

Form **990**

Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

**2005**

Open to Public Inspection

**A** For the 2005 calendar year, or tax year beginning **JUL 1, 2005** and ending **JUN 30, 2006**

**B** Check if applicable:

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return  
☐ Amended return  
☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

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

Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**P.O. BOX 320160**

City or town, state or country, and ZIP + 4  
**SAN FRANCISCO, CA 94132**

**D** Employer identification number

**94-1384645**

**E** Telephone number

**415-338-2297**

**F** Accounting method: ☐ Cash ☒ Accrual  
☐ 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).

**H and I are not applicable to section 527 organizations.**

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

**H(b)** If "Yes," enter number of affiliates ▶ **N/A**

**H(c)** Are all affiliates included? **N/A** ☐ Yes ☐ No  
(If "No," attach a list.)

**H(d)** Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No

**I** Group Exemption Number ▶ **N/A**

**G** Website: ▶ **WWW.FOUNDATION.SFSU.EDU**

**J** Organization type (check only one) ▶ ☒ 501(c) ( 3 ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

**K** Check here ☐ 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 chooses to file a return, be sure to file a complete return. Some states require a complete return.

**M** Check ☐ 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 ▶ **57,115,259.**

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

Revenue	<b>1</b>	Contributions, gifts, grants, and similar amounts received:			
	<b>a</b>	Direct public support	<b>1a</b>	<b>5,961,459.</b>	
	<b>b</b>	Indirect public support	<b>1b</b>		
	<b>c</b>	Government contributions (grants)	<b>1c</b>		
	<b>d</b>	Total (add lines 1a through 1c) (cash \$ <b>5,728,550.</b> noncash \$ <b>232,909.</b> )	<b>1d</b>	<b>5,961,459.</b>	
	<b>2</b>	Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>	<b>13,675,626.</b>	
	<b>3</b>	Membership dues and assessments	<b>3</b>		
	<b>4</b>	Interest on savings and temporary cash investments	<b>4</b>	<b>534,145.</b>	
	<b>5</b>	Dividends and interest from securities	<b>5</b>	<b>640,674.</b>	
	<b>6a</b>	Gross rents	<b>6a</b>		
<b>b</b>	Less: rental expenses	<b>6b</b>			
<b>c</b>	Net rental income or (loss) (subtract line 6b from line 6a)	<b>6c</b>			
<b>7</b>	Other investment income (describe ▶ )	<b>7</b>			
Revenue	<b>8a</b>	Gross amount from sales of assets other than inventory	(A) Securities <b>35,553,355.</b>	<b>8a</b>	
	<b>b</b>	Less: cost or other basis and sales expenses	<b>35,194,945.</b>	<b>8b</b>	
	<b>c</b>	Gain or (loss) (attach schedule)	<b>358,410.</b>	<b>8c</b>	
	<b>d</b>	Net gain or (loss) (combine line 8c, columns (A) and (B))	<b>STMT 2</b>	<b>8d</b>	<b>358,410.</b>
	<b>9</b>	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>			
	<b>a</b>	Gross revenue (not including \$ of contributions reported on line 1a)	<b>9a</b>		
	<b>b</b>	Less: direct expenses other than fundraising expenses	<b>9b</b>		
	<b>c</b>	Net income or (loss) from special events (subtract line 9b from line 9a)	<b>9c</b>		
Revenue	<b>10a</b>	Gross sales of inventory, less returns and allowances	<b>10a</b>		
	<b>b</b>	Less: cost of goods sold	<b>10b</b>		
	<b>c</b>	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	<b>10c</b>		
Expenses	<b>11</b>	Other revenue (from Part VII, line 103)	<b>11</b>	<b>750,000.</b>	
	<b>12</b>	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	<b>12</b>	<b>21,920,314.</b>	
	<b>13</b>	Program services (from line 44, column (B))	<b>13</b>	<b>18,548,082.</b>	
	<b>14</b>	Management and general (from line 44, column (C))	<b>14</b>	<b>4,054,018.</b>	
	<b>15</b>	Fundraising (from line 44, column (D))	<b>15</b>		
	<b>16</b>	Payments to affiliates (attach schedule)	<b>16</b>		
	<b>17</b>	Total expenses (add lines 16 and 44, column (A))	<b>17</b>	<b>22,602,100.</b>	
	<b>18</b>	Excess or (deficit) for the year (subtract line 17 from line 12)	<b>18</b>	<b>-681,786.</b>	
	<b>19</b>	Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>	<b>38,343,656.</b>	
	<b>20</b>	Other changes in net assets or fund balances (attach explanation) <b>SEE STATEMENT 3</b>	<b>20</b>	<b>1,970,376.</b>	
Net Assets	<b>21</b>	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	<b>21</b>	<b>39,632,246.</b>	

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**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.

