIP code) SAN FRANCISCO, CA 94105

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

► File a separate application for each return.

- 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).

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

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

Note: Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only ☐
All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Type or print	Name of Exempt Organization SAN FRANCISCO STATE UNIVERSITY FOUNDATION	Employer identification number 94-1384645
	Number, street, and room or suite no. If a P.O. box, see instructions. 1600 HOLLOWAY AVENUE LVC-116	
File by the due date for filing your return. See instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions. SAN FRANCISCO, CA 94132-0160	

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- If the organization does **not** have an office or place of business in the United States, check this box ☐
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the **whole** group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-month, for **990-T corporation**) extension of time until **FEBRUARY 15, 2005** to file the exempt organization return for the organization named above. The extension is for the organization's return for:
► ☐ calendar year _____ or
► ☒ tax year beginning **JUL 1, 2003**, and ending **JUN 30, 2004**

2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ _____

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ _____

c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ _____ **N/A**

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ► Stephen J. Piccirilli Title ► CFO Date ► Nov 12, 2004
LHA For Paperwork Reduction Act Notice, see instruction Form 8868 (12-2000)

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.)

2003

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization **SAN FRANCISCO STATE UNIVERSITY
FOUNDATION, INC.** Employer identification number **94 1384645**

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
<u>JOHN ROGERS</u>	ASS PROG DIR			
<u>1600 HOLLOWAY AVENUE, SF, CA 94132</u>	40	80,208.	31,201.	
<u>ALEX ANTONIO</u>	FIS OFFICER			
<u>1600 HOLLOWAY AVENUE, SF, CA 94132</u>	40	75,660.	37,376.	
<u>DIANE ESTRIN</u>	PROG DIRECTOR			
<u>1600 HOLLOWAY AVENUE, SF, CA 94132</u>	40	75,620.	33,197.	
<u>ANTHONY VICTORIA</u>	DIR OF ADMIN			
<u>1600 HOLLOWAY AVENUE, SF, CA 94132</u>	40	75,620.	33,197.	
<u>BRIAN HIBBITS</u>	IT DIRECTOR			
<u>1</u>	40	74,720.	32,802.	
Total number of other employees paid over \$50,000 ▶	26			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
<u>SCHOTT APPLIED POWER CORP</u>	ENGINEERING AND INSTALLATION	199,464.
<u>2900 29TH AVE. SW SUITE E-1, TUNWATER, WA 98512</u>		
<u>GRANT THORTON, LLP</u>	CONSULTING FIN SYSTEMS/ AUDITING	120,746.
<u>P.O. BOX 51519, LOS ANGELES, CA 90051</u>		
<u>UBS FINANCIAL SERVICES</u>	INVESTMENT	75,920.
<u>555 CALIFORNIA ST, SUITE 3200, SF, CA 94101</u>		
<u>INTUIT FUNDWARE</u>	CONSULTING/SYSTEMS	68,737.
<u>P.O. BOX 515041, LOS ANGELES, CA 90051</u>		
<u>MCGINNIS CHEN</u>	CONSULTING/ARCHITECT	67,339.
<u>10 NOTTINGHAM PL, SAN FRANCISCO, CA 94133</u>		
Total number of others receiving over \$50,000 for professional services ▶	3	

Part III Statements About Activities (See page 2 of the instructions.)**Yes No**

1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)	1	X	
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.				
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.) SEE STATEMENT 13			
a	Sale, exchange, or leasing of property?	2a		X
b	Lending of money or other extension of credit?	2b		X
c	Furnishing of goods, services, or facilities?	2c	X	
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V, FORM 990	2d	X	
e	Transfer of any part of its income or assets?	2e		X
3 a	Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.) SEE STATEMENT 14	3a	X	
b	Do you have a section 403(b) annuity plan for your employees?	3b		X
4	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4		X

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

5	<input type="checkbox"/> A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
6	<input type="checkbox"/> A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
7	<input type="checkbox"/> A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
8	<input type="checkbox"/> A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
9	<input type="checkbox"/> A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ► _____
10	<input checked="" type="checkbox"/> An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the Support Schedule in Part IV-A.)
11a	<input type="checkbox"/> An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
11b	<input type="checkbox"/> A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
12	<input type="checkbox"/> An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)
13	<input type="checkbox"/> An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See page 5 of the instructions.)

