

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)

2006

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

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

A For the 2006 calendar year, or tax year beginning 7/01, 2006, and ending 6/30, 2007

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
instruc-
tions.C THE UNIVERSITY CORPORATION,
SAN FRANCISCO STATE
1600 HOLLOWAY AVENUE, ADM 350
SAN FRANCISCO, CA 94132

D Employer Identification Number

94-1384645

E Telephone number

415-338-7106

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 ▶

H (c) Are all affiliates included? ☐ Yes ☐ No
(If "No," attach a list. See instructions.)H (d) Is this a separate return filed by an
organization covered by a group ruling? ☐ Yes ☒ No

G Web site: WWW.FOUNDATION.SFSU.EDU

J Organization type
(check only one)☒ 501(c) 3 (insert no.) ☐ 4947(a)(1) or ☐ 527K Check here ☐ if the organization is not a 509(a)(3) supporting organization and its
gross receipts are normally not more than \$25,000. A return is not required, but if the
organization chooses to file a return, be sure to file a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12. ▶ 121,555,468.

I Group Exemption Number. ▶

M Check ☐ if the organization is not required
to attach Schedule B (Form 990, 990-EZ, or 990-PF).

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

1 Contributions, gifts, grants, and similar amounts received:					
a Contributions to donor advised funds	1a				
b Direct public support (not included on line 1a)	1b	8,258,689.			
c Indirect public support (not included on line 1a)	1c				
d Government contributions (grants) (not included on line 1a)	1d				
e Total (add lines 1a through 1d) (cash \$ 3,534,475. noncash \$ 4,724,214.)	1e	8,258,689.			
2 Program service revenue including government fees and contracts (from Part VII, line 93)	2	9,547,820.			
3 Membership dues and assessments	3				
4 Interest on savings and temporary cash investments	4	539,225.			
5 Dividends and interest from securities	5	1,070,084.			
6a 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				
8a Gross amount from sales of assets other than inventory	(A) Securities	8a	(B) Other		
	30,986,295.		66,252,854.		
b Less: cost or other basis and sales expenses	30,270,273.	8b	66,252,854.		
c Gain or (loss) (attach schedule)	716,022.	8c			
d Net gain or (loss). Combine line 8c, columns (A) and (B)		8d	716,022.		
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 1b)	9a	4,900,501.			
b Less: direct expenses other than fundraising expenses	9b				
c Net income or (loss) from special events. Subtract line 9b from line 9a	9c	4,900,501.			
10a 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 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12	25,032,341.			
13 Program services (from line 44, column (B))	13	13,661,675.			
14 Management and general (from line 44, column (C))	14	2,533,792.			
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	16,195,467.			
18 Excess or (deficit) for the year. Subtract line 17 from line 12	18	8,836,874.			
19 Net assets or fund balances at beginning of year (from line 73, column (A))	19	39,632,246.			
20 Other changes in net assets or fund balances (attach explanation)	20	2,510,975.			
21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21	50,980,095.			