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		
<b>22</b> Grants and allocations (attach schedule) ... (cash \$ <u>566,959</u> • noncash \$ <u>0</u> .) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>22</b> 566,959.	566,959.	<b>STATEMENT 6</b>			
<b>23</b> Specific assistance to individuals (attach schedule) .....	<b>23</b>					
<b>24</b> Benefits paid to or for members (attach schedule) .....	<b>24</b>					
<b>25</b> Compensation of officers, directors, etc. * *	<b>25</b> 214,235.	192,812.			21,423.	0.
<b>26</b> Other salaries and wages .....	<b>26</b> 4,176,780.	4,176,780.				
<b>27</b> Pension plan contributions .....	<b>27</b>					
<b>28</b> Other employee benefits .....	<b>28</b> 1,084,740.	1,084,740.				
<b>29</b> Payroll taxes .....	<b>29</b> 50,175.	50,175.				
<b>30</b> Professional fundraising fees .....	<b>30</b>					
<b>31</b> Accounting fees .....	<b>31</b> 254,122.				254,122.	
<b>32</b> Legal fees .....	<b>32</b> 13,624.	13,624.				
<b>33</b> Supplies .....	<b>33</b> 435,335.	10,340.	424,995.			
<b>34</b> Telephone .....	<b>34</b> 35,447.	6,948.	28,499.			
<b>35</b> Postage and shipping .....	<b>35</b> 40,903.	8,897.	32,006.			
<b>36</b> Occupancy .....	<b>36</b> 124,647.		124,647.			
<b>37</b> Equipment rental and maintenance .....	<b>37</b> 1,279,222.	1,205,874.	73,348.			
<b>38</b> Printing and publications .....	<b>38</b> 133,968.	1,628.	132,340.			
<b>39</b> Travel .....	<b>39</b> 340,582.	4,015.	336,567.			
<b>40</b> Conferences, conventions, and meetings ...	<b>40</b> 215,332.	124,851.	90,481.			
<b>41</b> Interest .....	<b>41</b> 4,294,975.	4,294,975.				
<b>42</b> Depreciation, depletion, etc. (attach schedule)	<b>42</b> 2,821,901.	2,821,901.				
<b>43</b> Other expenses not covered above (itemize):						
a	<b>43a</b>					
b	<b>43b</b>					
c	<b>43c</b>					
d	<b>43d</b>					
e	<b>43e</b>					
f	<b>43f</b>					
g <b>SEE STATEMENT 4</b>	<b>43g</b> 6,519,153.	3,983,563.	2,535,590.			
<b>44</b> <b>Total functional expenses.</b> Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15) .....	<b>44</b> 22,602,100.	18,548,082.	4,054,018.	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 \$ N/A ; (ii) the amount allocated to Program services \$ N/A ;  
 (iii) the amount allocated to Management and general \$ N/A ; and (iv) the amount allocated to Fundraising \$ N/A

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\* \* **SEE STATEMENT 5**

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**Part III Statement of Program Service Accomplishments** (See the instructions.)

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.

What is the organization's primary exempt purpose? ► <u>SEE STATEMENT 7</u>	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
<p>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.)</p> <p><b>a PROMOTE AND ASSIST SAN FRANCISCO STATE UNIVERSITY THROUGH THE ADMINISTRATION OF EDUCATIONAL PROJECTS, UNIVERSITY RESEARCH AND DEVELOPMENT PROJECTS, AND COMMUNITY OUTREACH PROGRAMS.</b></p> <p>(Grants and allocations \$ <u>566,959.</u> ) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	13,686,038.
<p><b>b RENTAL OF UNIVERSITY HOUSING FOR STUDENTS, FACULTY AND STAFF</b></p> <p>(Grants and allocations \$                      ) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	4,862,044.
<p><b>c</b></p> <p>(Grants and allocations \$                      ) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	
<p><b>d</b></p> <p>(Grants and allocations \$                      ) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	
<p><b>e Other program services (attach schedule)</b></p> <p>(Grants and allocations \$                      ) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	
<p><b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) ►</p>	<b>18,548,082.</b>

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**Part IV Balance Sheets** (See the instructions.)

**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
<b>Assets</b>	45 Cash - non-interest-bearing .....	882,595.	45	196,179.
	46 Savings and temporary cash investments .....	153,569.	46	271,715.
	47 a Accounts receivable .....	1,372,375.		
	b Less: allowance for doubtful accounts .....	50,000.		
		681,056.	47c	1,322,375.
	48 a Pledges receivable .....	2,045,483.		
	b Less: allowance for doubtful accounts .....			
		1,536,926.	48c	2,045,483.
	49 Grants receivable .....		49	
	50 Receivables from officers, directors, trustees, and key employees .....		50	
	51 a Other notes and loans receivable .....			
	b Less: allowance for doubtful accounts .....			
			51c	
	52 Inventories for sale or use .....		52	
	53 Prepaid expenses and deferred charges .....	96,642.	53	128,636.
54 Investments - securities <b>STMT 8 STMT 9</b> <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	37,003,064.	54	37,136,969.	
55 a Investments - land, buildings, and equipment: basis .....				
b Less: accumulated depreciation .....				
56 Investments - other .....		56		
57 a Land, buildings, and equipment: basis .....	85,883,503.			
b Less: accumulated depreciation <b>STMT 10</b> .....	14,696,056.			
	72,641,252.	57c	71,187,447.	
58 Other assets (describe <b>▶ SEE STATEMENT 11</b> )	18,363,001.	58	18,251,153.	
59 <b>Total assets</b> (must equal line 74). Add lines 45 through 58 .....	131,358,105.	59	130,539,957.	
<b>Liabilities</b>	60 Accounts payable and accrued expenses .....	3,432,693.	60	2,941,038.
	61 Grants payable .....		61	
	62 Deferred revenue .....	3,225,651.	62	2,672,974.
	63 Loans from officers, directors, trustees, and key employees .....		63	
	64 a Tax-exempt bond liabilities <b>STMT 12</b> .....	82,741,360.	64a	81,857,500.
	b Mortgages and other notes payable <b>STMT 13</b> .....	3,580,333.	64b	3,401,787.
	65 Other liabilities (describe <b>▶ SEE STATEMENT 14</b> )	34,412.	65	34,412.
66 <b>Total liabilities.</b> Add lines 60 through 65) .....	93,014,449.	66	90,907,711.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.</b>			
	67 Unrestricted .....	3,424,026.	67	2,062,907.
	68 Temporarily restricted .....	23,838,957.	68	23,940,118.
	69 Permanently restricted .....	11,080,673.	69	13,629,221.
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.</b>			
	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 <b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21) .....	38,343,656.	73	39,632,246.
	74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73 .....	131,358,105.	74	130,539,957.