(a) Name(s) of supported organization(s)

(b) Line number from above

14	<input type="checkbox"/> An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions.)
----	---

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.**
Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in) ▶	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	6,029,486.	9,344,334.	8,584,549.	13,338,634.	37,297,003.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	17,528,857.	3,455,358.	2,655,285.	4,260,801.	27,900,301.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	863,692.	7,831,987.	6,415,969.	5,088,436.	20,200,084.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets		663,850.	SEE STATEMENT 15 338,022.	122,934.	1,124,806.
23 Total of lines 15 through 22	24,422,035.	21,295,529.	17,993,825.	22,810,805.	86,522,194.
24 Line 23 minus line 17	6,893,178.	17,840,171.	15,338,540.	18,550,004.	58,621,893.
25 Enter 1% of line 23	244,220.	212,955.	179,938.	228,108.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 1,172,438.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1999 through 2002 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 0.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 58,621,893.
d Add: Amounts from column (e) for lines: 18 20,200,084. 19 22 1,124,806. 26b					26d 21,324,890.
e Public support (line 26c minus line 26d total)					26e 37,297,003.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 63.6230%
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: N/A (2002) (2001) (2000) (1999)					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: N/A (2002) (2001) (2000) (1999)					
c Add: Amounts from column (e) for lines: 15 16 17 20 21					27c N/A
d Add: Line 27a total and line 27b total					27d N/A
e Public support (line 27c total minus line 27d total)					27e N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					27f N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A %
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1999 through 2002, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.					

Part V

Private School Questionnaire (See page 7 of the instructions.)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29	
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30	
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31	
If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)		
32 Does the organization maintain the following:		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d Copies of all material used by the organization or on its behalf to solicit contributions?	32d	
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)		
33 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?	33a	
b Admissions policies?	33b	
c Employment of faculty or administrative staff?	33c	
d Scholarships or other financial assistance?	33d	
e Educational policies?	33e	
f Use of facilities?	33f	
g Athletic programs?	33g	
h Other extracurricular activities?	33h	
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		
34 a Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b Has the organization's right to such aid ever been revoked or suspended?	34b	
If you answered "Yes" to either 34a or b, please explain using an attached statement.		
35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35	

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.) N/A
(To be completed ONLY by an eligible organization that filed Form 5768)

Check a ☐ if the organization belongs to an affiliated group. Check b ☐ if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for ALL electing organizations												
(The term "expenditures" means amounts paid or incurred.)															
		N/A													
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36													
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37													
38	Total lobbying expenditures (add lines 36 and 37)	38													
39	Other exempt purpose expenditures	39													
40	Total exempt purpose expenditures (add lines 38 and 39)	40													
41	Lobbying nontaxable amount. Enter the amount from the following table -														
	<table><thead><tr><th>If the amount on line 40 is -</th><th>The lobbying nontaxable amount is -</th></tr></thead><tbody><tr><td>Not over \$500,000</td><td>20% of the amount on line 40</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></tbody></table>	If the amount on line 40 is -	The lobbying nontaxable amount is -	Not over \$500,000	20% of the amount on line 40	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000	41	
If the amount on line 40 is -	The lobbying nontaxable amount is -														
Not over \$500,000	20% of the amount on line 40														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
42	Grassroots nontaxable amount (enter 25% of line 41)	42													
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43													
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44													

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 11 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

Part VI-B Lobbying Activity by Nonelecting Public Charities
(For reporting only by organizations that did not complete Part VI-A) (See page 12 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers		X	
b Paid staff or management (Include compensation in expenses reported on lines c through h.)		X	
c Media advertisements		X	
d Mailings to members, legislators, or the public		X	
e Publications, or published or broadcast statements		X	
f Grants to other organizations for lobbying purposes		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		X	
i Total lobbying expenditures (Add lines c through h.)			0.
If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.			

Schedule B
(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary Information for
line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

OMB No. 1545-0047

2003

Name of organization

**SAN FRANCISCO STATE UNIVERSITY
FOUNDATION, INC.**

Employer identification number

94-1384645

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)(03) (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 box(es) for both the General Rule and a Special Rule-see instructions.)