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
22a Grants paid from donor advised funds (attach sch) (cash \$ _____) non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22a				
22b Other grants and allocations (att sch) SEE STMT 4 (cash \$ 1121184. non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22b	1,121,184.	1,121,184.		
23 Specific assistance to individuals (attach schedule)	23				
24 Benefits paid to or for members (attach schedule)	24				
25a Compensation of current officers, directors, key employees, etc listed in Part V-A (attach sch) SEE STMT 5	25a	164,080.	147,672.	16,408.	0.
b Compensation of former officers, directors, key employees, etc listed in Part V-B (attach sch)	25b	0.	0.	0.	0.
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	25c	0.	0.	0.	0.
26 Salaries and wages of employees not included on lines 25a, b, and c	26	2,481,272.	2,046,842.	434,430.	
27 Pension plan contributions not included on lines 25a, b, and c	27				
28 Employee benefits not included on lines 25a - 27	28	920,463.	722,885.	197,578.	
29 Payroll taxes	29				
30 Professional fundraising fees	30				
31 Accounting fees	31	525,719.		525,719.	
32 Legal fees	32	42,622.	22,895.	19,727.	
33 Supplies	33	183,965.	38,507.	145,458.	
34 Telephone	34	30,306.	19,532.	10,774.	
35 Postage and shipping	35	11,742.	8,695.	3,047.	
36 Occupancy	36	257,290.	245,738.	11,552.	
37 Equipment rental and maintenance	37	13,566.	12,066.	1,500.	
38 Printing and publications	38	65,775.	65,775.		
39 Travel	39	303,514.	298,941.	4,573.	
40 Conferences, conventions, and meetings	40	34,093.	8,674.	25,419.	
41 Interest	41	3,398,987.	3,398,987.		
42 Depreciation, depletion, etc (attach schedule)	42	2,768,553.	2,768,553.		
43 Other expenses not covered above (itemize): a SEE STATEMENT 6	43a	3,872,336.	2,734,729.	1,137,607.	
b	43b				
c	43c				
d	43d				
e	43e				
f	43f				
g	43g				
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15).	44	16,195,467.	13,661,675.	2,533,792.	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 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
ASSETS	45 Cash — non-interest-bearing	196,179.	45	3,432,686.
	46 Savings and temporary cash investments	271,715.	46	1,745,594.
	47a Accounts receivable	834,924.		
	b Less: allowance for doubtful accounts		47c	834,924.
	48a Pledges receivable	1,500,238.		
	b Less: allowance for doubtful accounts		48c	1,500,238.
	49 Grants receivable		49	
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50b	
	51a Other notes and loans receivable (attach schedule)			
	b Less: allowance for doubtful accounts		51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	128,636.	53	44,489.
	54a Investments — publicly-traded securities. STMT. 8. <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	35,751,532.	54a	45,057,935.
	b Investments — other securities (attach sch). STMT. 9. <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	1,385,437.	54b	753,826.
	55a Investments — land, buildings, & equipment: basis			
	b Less: accumulated depreciation (attach schedule)		55c	
	56 Investments — other (attach schedule)		56	
	57a Land, buildings, and equipment: basis	5,299,785.		
b Less: accumulated depreciation (attach schedule) STATEMENT. 10	2,331,253.	71,187,447.	57c	2,968,532.
58 Other assets, including program-related investments (describe _____)	18,251,153.	58		
59 Total assets (must equal line 74). Add lines 45 through 58	130,539,957.	59	56,338,224.	
LIABILITIES	60 Accounts payable and accrued expenses	2,941,038.	60	1,100,268.
	61 Grants payable		61	
	62 Deferred revenue	2,672,974.	62	4,257,861.
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax-exempt bond liabilities (attach schedule)	81,857,500.	64a	
	b Mortgages and other notes payable (attach schedule)	3,401,787.	64b	
	65 Other liabilities (describe _____)	34,412.	65	
	66 Total liabilities. Add lines 60 through 65.	90,907,711.	66	5,358,129.
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	2,062,907.	67	5,693,634.
	68 Temporarily restricted	23,940,118.	68	19,120,463.
	69 Permanently restricted	13,629,221.	69	26,165,998.
	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 and column (B) must equal line 21).	39,632,246.	73	50,980,095.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73.	130,539,957.	74	56,338,224.

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Form 990 (2006)

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See the instructions.)

a	Total revenue, gains, and other support per audited financial statements		a	27,913,519.
b	Amounts included on line a but not on Part I, line 12:			
	1 Net unrealized gains on investments	b1	2,881,178.	
	2 Donated services and use of facilities	b2		
	3 Recoveries of prior year grants	b3		
	4 Other (specify):	b4		
	Add lines b1 through b4		b	2,881,178.
c	Subtract line b from line a		c	25,032,341.
d	Amounts included on Part I, line 12, but not on line a :			
	1 Investment expenses not included on Part I, line 6b.	d1		
	2 Other (specify):	d2		
	Add lines d1 and d2		d	
e	Total revenue (Part I, line 12). Add lines c and d		e	25,032,341.