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Yes	No
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21

75b		X
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SEE STATEMENT 16

75c	X	
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75d	X	
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**Benefits** (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address NONE	(B) Loans and Advances	(C) Compensation	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
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Yes	No
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76		X
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77		X
----	--	---

$$\bar{N}/A$$

78a	X
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79		X
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80a	X	
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and check whether it is ☒ exempt or ☐ nonexempt

81a	0
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81b		X
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**Part VI Other Information** (continued)

		Yes	No
<b>82 a</b> 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? .....	<b>82a</b>		<b>X</b>
<b>b</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.) .....	<b>82b</b>		N/A
<b>83 a</b> Did the organization comply with the public inspection requirements for returns and exemption applications? .....	<b>83a</b>	<b>X</b>	
<b>b</b> Did the organization comply with the disclosure requirements relating to quid pro quo contributions? .....	<b>83b</b>	<b>X</b>	
<b>84 a</b> Did the organization solicit any contributions or gifts that were not tax deductible? .....	<b>84a</b>		<b>X</b>
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? .....	<b>84b</b>		
<b>85 501(c)(4), (5), or (6) organizations. a</b> Were substantially all dues nondeductible by members? .....	<b>85a</b>		
<b>b</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....	<b>85b</b>		
If "Yes" was answered to either 85a or 85b, <b>do not</b> complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.			
<b>c</b> Dues, assessments, and similar amounts from members .....	<b>85c</b>		N/A
<b>d</b> Section 162(e) lobbying and political expenditures .....	<b>85d</b>		N/A
<b>e</b> Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices .....	<b>85e</b>		N/A
<b>f</b> Taxable amount of lobbying and political expenditures (line 85d less 85e) .....	<b>85f</b>		N/A
<b>g</b> Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? .....	<b>85g</b>		
<b>h</b> 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? .....	<b>85h</b>		N/A
<b>86 501(c)(7) organizations. Enter: a</b> Initiation fees and capital contributions included on line 12 .....	<b>86a</b>		N/A
<b>b</b> Gross receipts, included on line 12, for public use of club facilities .....	<b>86b</b>		N/A
<b>87 501(c)(12) organizations. Enter: a</b> Gross income from members or shareholders .....	<b>87a</b>		N/A
<b>b</b> Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) .....	<b>87b</b>		N/A
<b>88</b> 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 .....	<b>88</b>		<b>X</b>
<b>89 a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under:</b> section 4911 ▶ 0.; section 4912 ▶ 0.; section 4955 ▶ 0. ....			
<b>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?</b> If "Yes," attach a statement explaining each transaction .....	<b>89b</b>		<b>X</b>
<b>c</b> Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 .....			0.
<b>d</b> Enter: Amount of tax on line 89c, above, reimbursed by the organization .....			0.
<b>90 a</b> List the states with which a copy of this return is filed ▶ <b>CA</b> .....	<b>90b</b>		<b>194</b>
<b>b</b> Number of employees employed in the pay period that includes March 12, 2005 .....			<b>194</b>
<b>91 a</b> The books are in care of ▶ <b>FINANCE DIRECTOR</b> Telephone no. ▶ <b>415-338-7933</b> .....			
Located at ▶ <b>P.O. BOX 320160, SAN FRANCISCO, CA</b> ZIP + 4 ▶ <b>94132</b> .....			
<b>b</b> At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? .....	<b>91b</b>		<b>X</b>
If "Yes," enter the name of the foreign country ▶ <b>N/A</b> .....			
See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1</b> , Report of Foreign Bank and Financial Accounts.			
<b>c</b> At any time during the calendar year, did the organization maintain an office outside of the United States? .....	<b>91c</b>		<b>X</b>
If "Yes," enter the name of the foreign country ▶ <b>N/A</b> .....			
<b>92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here</b> .....			<input type="checkbox"/>
and enter the amount of tax-exempt interest received or accrued during the tax year .....	<b>92</b>		N/A

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

	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	
<b>93</b> Program service revenue:					
<b>a</b> <u>PROGRAM SERVICES</u>					4,519,538.
<b>b</b> <u>STUDENT HOUSING REVENUE</u>					9,156,088.
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>f</b> Medicare/Medicaid payments .....					
<b>g</b> Fees and contracts from government agencies .....					
<b>94</b> Membership dues and assessments .....					
<b>95</b> Interest on savings and temporary cash investments .....			14	534,145.	
<b>96</b> Dividends and interest from securities .....			14	640,674.	
<b>97</b> Net rental income or (loss) from real estate:					
<b>a</b> debt-financed property .....					
<b>b</b> not debt-financed property .....					
<b>98</b> Net rental income or (loss) from personal property .....					
<b>99</b> Other investment income .....					
<b>100</b> Gain or (loss) from sales of assets other than inventory .....			18	358,410.	
<b>101</b> Net income or (loss) from special events .....					
<b>102</b> Gross profit or (loss) from sales of inventory .....					
<b>103</b> Other revenue:					
<b>a</b> <u>LAWSUIT SETTLEMENT</u>			01	750,000.	
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>104</b> Subtotal (add columns (B), (D), and (E)) .....		0.		2,283,229.	13,675,626.
<b>105</b> <b>Total</b> (add line 104, columns (B), (D), and (E)) .....					15,958,855.

**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 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 17

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See 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 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).

<b>Please Sign Here</b>	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	EXECUTIVE DIRECTOR
<b>Paid Preparer's Use Only</b>	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN
	Firm's name (or yours if self-employed), address, and ZIP + 4 MOSS ADAMS LLP 975 OAK STREET, SUITE 500 EUGENE, OR 97401			EIN 541-686-1040

Form **990** (2005)



**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Organization Exempt Under Section 501(c)(3)**

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

**Supplementary Information-(See separate instructions.)**

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

OMB No. 1545-0047

**2005**

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
JOHN ROGERS 1600 HOLLOWAY AVE, SAN FRANCISCO, CA	ASSC PROG DIR 40.00	82,430.	32,065.	
LOUIS SMITH 1600 HOLLOWAY AVE, SAN FRANCISCO, CA	CHIEF ACCT 40.00	103,124.	45,271.	
ANTHONY VICTORIA 1600 HOLLOWAY AVE, SAN FRANCISCO, CA	DIR ADMIN SVC 40.00	78,430.	34,431.	
BRIAN HIBBITS 1600 HOLLOWAY AVE, SAN FRANCISCO, CA	DIR OF TECH 40.00	73,811.	32,403.	
ARLENE ESSEX 1600 HOLLOWAY AVE, SAN FRANCISCO, CA	MGR PROJECT ADMIN 40.00	67,355.	29,569.	
Total number of other employees paid over \$50,000 ▶	8			