General Rule-

☐ For organizations 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-

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

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests 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 Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate 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: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 1 of their Form 990-PF, to certify that they do 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 and Form 990-EZ

Schedule B (Form 990, 990-EZ, or 990-PF) (2003)

Name of organization
**SAN FRANCISCO STATE UNIVERSITY
 FOUNDATION, INC.**

Employer identification number

94-1384645

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2		\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3		\$ 767,513.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

FOOTNOTES

STATEMENT 1

ASSETS WHOSE USE ARE LIMITED ARE LEGALLY RESTRICTED EITHER
FOR THE PURPOSE OF MAKING PRINCIPAL AND INTEREST PAYMENTS
ON THE REVENUE BONDS USED FOR CONSTRUCTING A STUDENT HOUSING
FACILITY ("THE VILLAGE") OR FOR THE PURCHASE OF UNIVERSITY
PARK APARTMENTS.

THE ORGANIZATION DOES NOT INCUR FUNDRAISING EXPENSES, DOES
NOT SOLICIT CONTRIBUTIONS AND DOES NOT WRITE GRANT REQUESTS.
THE ORGANIZATION ACTS AS THE FISCAL MANAGER FOR OTHER
ENTITIES WITHIN THE UNIVERSITY'S OFFICE OF UNIVERSITY
DEVELOPMENT. FUNDS ARE SUBSEQUENTLY TRANSFERRED TO THE
ORGANIZATION FOR MANAGEMENT.

FORM 990	GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES	STATEMENT	2
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DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
	7,176,628.	6,398,583.	0.	778,045.
TO FORM 990, PART I, LINE 8	7,176,628.	6,398,583.	0.	778,045.

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	3
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DESCRIPTION	AMOUNT
UNREALIZED GAIN ON INVESTMENTS	998,461.
TOTAL TO FORM 990, PART I, LINE 20	998,461.

FORM 990	OTHER EXPENSES	STATEMENT	4
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DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
CONTRACT SERVICES	720,885.	475,062.	245,823.	
INSURANCE	141,842.	77,394.	64,448.	
OTHER OPERATING EXPENSES	9,714,437.	8,357,552.	1,356,885.	
EQUIPMENT	35,807.	15,858.	19,949.	
STUDENT SUPPORT	5,304.	5,304.		
INTERFUND CHARGE- INDIRECT COSTS	1,374,525.	945,421.	429,104.	
TOTAL TO FM 990, LN 43	11,992,800.	9,876,591.	2,116,209.	

FORM 990	STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE PART III	STATEMENT	5
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EXPLANATION

SAN FRANCISCO STATE UNIVERSITY FOUNDATION, INC., SERVES AS AN AUXILIARY ORGANIZATION OF SAN FRANCISCO STATE UNIVERSITY(THE UNIVERSITY). THE FOUNDATION WAS ESTABLISHED IN 1946 FOR THE PURPOSE OF PROMOTING AND ASSISTING THE UNIVERSITY THROUGH THE ADMINISTRATION OF EDUCATIONAL PROJECTS AND COMMUNITY OUTREACH. THE FOUNDATION ASSISTS FACULTY IN ATTRACTING FUNDS FROM OUTSIDE SPONSORS, AND THEN ADMINISTERING THE PROJECTS THE FUNDS ARE

INTENDED TO SUPPORT. ON A SELF-SPONSORED BASIS, THE FOUNDATION PROVIDES LOGISTICAL SERVICES TO UNIVERISTY FACULTY IN WRITING, EDITING, AND PUBLISHING OF PROJECT PROPOSALS: IDENTIFYING AND PROVIDING INFORMATION ON POTENTIAL SPONSORS, NEGOTIATING, CONTRACT WRITING, CONTRACT ANALYSIS AND ADMINISTRATION, LEGAL, PERSONNEL, PAYROLL, ACCOUNTING, FISCAL REPORTING, AUDITING, INSURANCE, LEASE WRITING, PURCHASING, EQUIPMENT MAINTENANCE AND OTHER SERVICES FOR PROJECTS FUNDED BY OUTSIDE SPONSORS.

FORM 990 CASH GRANTS AND ALLOCATIONS STATEMENT 6

CLASSIFICATION	DONEE'S NAME	DONEE'S ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
STUDENT GRANTS	VARIOUS		STUDENT AT THE UNIVERSITY	987,607.
TOTAL INCLUDED ON FORM 990, PART II, LINE 22				987,607.