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	15,825,264.
b	Amounts included on line a but not on Part I, line 17:		
	1 Donated services and use of facilities	b1	
	2 Prior year adjustments reported on Part I, line 20	b2	-370,203.
	3 Losses reported on Part I, line 20	b3	
	4 Other (specify):	b4	
	Add lines b1 through b4	b	-370,203.
c	Subtract line b from line a	c	16,195,467.
d	Amounts included on Part I, line 17, but not on line a :		
	1 Investment expenses not included on Part I, line 6b.	d1	
	2 Other (specify):	d2	
	Add lines d1 and d2	d	
e	Total expenses (Part I, line 17). Add lines c and d	e	16,195,467.

Part V-A **Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances

SEE STATEMENT 11		135,997.	28,083.	0.

Part VI Other Information (continued)

	Yes	No
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?		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.)		
82 b N/A		
83 a Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	X	
84 a Did the organization solicit any contributions or gifts that were not tax deductible?		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
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?		N/A
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.		
c Dues, assessments, and similar amounts from members	85 c	N/A
d Section 162(e) lobbying and political expenditures	85 d	N/A
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85 e	N/A
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85 f	N/A
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85 g	N/A
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?	85 h	N/A
86 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12	86 a	N/A
b Gross receipts, included on line 12, for public use of club facilities	86 b	N/A
87 501(c)(12) organizations. Enter: a Gross income from members or shareholders	87 a	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.)	87 b	N/A
88 a 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 a	X
b At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Part XI.	88 b	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.	89 b	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		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89 e	X
f All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89 f	X
g For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89 g	X
90 a List the states with which a copy of this return is filed ▶ CA		
b Number of employees employed in the pay period that includes March 12, 2006 (See instructions.)	90 b	87
91 a The books are in care of ▶ LARRY J. WARE, COO/CFO Telephone number ▶ 415-338-2599 Located at ▶ 1600 HOLLOWAY AVENUE ADM 350, SAN FRANCISCO CA ZIP + 4 ▶ 94132		
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)? If 'Yes,' enter the name of the foreign country. ▶	91 b	X

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.

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Form 990 (2006)

Part VI Other Information (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States?

	Yes	No
91 c		X

If 'Yes,' enter the name of the foreign country. ...

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here.

N/A

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 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) Exclusion code	(D) Amount	
93 Program service revenue:					
a PROGRAM SERVICES					3,601,418.
b STUDENT HOUSING REVENUE					5,946,402.
c					
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts.			14	539,225.	
96 Dividends & interest from securities			14	1,070,084.	
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 pers prop.					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	716,022.	
101 Net income or (loss) from special events			1	4,900,501.	
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))				7,225,832.	9,547,820.
105 Total (add line 104, columns (B), (D), and (E))					16,773,652.

Note: Line 105 plus line 1e, 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).
1	SEE STATEMENT 13

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	X	No
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b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

Yes	X	No
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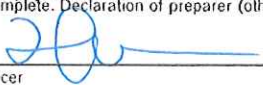

Note: If 'Yes' to (b), file Form 8870 and Form 4720 (see instructions).

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

				Yes	No
106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If 'Yes,' complete the schedule below for each controlled entity					X
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	
a					
b					
c					
Totals					

				Yes	No
107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If 'Yes,' complete the schedule below for each controlled entity					X
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	
a					
b					
c					
Totals					

		Yes	No
108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?			X

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 5/14/08	
Paid Pre- parer's Use Only	LARRY J. WARE, COO, CFO Type or print name and title.			
	Preparer's signature 		Date MAY 13 2008	
	Firm's name (or yours if self-employed), address, and ZIP + 4 PKF, CERTIFIED PUBLIC ACCOUNTANTS, APC 425 CALIFORNIA ST. #1600 SAN FRANCISCO, CA 94104		Check if self-employed <input type="checkbox"/> Preparer's SSN or PTIN (See General Instruction W) N/A	
			EIN <input type="checkbox"/> N/A Phone no. <input type="checkbox"/> (415) 421-5378	

BAA

Form 990 (2006)