**Part II-A 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
SFSU ACCOUNTING OFFICE 1600 HOLLOWAY AVENUE, SAN FRANCISCO, CA 94132	PROGRAM RELATED ADMIN EXPENSES	578,100.
THELEN REID & PRIEST LLP P.O. BOX 60000, SAN FRANCISCO, CA 94132	LEGAL	321,203.
MOSS ADAMS LLP ONE CALIFORNIA STREET, 4TH FLOOR, SAN FRANCISCO, CA	AUDITING	141,616.
MCGINNIS CHEN ASSOCIATES LLP 10 NOTTINGHAM PLACE, SAN FRANCISCO, CA 94133	SFSU CENTENNIAL VILLAGE PROJECT	79,259.
RITA BARELA PRODUCTIONS, INC 385 MENDEL STREET, SAN FRANCISCO, CA 94124	MORRISON CONCERT SERIES	70,000.
Total number of others receiving over \$50,000 for professional services ▶	0	

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**  
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over \$50,000 for other services ▶	0	

**SAN FRANCISCO STATE UNIVERSITY**

Schedule A (Form 990 or 990-EZ) 2005 **FOUNDATION, INC.**

94-1384645 Page 2

**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 <b>▶</b> \$ <u>23,000.</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) 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.	<b>1</b>	<b>X</b>
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.)		
a Sale, exchange, or leasing of property?	<b>2a</b>	<b>X</b>
b Lending of money or other extension of credit?	<b>2b</b>	<b>X</b>
c Furnishing of goods, services, or facilities?	<b>2c</b>	<b>X</b>
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? <b>SEE PART V-A, FORM 990</b>	<b>2d</b>	<b>X</b>
e Transfer of any part of its income or assets?	<b>2e</b>	<b>X</b>
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.)	<b>3a</b>	<b>X</b>
b Do you have a section 403(b) annuity plan for your employees?	<b>3b</b>	<b>X</b>
c During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?	<b>3c</b>	<b>X</b>
4 a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	<b>4a</b>	<b>X</b>
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	<b>4b</b>	<b>X</b>

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

6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)

7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).

8 ☐ A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).

9 ☐ 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 ☒ 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 ☐ 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 ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)

12 ☐ 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 ☐ 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) sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that describes the type of supporting organization: ☐ Type 1 ☐ Type 2 ☐ Type 3

Provide the following information about the supported organizations. (See page 6 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions.)

## SAN FRANCISCO STATE UNIVERSITY

Schedule A (Form 990 or 990-EZ) 2005 FOUNDATION, INC.

94-1384645 Page 3

**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) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
<b>15</b> Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	6,267,382.	3,109,832.	6,029,486.	9,344,334.	24,751,034.
<b>16</b> Membership fees received					
<b>17</b> 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	21,059,591.	17,556,166.	17,528,857.	3,455,358.	59,599,972.
<b>18</b> 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	1,844,422.	1,313,878.	863,692.	7,831,987.	11,853,979.
<b>19</b> Net income from unrelated business activities not included in line 18					
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
<b>21</b> 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					
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets			SEE STATEMENT 18	663,850.	663,850.
<b>23</b> Total of lines 15 through 22	29,171,395.	21,979,876.	24,422,035.	21,295,529.	96,868,835.
<b>24</b> Line 23 minus line 17	8,111,804.	4,423,710.	6,893,178.	17,840,171.	37,268,863.
<b>25</b> Enter 1% of line 23	291,714.	219,799.	244,220.	212,955.	
<b>26 Organizations described on lines 10 or 11:</b> a Enter 2% of amount in column (e), line 24 ▶ <b>26a</b>					745,377.
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 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts ▶ <b>26b</b>					9,609,204.
c Total support for section 509(a)(1) test: Enter line 24, column (e) ▶ <b>26c</b>					37,268,863.
d Add: Amounts from column (e) for lines: 18 11,853,979. 19 9,609,204. 22 663,850. ▶ <b>26d</b>					22,127,033.
e Public support (line 26c minus line 26d total) ▶ <b>26e</b>					15,141,830.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) ▶ <b>26f</b>					40.6286%
<b>27 Organizations described on line 12:</b> 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 (2004) (2003) (2002) (2001)					
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 11b, 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 (2004) (2003) (2002) (2001)					
c Add: Amounts from column (e) for lines: 15 16 17 20 21 ▶ <b>27c</b>					N/A
d Add: Line 27a total and line 27b total ▶ <b>27d</b>					N/A
e Public support (line 27c total minus line 27d total) ▶ <b>27e</b>					N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e) ▶ <b>27f</b>					N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) ▶ <b>27g</b>					N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) ▶ <b>27h</b>					N/A %
<b>28 Unusual Grants:</b> For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, 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.					