FORM 990 NON-GOVERNMENT SECURITIES STATEMENT 7

SECURITY DESCRIPTION	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	OTHER SECURITIES	TOTAL NON-GOV'T SECURITIES
CORPORATE STOCKS	15,788,304.				15,788,304.
CORPORATE BONDS		4,254,041.			4,254,041.
CASH EQUIVALENTS				1,180,804.	1,180,804.
MORTGAGE SECURITIES				1,493,825.	1,493,825.
TO 990, LN 54 COL B	15,788,304.	4,254,041.		2,674,629.	22,716,974.

FORM 990 GOVERNMENT SECURITIES STATEMENT 8

DESCRIPTION	U.S. GOVERNMENT	STATE AND LOCAL GOV'T	TOTAL GOV'T SECURITIES
GOVERNMENT & FIXED INCOME	5,825,612.		5,825,612.
LOCAL AGENCY INVESTMENT FUND		1,322,439.	1,322,439.
TOTAL TO FORM 990, LINE 54, COL B	5,825,612.	1,322,439.	7,148,051.

FORM 990	OTHER ASSETS	STATEMENT	9
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DESCRIPTION

AMOUNT

LEASE RECEIVABLE FROM OTHER AUXILIARY
ASSET WHOSE USE IS LIMITED
BOND ISSUANCE COSTS

1,139,999.
9,687,846.
7,656,737.

TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B

18,484,582.

FORM 990	OTHER LIABILITIES	STATEMENT	10
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DESCRIPTION

AMOUNT

DEPOSITS HELD FOR OTHER AUXILIARY
ACCRUED VACATION
ACCRUED LIABILITIES

34,412.
255,968.
2,123,930.

TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B

2,414,310.

FORM 990 PART V - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES STATEMENT 11

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
ROBERT A CORRIGAN 640 HOLLOWAY AVE. SAN FRANCISCO, CA 94132	CHAIR 1	0.	0.	0.
JO VOLKERT 640 HOLLOWAY AVE. SAN FRANCISCO, CA 94132	VICE-CHAIR 1	0.	0.	0.
JOHN SCOBLE 640 HOLLOWAY AVE. SAN FRANCISCO, CA 94132	EXEC DIR 1	0.	0.	0.
CHARLOTTE FERRETTI 640 HOLLOWAY AVE. SAN FRANCISCO, CA 94132	SECRETARY 1	0.	0.	0.
JOY MORIMOTO 640 HOLLOWAY AVE. SAN FRANCISCO, CA 94132	BOARD MEMBER 1	0.	0.	0.
JOHN M GEMELLO 640 HOLLOWAY AVE. SAN FRANCISCO, CA 94132	BOARD MEMBER 1	0.	0.	0.
MARAN COLVIN 640 HOLLOWAY AVE. SAN FRANCISCO, CA 94132	BOARD MEMBER 1	0.	0.	0.
KEPPELIN WONG 640 HOLLOWAY AVE. SAN FRANCISCO, CA 94132	BOARD MEMBER 1	0.	0.	0.
STEPHEN MARK DOBBS 640 HOLLOWAY AVE. SAN FRANCISCO, CA 94132	BOARD MEMBER 1	0.	0.	0.
GERARDO UNGSON 640 HOLLOWAY AVE. SAN FRANCISCO, CA 94132	BOARD MEMBER 1	0.	0.	0.
STEPHEN O'NEAL 640 HOLLOWAY AVE. SAN FRANCISCO, CA 94132	BOARD MEMBER 1	0.	0.	0.