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

2006

Name of the organization

THE UNIVERSITY CORPORATION,
SAN FRANCISCO STATE

Employer identification number

94-1384645

Part I**Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**
(See 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 and deferred compensation	(e) Expense account and other allowances
SEE STATEMENT 14		385,272.	177,304.	0.
Total number of other employees paid over \$50,000	0			

Part II — A**Compensation of the Five Highest Paid Independent Contractors for Professional Services**
(See 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
SEE STATEMENT 15		857,541.
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 instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
SFSU CASHIER'S OFFICER 1600 HOLLOWAY AVENUE SAN FRANCISCO, CA 94132	SUB-CONTRACT SERVICE	80,010.
Total number of other contractors receiving over \$50,000 for other services	0	

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ.

Schedule A (Form 990 or 990-EZ) 2006

Part III Statements About Activities (See 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. ▶ \$ 7,625.
(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.)

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

SEE FORM 990, PART V

d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?

2d

X

e Transfer of any part of its income or assets?

2e

X

- 3a Did the organization make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how the organization determines that recipients qualify to receive payments.) STMT 18

3a

X

b Did the organization have a section 403(b) annuity plan for its employees?

3b

X

c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' attach a detailed statement.

3c

X

d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?

3d

X

- 4a Did the organization maintain any donor advised funds? If 'Yes,' complete lines 4b through 4g. If 'No,' complete lines 4f and 4g

4a

X

b Did the organization make any taxable distributions under section 4966?

4b

N/A

c Did the organization make a distribution to a donor, donor advisor, or related person?

4c

N/A

d Enter the total number of donor advised funds owned at the end of the tax year

N/A

e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year

N/A

f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts

0

g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year

0

Part IV Reason for Non-Private Foundation Status (See instructions.)I certify that 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 otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization: **▶**
- ☐ Type I ☐ Type II ☐ Type III-Functionally Integrated ☐ Type III-Other

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

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total					0.

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

BAA

Schedule A (Form 990 or 990-EZ) 2006

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) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	5,452,902.	6,267,382.	3,109,832.	6,029,486.	20,859,602.
16 Membership fees received					0.
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	13,675,626.	21,059,591.	17,556,166.	17,528,857.	69,820,240.
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	2,264,544.	1,844,422.	1,313,878.	863,692.	6,286,536.
19 Net income from unrelated business activities not included in line 18					0.
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0.
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					0.
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					0.
23 Total of lines 15 through 22	21,393,072.	29,171,395.	21,979,876.	24,422,035.	96,966,378.
24 Line 23 minus line 17	7,717,446.	8,111,804.	4,423,710.	6,893,178.	27,146,138.
25 Enter 1% of line 23	213,931.	291,714.	219,799.	244,220.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 542,923.
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 2002 through 2005 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 9,872,436.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 27,146,138.
d Add: Amounts from column (e) for lines: 18 6,286,536. 19					26d 16,158,972.
22					26e 10,987,166.
e Public support (line 26c minus line 26d total)					26f 40.47 %
27 Organizations described on line 12: N/A					
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: (2005) _____ (2004) _____ (2003) _____ (2002) _____					
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: (2005) _____ (2004) _____ (2003) _____ (2002) _____					
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					27c _____
d Add: Line 27a total _____ and line 27b total _____					27d _____
e Public support (line 27c total minus line 27d total)					27e _____
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)					27f _____
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, 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 instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		N/A	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? If 'Yes,' please describe; if 'No,' please explain. (If you need more space, attach a separate statement.)	31		