**SAN FRANCISCO STATE UNIVERSITY**

Schedule A (Form 990 or 990-EZ) 2005 **FOUNDATION, INC.**

94-1384645 Page 4

**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
<b>29</b> 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? .....	<b>29</b>	
<b>30</b> 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? .....	<b>30</b>	
<b>31</b> 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? .....	<b>31</b>	
If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)		
<b>32</b> Does the organization maintain the following:		
<b>a</b> Records indicating the racial composition of the student body, faculty, and administrative staff? .....	<b>32a</b>	
<b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? .....	<b>32b</b>	
<b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? .....	<b>32c</b>	
<b>d</b> Copies of all material used by the organization or on its behalf to solicit contributions? .....	<b>32d</b>	
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)		
<b>33</b> Does the organization discriminate by race in any way with respect to:		
<b>a</b> Students' rights or privileges? .....	<b>33a</b>	
<b>b</b> Admissions policies? .....	<b>33b</b>	
<b>c</b> Employment of faculty or administrative staff? .....	<b>33c</b>	
<b>d</b> Scholarships or other financial assistance? .....	<b>33d</b>	
<b>e</b> Educational policies? .....	<b>33e</b>	
<b>f</b> Use of facilities? .....	<b>33f</b>	
<b>g</b> Athletic programs? .....	<b>33g</b>	
<b>h</b> Other extracurricular activities? .....	<b>33h</b>	
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		
<b>34 a</b> Does the organization receive any financial aid or assistance from a governmental agency? .....	<b>34a</b>	
<b>b</b> Has the organization's right to such aid ever been revoked or suspended? .....	<b>34b</b>	
If you answered "Yes" to either 34a or b, please explain using an attached statement.		
<b>35</b> 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 .....	<b>35</b>	

Schedule A (Form 990 or 990-EZ) 2005

## SAN FRANCISCO STATE UNIVERSITY

Schedule A (Form 990 or 990-EZ) 2005 FOUNDATION, INC.

94-1384645 Page 5

**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**

(The term "expenditures" means amounts paid or incurred.)

(a)  
Affiliated group  
totals(b)  
To be completed for ALL  
electing organizations

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 -

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

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.)

**Lobbying Expenditures During 4-Year Averaging Period**

N/A

Calendar year (or  
fiscal year beginning in) ▶(a)  
2005(b)  
2004(c)  
2003(d)  
2002(e)  
Total45 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 11 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:

- a Volunteers .....
- b Paid staff or management (Include compensation in expenses reported on lines c through h.) .....
- c Media advertisements .....
- d Mailings to members, legislators, or the public .....
- e Publications, or published or broadcast statements .....
- f Grants to other organizations for lobbying purposes .....
- g Direct contact with legislators, their staffs, government officials, or a legislative body .....
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means .....
- i Total lobbying expenditures (Add lines c through h.) .....

Yes

No

Amount

X

X

X

X

X

X

X

X

23,000.

23,000.

SEE STATEMENT 19

**Exempt Organizations** (See page 12 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

**a** Transfers from the reporting organization to a noncharitable exempt organization of:

(i) Cash

(ii) Other assets

**b Other transactions:**

(i) Sales or exchanges of assets with a noncharitable exempt organization

(ii) **Purchases of assets from a noncharitable exempt organization**

(iii) Rental of facilities, equipment, or other assets

(iv) Reimbursement arrangements

(v) Loans or loan guarantees

(vi) Performance of services or membership or fundraising solicitations

**c** Sharing of facilities, equipment, mailing lists, other assets, or paid employees

**d** If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

N/A

[illegible]

**52 a** Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ▶ ☐

► ☐ Yes ☒ No

**h. If "Yes," complete the following schedule:**

N/A

[illegible]

**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

**2005**

<b>Name of organization</b> SAN FRANCISCO STATE UNIVERSITY FOUNDATION, INC.	<b>Employer identification number</b> 94-1384645
---	---

**Organization type** (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

☒ 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 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 under Regulations sections 1.509(a)-3/1.170A-9(e) 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 2 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, Form 990-EZ, and Form 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2005)

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		\$ 153,764.	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		\$ 125,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4		\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5		\$ 160,000.	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.)



## FORM 990 PAGE 2

528102  
01-06-06  
(D) - Asset disposed  
\* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

## FOOTNOTES

STATEMENT 1

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.

SCHOLARSHIP DISBURSEMENTS REPORTED ON PART II, LINE 22 ARE REQUESTED BY THE UNIVERSITY BY SUBMITTING A SCHOLARSHIP AWARD REQUEST TO THE FOUNDATION WITH THE STUDENTS INFORMATION AND THE AMOUNT REQUESTED. THE REQUEST FORM IS SIGNED BY AUTHORIZED UNIVERSITY STAFF AND APPROVED FOR ALLOWABILITY BY THE FOUNDATION. THE GRANT RECEIPIENT IS NOT DETERMINED BY THE FOUNDATION.

PART II, LINE 42:

DEPRECIATION IS COMPUTED USING THE STRAIGHT-LINE METHOD OVER THE ESTIMATED USEFUL LIVES OF ASSETS, WHICH RANGE FROM FIVE TO TEN YEARS FOR PERSONAL PROPERTY, AND 10 TO 30 YEARS FOR BUILDINGS AND RELATED IMPROVEMENTS.

FORM 990                      GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES                      STATEMENT      2

DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
SECURITIES TRANSACTIONS	35,553,355.	35,194,945.	0.	358,410.
TO FORM 990, PART I, LINE 8	35,553,355.	35,194,945.	0.	358,410.

FORM 990                      OTHER CHANGES IN NET ASSETS OR FUND BALANCES                      STATEMENT      3

DESCRIPTION	AMOUNT
UNREALIZED GAIN ON INVESTMENTS	1,970,376.
TOTAL TO FORM 990, PART I, LINE 20	1,970,376.

FORM 990                      OTHER EXPENSES                      STATEMENT      4

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
CONSULTANTS	787,991.	10,134.	777,857.	
SUB-CONTRACT SERVICES	294,011.	279,920.	14,091.	
PROGRAM RELATED INDIRECT COSTS	528,180.	528,180.		
HOSPITALITY	483,019.	176.	482,843.	
INVESTMENT FEES AND BANK CHARGES	273,818.	25,071.	248,747.	
INSURANCE EXPENSE	55,278.	1,522.	53,756.	
BOOKS/SUBSCRIPTIONS	20,058.	1,068.	18,990.	
MEMBERSHIP FEES	21,501.		21,501.	
OFFICIAL FUCTIONS EXPENSE	246,311.	12,007.	234,304.	
ADVERTISING	157,032.	52,680.	104,352.	
OTHER EXPENSE	344,598.	344,598.		
MISCELLANEOUS	359,841.	117,491.	242,350.	
REAL ESTATE TAXES	106,681.	106,681.		
OTHER RENTAL EXPENSES	45,338.	45,338.		
RENT FREE UNIT	296,182.	296,182.		
TURNOVER EXPENSES	171,079.	171,079.		
UTILITIES	746,702.	734,904.	11,798.	