MARTHA C WALDA 1640 HOLLOWAY AVE. SAN FRANCISCO, CA 94132	BOARD MEMBER 1	0.	0.	0.
LAWRENCE CHAN 1640 HOLLOWAY AVE. SAN FRANCISCO, CA 94132	BOARD MEMBER 1	0.	0.	0.
GARY HAMMERSTROM 1640 HOLLOWAY AVE. SAN FRANCISCO, CA 94132	BOARD MEMBER 1	0.	0.	0.
MICHAEL POTEPAN 1640 HOLLOWAY AVE. SAN FRANCISCO, CA 94132	BOARD MEMBER 1	0.	0.	0.
JOHN F CUMMINS 1640 HOLLOWAY AVE. SAN FRANCISCO, CA 94132	BOARD MEMBER 1	0.	0.	0.
RICHARD N GOLDMAN 1640 HOLLOWAY AVE. SAN FRANCISCO, CA 94132	BOARD MEMBER 1	0.	0.	0.
ROBERT PASKER 1640 HOLLOWAY AVE. SAN FRANCISCO, CA 94132	BOARD MEMBER 1	0.	0.	0.
GERALD WEST 1640 HOLLOWAY AVE. SAN FRANCISCO, CA 94132	BOARD MEMBER 1	0.	0.	0.
RAPHAEL DIAZ 1640 HOLLOWAY AVE. SAN FRANCISCO, CA 94132	BOARD MEMBER 1	0.	0.	0.
KAREN CLOPTON 1640 HOLLOWAY AVE. SAN FRANCISCO, CA 94132	COO/TREASURER/CORP COUNSEL 40	152,375.	66,893.	0.
TOTALS INCLUDED ON FORM 990, PART V		152,375.	66,893.	0.

FORM 990

PART VIII - RELATIONSHIP OF ACTIVITIES TO ACCOMPLISHMENT OF EXEMPT PURPOSES

STATEMENT 12

LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES
93A	CAMPUS PROGRAM REVENUE IS FROM A VARIETY OF SAN FRANCISCO STATE UNIVERSITY RELATED PROGRAMS SUCH AS WORKSHOPS, INSTITUTES, AND CONFERENCES SPONSORED BY THE FOUNDATION TO PROVIDE AUXILIARY SUPPORT TO SAN FRANCISCO STATE UNIVERSITY.
93B	ALL SUCH REVENUE IS FOR THE PURPOSE OF PROMOTING AND ASSISTING THE

93C

EDUCATIONAL SERVICES OF THE SAN FRANCISCO STATE UNIVERSITY AS WELL AS
PROMOTING PUBLIC AND COMMUNITY RELATIONS.
HOUSING/RENTAL INCOME IS DERIVED FROM STUDENT HOUSING AND FROM
SERVICES PROVIDED FOR THE CONVENIENCE OF THE STUDENTS AND FACULTY.

SCHEDULE A

STATEMENT REGARDING ACTIVITIES WITH
SUBSTANTIAL CONTRIBUTORS, TRUSTEES, DIRECTORS,
CREATORS, KEY EMPLOYEES, ETC,.
PART III, LINE 2

STATEMENT 13

SAN FRANCISCO STATE UNIVERSITY FOUNDATION, INC. IS RELATED TO SAN FRANCISCO
STATE UNIVERSITY, A TAX EXEMPT ENTITY. DURING THE YEAR, IN THE NORMAL COURSE
OF ITS BUSINESS, SAN FRANCISCO STATE UNIVERSITY FOUNDATION MAY HAVE
FURNISHED SERVICES, GOODS OR FACILITIES AND TRANSFERRED ASSETS TO SAN
FRANCISCO STATE UNIVERSITY.

SCHEDULE A

EXPLANATION OF QUALIFICATIONS TO RECEIVE PAYMENTS
PART III, LINE 3

STATEMENT 14

THE FOUNDATION ADMINISTERS SCHOLARSHIPS. THE SCHOLARSHIP GRANTS ARE MADE TO
INDIVIDUALS THAT MEET THE SPECIFIC CRITERIA OF THE SCHOLARSHIPS BASED ON
EDUCATIONAL ACHIEVEMENTS, FINANCIAL NEED AND OTHER CRITERIA.

SCHEDULE A

OTHER INCOME

STATEMENT 15

DESCRIPTION	2002 AMOUNT	2001 AMOUNT	2000 AMOUNT	1999 AMOUNT
	0.	663,850.	338,022.	122,934.
TOTAL TO SCHEDULE A, LINE 22	0.	663,850.	338,022.	122,934.

SAN FRANCISCO STATE UNIVERSITY FOUNDATION

YEAR END: JUNE 30, 2004

EIN:94-1384645

Property and Equipment:

The following is a summary of property and equipment as of June 30, 2004:

Building	80,874,000
Leasehold improvements	669,158
Equipment, furniture and fixtures	2,587,962
	<hr/>
	84,131,120
Less: accumulated depreciation and amortization	(9,156,151)
	<hr/>
	\$74,974,969