32	Does the organization maintain the following:			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32 a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32 b		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32 c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32 d		
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?	33 a		
b	Admissions policies?	33 b		
c	Employment of faculty or administrative staff?	33 c		
d	Scholarships or other financial assistance?	33 d		
e	Educational policies?	33 e		
f	Use of facilities?	33 f		
g	Athletic programs?	33 g		
h	Other extracurricular activities?	33 h		
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?	34 a		
b	Has the organization's right to such aid ever been revoked or suspended?	34 b		
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 instructions.)
(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.)			
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	0.
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	0.
41	Lobbying nontaxable amount. Enter the amount from the following table — <div style="display: flex; justify-content: space-between;"> <div> <p>If the amount on line 40 is —</p> <p>Not over \$500,000</p> <p>Over \$500,000 but not over \$1,000,000</p> <p>Over \$1,000,000 but not over \$1,500,000</p> <p>Over \$1,500,000 but not over \$17,000,000</p> <p>Over \$17,000,000</p> </div> <div> <p>The lobbying nontaxable amount is —</p> <p>20% of the amount on line 40</p> <p>\$100,000 plus 15% of the excess over \$500,000</p> <p>\$175,000 plus 10% of the excess over \$1,000,000</p> <p>\$225,000 plus 5% of the excess over \$1,500,000</p> <p>\$1,000,000</p> </div> </div>	41	
42	Grassroots nontaxable amount (enter 25% of line 41)	42	0.
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	0.
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	0.
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.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots non-taxable 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 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		7,625.
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.)			7,625.

If 'Yes' to any of the above, also attach a statement giving a detailed description of the lobbying activities.

SEE STATEMENT 19

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

2006

Name of organization **THE UNIVERSITY CORPORATION,
SAN FRANCISCO STATE**

Employer identification number
94-1384645

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

- ☒ 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 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 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).

BAA 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) (2006)

Name of organization

Employer identification number

THE UNIVERSITY CORPORATION,

94-1384645

Part II Noncash Property (See Specific Instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	N/A		
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

BAA

Schedule B (Form 990, 990-EZ, or 990-PF) (2006)

Name of organization

Employer identification number

Part III	Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year (Complete cols (a) through (e) and the following line entry.)
-----------------	--

For organizations completing Part III, enter total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once – see instructions.) ▶ \$ N/A

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	N/A		
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

STATEMENT 1
FORM 990, PART I, LINE 8
NET GAIN (LOSS) FROM NONINVENTORY SALESPUBLICLY TRADED SECURITIES

GROSS SALES PRICE: 30,986,295.
COST OR OTHER BASIS: 30,270,273.

TOTAL GAIN (LOSS) PUBLICLY TRADED SECURITIES \$ 716,022.OTHER ASSETS

DESCRIPTION: BUILDINGS
DATE ACQUIRED: VARIOUS
HOW ACQUIRED: PURCHASE
DATE SOLD: 4/01/2007
TO WHOM SOLD: SAN FRANCISCO STATE UNIVERSITY
GROSS SALES PRICE: 66,252,854.
COST OR OTHER BASIS: 80,874,000.
DEPRECIATION: 14,621,146.

GAIN (LOSS) 0.

TOTAL GAIN (LOSS) OTHER ASSETS \$ 0.TOTAL NET GAIN (LOSS) FROM NONINVENTORY SALES \$ 716,022.STATEMENT 2
FORM 990, PART I, LINE 9
NET INCOME (LOSS) FROM SPECIAL EVENTS

<u>SPECIAL EVENTS</u>	<u>GROSS RECEIPTS</u>	<u>LESS CONTRI- BUTIONS</u>	<u>GROSS REVENUE</u>	<u>LESS DIRECT EXPENSES</u>	<u>NET INCOME (LOSS)</u>
GAIN ON EXTINGUISHMENT OF DEBT	4,900,501.	0.	4,900,501.	0.	4,900,501.
TOTAL	\$ 4,900,501.	\$ 0.	\$ 4,900,501.	\$ 0.	\$ 4,900,501.

STATEMENT 3
FORM 990, PART I, LINE 20
OTHER CHANGES IN NET ASSETS OR FUND BALANCES

PRIOR YEAR ADJUSTMENT..... \$ -370,203.
UNREALIZED GAIN ON INVESTMENTS..... 2,881,178.
TOTAL \$ 2,510,975.

STATEMENT 4
FORM 990, PART II, LINE 22B
OTHER GRANTS AND ALLOCATIONSCASH GRANTS AND ALLOCATIONS

DONEE'S NAME: STUDENT GRANTS
 DONEE'S ADDRESS: VARIOUS
 AMOUNT GIVEN: \$ 1,121,184.