PAYROLL SERVICES	25,721.	23.	25,698.
SOFTWARE EXPENSE	30,117.	1,635.	28,482.
HONORARIA AND SPEAKER FEES	282,661.		282,661.
REIMBURSED LEGAL FEES FROM SETTLEMENT	-11,840.		-11,840.
PROPERTY OPERATING EXPENSES	1,254,874.	1,254,874.	
TOTAL TO FM 990, LN 43	6,519,153.	3,983,563.	2,535,590.

FORM 990

OFFICER COMPENSATION ALLOCATION  
PART II, LINE 25

STATEMENT 5

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
DON SCOBLE	67,242.	13,885.		81,127.
A. PROGRAM SERVICES	60,518.	12,497.		73,015.
B. MANAGEMENT AND GENERAL	6,724.	1,388.		8,112.
C. FUNDRAISING				

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
KAREN CLOPTON	92,500.	40,608.		133,108.
A. PROGRAM SERVICES	83,250.	36,547.		119,797.
B. MANAGEMENT AND GENERAL	9,250.	4,061.		13,311.
C. FUNDRAISING				

TOTAL PROGRAM SERVICES				192,812.
TOTAL MANAGEMENT AND GENERAL				21,423.
TOTAL FUNDRAISING				
TOTAL OFFICER, ETC., COMPENSATION INCLUDED ON PARTS V-A AND V-B				214,235.

FORM 990

## CASH GRANTS AND ALLOCATIONS

STATEMENT 6

CLASSIFICATION	DONEE'S NAME	DONEE'S ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
STUDENT GRANTS	VARIOUS		UNIVERSITY STUDENTS	566,959.
TOTAL INCLUDED ON FORM 990, PART II, LINE 22				566,959.

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FORM 990      STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE      STATEMENT      7

PART III

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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 UNIVERSITY 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.

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FORM 990      NON-GOVERNMENT SECURITIES      STATEMENT      8

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SECURITY DESCRIPTION	COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES
MUTUAL FUNDS	FMV	0.			
EQUITY SECURITIES	FMV	18,137,433.			18,137,433.
BROKER MONEY MARKET FUNDS	FMV			1,442,265.	1,442,265.
MORTGAGE BACKED SECURITIES	FMV			1,509,555.	1,509,555.
CORPORATE DEBT SECURITIES	FMV		6,095,356.		6,095,356.
TO FORM 990, LINE 54, COL B		18,137,433.	6,095,356.	2,951,820.	27,184,609.

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FORM 990	GOVERNMENT SECURITIES	STATEMENT	9
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DESCRIPTION	COST/FMV	U.S. GOVERNMENT	STATE AND LOCAL GOV'T	TOTAL GOV'T SECURITIES
GOVERNMENT & FIXED INCOME	FMV	8,566,923.		8,566,923.
LOCAL AGENCY INVESTMENT FUND	FMV		1,385,437.	1,385,437.
TOTAL TO FORM 990, LINE 54, COL B		8,566,923.	1,385,437.	9,952,360.

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FORM 990	DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT	STATEMENT	10
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DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
CENTENNIAL VILLAGE BUILDING	49,481,930.	7,417,503.	42,064,427.
TAPIA TRIANGLE BUILDING	6,329,505.	1,268,138.	5,061,367.
UNIVERSITY PARK BUILDING	25,062,565.	3,341,676.	21,720,889.
IMPROVEMENTS AND RENOVATIONS	2,488,310.	190,611.	2,297,699.
EQUIPMENT	2,461,575.	2,418,510.	43,065.
POOLED EQUIPMENT	59,618.	59,618.	0.
TOTAL TO FORM 990, PART IV, LN 57	85,883,503.	14,696,056.	71,187,447.

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FORM 990	OTHER ASSETS	STATEMENT	11
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DESCRIPTION	AMOUNT
LEASE RECEIVABLE FROM OTHER AUXILIARY	1,012,917.
BOND ISSUANCE COSTS, NET	7,108,977.
RESTRICTED CASH	10,129,259.
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B	18,251,153.

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FORM 990	TAX-EXEMPT BOND LIABILITIES OUTSTANDING	STATEMENT	12
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PURPOSE OF ISSUE

PURCHASE 153 UNITS OF STUDENT HOUSING AND REPAYMENT OF REAL ESTATE LOAN

USE BY THIRD PARTY	BOND RETIREMENT DATE	UNEXPENDED BOND PROCEEDS	AMOUNT OF ISSUE OUTSTANDING
NO	09/01/31	4,845,066.	35,305,000.

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PURPOSE OF ISSUE

CONSTRUCT STUDENT HOUSING FACILITY - THE VILLAGE

USE BY THIRD PARTY	BOND RETIREMENT DATE	UNEXPENDED BOND PROCEEDS	AMOUNT OF ISSUE OUTSTANDING
NO	07/01/32	5,284,193.	45,480,000.

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PURPOSE OF ISSUE

CONDUIT BOND (50%) - CHILDREN'S CENTER FACILITY

USE BY THIRD PARTY	BOND RETIREMENT DATE	UNEXPENDED BOND PROCEEDS	AMOUNT OF ISSUE OUTSTANDING
NO	08/01/17	0.	1,072,500.

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TOTAL INCLUDED ON FORM 990, PART IV, LINE 64A

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81,857,500.



FORM 990	OTHER NOTES AND LOANS PAYABLE	STATEMENT 13
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LENDER'S NAME	TERMS OF REPAYMENT
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UNION BANK OF CALIFORNIA, N.A.	ANNUAL PAYMENTS
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DATE OF NOTE	MATURITY DATE	ORIGINAL LOAN AMOUNT	INTEREST RATE
07/01/04	07/01/11	4,685,000.	4.00%

SECURITY PROVIDED BY BORROWER	PURPOSE OF LOAN
COLLATERALIZED BY SUBORDINATE PLEDGE	CONSTRUCTION OF VILLAGE PROPERTY

RELATIONSHIP OF LENDER
------------------------

NONE
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DESCRIPTION OF CONSIDERATION	FMV OF CONSIDERATION	BALANCE DUE
	0.	3,401,787.

TOTAL INCLUDED ON FORM 990, PART IV, LINE 64, COLUMN B	3,401,787.
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FORM 990	OTHER LIABILITIES	STATEMENT 14
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DESCRIPTION	AMOUNT
DEPOSITS HELD FOR OTHER AUXILIARY	34,412.
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B	34,412.

FORM 990

PART V-A - LIST OF OFFICERS, DIRECTORS,  
TRUSTEES AND KEY EMPLOYEES

STATEMENT 15

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN EXPENSE CONTRIB ACCOUNT
ROBERT A. CORRIGAN P.O. BOX 320160 SAN FRANCISCO, CA 94132	CHAIR 4.00	0.	0. 0.
JO VOLKERT P.O. BOX 320160 SAN FRANCISCO, CA 94132	VICE CHAIR 4.00	0.	0. 0.
DON W. SCOBLE P.O. BOX 320160 SAN FRANCISCO, CA 94132	EXECUTIVE DIRECTOR 32.00	67,242.	13,885. 0.
KAREN V. CLOPTON P.O. BOX 320160 SAN FRANCISCO, CA 94132	CHIEF OF OPS/CORP COUNSEL 40.00	92,500.	40,608. 0.
CHARLOTTE FERRETTI P.O. BOX 320160 SAN FRANCISCO, CA 94132	SECRETARY 4.00	0.	0. 0.
JOHN M. GEMELLO P.O. BOX 320160 SAN FRANCISCO, CA 94132	DIRECTOR 4.00	0.	0. 0.
CARAN COLVIN P.O. BOX 320160 SAN FRANCISCO, CA 94132	DIRECTOR 4.00	0.	0. 0.
ZEPPPELIN WONG P.O. BOX 320160 SAN FRANCISCO, CA 94132	DIRECTOR 4.00	0.	0. 0.
STEPHEN MARK DOBBS P.O. BOX 320160 SAN FRANCISCO, CA 94132	DIRECTOR 4.00	0.	0. 0.
GERARDO UNGSON P.O. BOX 320160 SAN FRANCISCO, CA 94132	DIRECTOR 4.00	0.	0. 0.
STEPHEN O'NEAL P.O. BOX 320160 SAN FRANCISCO, CA 94132	DIRECTOR 4.00	0.	0. 0.

MARTHA C. WALDA	DIRECTOR			
P.O. BOX 320160	4.00	0.	0.	0.
SAN FRANCISCO, CA 94132				
LAWRENCE CHAN	DIRECTOR			
P.O. BOX 320160	4.00	0.	0.	0.
SAN FRANCISCO, CA 94132				
GARY HAMMERSTROM	DIRECTOR			
P.O. BOX 320160	4.00	0.	0.	0.
SAN FRANCISCO, CA 94132				
MICHAEL POTEPA	DIRECTOR			
P.O. BOX 320160	4.00	0.	0.	0.
SAN FRANCISCO, CA 94132				
JOHN F. CUMMINS	DIRECTOR			
P.O. BOX 320160	4.00	0.	0.	0.
SAN FRANCISCO, CA 94132				
RICHARD N. GOLDMAN	DIRECTOR			
P.O. BOX 320160	4.00	0.	0.	0.
SAN FRANCISCO, CA 94132				
FRANK JORDAN	DIRECTOR			
P.O. BOX 320160	4.00	0.	0.	0.
SAN FRANCISCO, CA 94132				
GERALD WEST	DIRECTOR			
P.O. BOX 320160	4.00	0.	0.	0.
SAN FRANCISCO, CA 94132				
RAPHAEL DIAZ	DIRECTOR			
P.O. BOX 320160	4.00	0.	0.	0.
SAN FRANCISCO, CA 94132				
LEROY MORISHITA	DIRECTOR			
P.O. BOX 320160	4.00	0.	0.	0.
SAN FRANCISCO, CA 94132				
PHILIP KING	CHAIR			
P.O. BOX 320160	4.00	0.	0.	0.
SAN FRANCISCO, CA 94132				
LEE BLITCH	DIRECTOR			
P.O. BOX 320160	4.00	0.	0.	0.
SAN FRANCISCO, CA 94132				

TOTALS INCLUDED ON FORM 990, PART V-A

159,742.

54,493.

0.

FORM 990

PART V-A OFFICER COMPENSATION FROM  
RELATED ORGANIZATIONS

STATEMENT 16

OFFICER'S NAME	COMPENSATION	EMPLOYEE BENEFIT PLAN CONTRIBUTION	EXPENSE ACCOUNT
ROBERT A. CORRIGAN	261,144.	73,120.	
NAME OF RELATED ORGANIZATION		EMPLOYER ID NUMBER	
SAN FRANCISCO STATE UNIVERSITY		93-1137247	
RELATIONSHIP BETWEEN ORGANIZATIONS			
UNIVERSITY SUPPORTED BY THE FOUNDATION			

OFFICER'S NAME	COMPENSATION	EMPLOYEE BENEFIT PLAN CONTRIBUTION	EXPENSE ACCOUNT
LEE BLITCH	225,000.	63,000.	
NAME OF RELATED ORGANIZATION		EMPLOYER ID NUMBER	
SAN FRANCISCO STATE UNIVERSITY		93-1137247	
RELATIONSHIP BETWEEN ORGANIZATIONS			
UNIVERSITY SUPPORTED BY THE FOUNDATION			

OFFICER'S NAME	COMPENSATION	EMPLOYEE BENEFIT PLAN CONTRIBUTION	EXPENSE ACCOUNT
CHARLOTTE FERRETTI	129,588.	36,285.	
NAME OF RELATED ORGANIZATION		EMPLOYER ID NUMBER	
SAN FRANCISCO STATE UNIVERSITY		93-1137247	
RELATIONSHIP BETWEEN ORGANIZATIONS			
UNIVERSITY SUPPORTED BY THE FOUNDATION			

<u>OFFICER'S NAME</u>	<u>COMPENSATION</u>	<u>EMPLOYEE BENEFIT PLAN CONTRIBUTION</u>	<u>EXPENSE ACCOUNT</u>
JOHN M. GEMELLO	208,620.	58,414.	
<u>NAME OF RELATED ORGANIZATION</u>		<u>EMPLOYER ID NUMBER</u>	
SAN FRANCISCO STATE UNIVERSITY		93-1137247	
<u>RELATIONSHIP BETWEEN ORGANIZATIONS</u>			
UNIVERSITY SUPPORTED BY THE FOUNDATION			

<u>OFFICER'S NAME</u>	<u>COMPENSATION</u>	<u>EMPLOYEE BENEFIT PLAN CONTRIBUTION</u>	<u>EXPENSE ACCOUNT</u>
GERARDO UNGSON	137,292.	38,442.	
<u>NAME OF RELATED ORGANIZATION</u>		<u>EMPLOYER ID NUMBER</u>	
SAN FRANCISCO STATE UNIVERSITY		93-1137247	
<u>RELATIONSHIP BETWEEN ORGANIZATIONS</u>			
UNIVERSITY SUPPORTED BY THE FOUNDATION			

<u>OFFICER'S NAME</u>	<u>COMPENSATION</u>	<u>EMPLOYEE BENEFIT PLAN CONTRIBUTION</u>	<u>EXPENSE ACCOUNT</u>
MICHAEL POTEPAN	74,964.	20,990.	
<u>NAME OF RELATED ORGANIZATION</u>		<u>EMPLOYER ID NUMBER</u>	
SAN FRANCISCO STATE UNIVERSITY		93-1137247	
<u>RELATIONSHIP BETWEEN ORGANIZATIONS</u>			
UNIVERSITY SUPPORTED BY THE FOUNDATION			

<u>OFFICER'S NAME</u>	<u>COMPENSATION</u>	<u>EMPLOYEE BENEFIT PLAN CONTRIBUTION</u>	<u>EXPENSE ACCOUNT</u>
RAPHAEL DIAZ	136,746.	38,213.	
<u>NAME OF RELATED ORGANIZATION</u>		<u>EMPLOYER ID NUMBER</u>	
SAN FRANCISCO STATE UNIVERSITY		93-1137247	
<u>RELATIONSHIP BETWEEN ORGANIZATIONS</u>			
UNIVERSITY SUPPORTED BY THE FOUNDATION			

<u>OFFICER'S NAME</u>	<u>COMPENSATION</u>	<u>EMPLOYEE BENEFIT PLAN CONTRIBUTION</u>	<u>EXPENSE ACCOUNT</u>
LEROY MORISHITA	208,620.	58,414.	
<u>NAME OF RELATED ORGANIZATION</u>		<u>EMPLOYER ID NUMBER</u>	
SAN FRANCISCO STATE UNIVERSITY		93-1137247	
<u>RELATIONSHIP BETWEEN ORGANIZATIONS</u>			
UNIVERSITY SUPPORTED BY THE FOUNDATION			

<u>OFFICER'S NAME</u>	<u>COMPENSATION</u>	<u>EMPLOYEE BENEFIT PLAN CONTRIBUTION</u>	<u>EXPENSE ACCOUNT</u>
PHILIP KING	76,008.	21,282.	
<u>NAME OF RELATED ORGANIZATION</u>		<u>EMPLOYER ID NUMBER</u>	
SAN FRANCISCO STATE UNIVERSITY		93-1137247	
<u>RELATIONSHIP BETWEEN ORGANIZATIONS</u>			
UNIVERSITY SUPPORTED BY THE FOUNDATION			

FORM 990            PART VIII - RELATIONSHIP OF ACTIVITIES TO            STATEMENT 17  
                     ACCOMPLISHMENT OF EXEMPT PURPOSES

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	RENTAL INCOME FROM UNIVERSITY PARK AND THE VILLAGE IS FROM STUDENTS, STAFF AND FACULTY OF SAN FRANCISCO STATE UNIVERSITY.

SCHEDULE A	OTHER INCOME	STATEMENT	18
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DESCRIPTION	2004 AMOUNT	2003 AMOUNT	2002 AMOUNT	2001 AMOUNT
OTHER INCOME	0.	0.	0.	663,850.
TOTAL TO SCHEDULE A, LINE 22	0.	0.	0.	663,850.

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SCHEDULE A	STATEMENT OF LOBBYING ACTIVITIES - PART VI-B	STATEMENT	19
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CONTRIBUTION TO CALIFORNIANS FOR HIGHER EDUCATION/YES ON 1D



# 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 ☒ **X**
- 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.**

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

**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.*

**Electronic Filing (e-file).** Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile).

Type or print  File by the due date for filing your return. See instructions.	Name of Exempt Organization <b>SAN FRANCISCO STATE UNIVERSITY FOUNDATION, INC.</b>	Employer identification number <b>94-1384645</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>P.O. BOX 320160</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>SAN FRANCISCO, CA 94132</b>	

**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 |

- The books are in the care of ► **FINANCE DIRECTOR**

Telephone No. ► **415-338-7944**

FAX No. ► \_\_\_\_\_

- 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-months for a Form 990-T corporation) extension of time until **FEBRUARY 15, 2007** 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, 2005**, and ending **JUN 30, 2006**.

- 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**

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 12-2004)