TOTAL GRANTS AND ALLOCATIONS \$ 1,121,184.STATEMENT 5
FORM 990, PART II, LINE 25A
COMPENSATION OF OFFICERS, DIRECTORS, ETC.

COMPENSATION RECEIVED	(A)	(B)	(C)	(D)
NAME	TOTAL	PROGRAM SERVICES	MANAGEMENT & GENERAL	FUNDRAISING
ROBERT A CORRIGAN	0.	0.	0.	0.
JO VOLKERT	0.	0.	0.	0.
DON W. SCOBLE	135,997.	122,397.	13,600.	0.
CHARLOTTE FERRETTI	0.	0.	0.	0.
LEE BLITCH	0.	0.	0.	0.
FJ CAVA	0.	0.	0.	0.
JOHN M. GEMELLO	0.	0.	0.	0.
DAVID MEREDITH	0.	0.	0.	0.
MARTHA C. WALDA	0.	0.	0.	0.
ZEPPELIN WONG	0.	0.	0.	0.
LAWRENCE CHAN	0.	0.	0.	0.
GARY HAMMERSTROM	0.	0.	0.	0.
MICHAEL POTEPA	0.	0.	0.	0.
JOHN F. CUMMINS	0.	0.	0.	0.
STEPHEN MARK DOBBS	0.	0.	0.	0.
GERALD WEST	0.	0.	0.	0.
RAPHAEL DIAZ	0.	0.	0.	0.
HONORABLE FRANK JORDAN	0.	0.	0.	0.
GERARDO UNGSON	0.	0.	0.	0.
LEROY MORISHITA	0.	0.	0.	0.
PHIL KING	0.	0.	0.	0.
TOTAL	\$ 135,997.	\$ 122,397.	\$ 13,600.	0.

EMPLOYEE BENEFIT PLAN CONTRIBUTION	(A)	(B)	(C)	(D)
NAME	TOTAL	PROGRAM SERVICES	MANAGEMENT & GENERAL	FUNDRAISING
ROBERT A CORRIGAN	0.	0.	0.	0.
JO VOLKERT	0.	0.	0.	0.
DON W. SCOBLE	28,083.	25,275.	2,808.	0.
CHARLOTTE FERRETTI	0.	0.	0.	0.
LEE BLITCH	0.	0.	0.	0.
FJ CAVA	0.	0.	0.	0.
JOHN M. GEMELLO	0.	0.	0.	0.
DAVID MEREDITH	0.	0.	0.	0.
MARTHA C. WALDA	0.	0.	0.	0.
ZEPPELIN WONG	0.	0.	0.	0.
LAWRENCE CHAN	0.	0.	0.	0.
GARY HAMMERSTROM	0.	0.	0.	0.

STATEMENT 5 (CONTINUED)
FORM 990, PART II, LINE 25A
COMPENSATION OF OFFICERS, DIRECTORS, ETC.

MICHAEL POTEPAN	0.	0.	0.	0.
JOHN F. CUMMINS	0.	0.	0.	0.
STEPHEN MARK DOBBS	0.	0.	0.	0.
GERALD WEST	0.	0.	0.	0.
RAPHAEL DIAZ	0.	0.	0.	0.
HONORABLE FRANK JORDAN	0.	0.	0.	0.
GERARDO UNGSON	0.	0.	0.	0.
LEROY MORISHITA	0.	0.	0.	0.
PHIL KING	0.	0.	0.	0.
TOTAL \$	28,083.\$	25,275.\$	2,808.\$	0.

EXPENSE ACCT. & OTHER ALLOWANCES	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
ROBERT A CORRIGAN	0.	0.	0.	0.
JO VOLKERT	0.	0.	0.	0.
DON W. SCOBLE	0.	0.	0.	0.
CHARLOTTE FERRETTI	0.	0.	0.	0.
LEE BLITCH	0.	0.	0.	0.
FJ CAVA	0.	0.	0.	0.
JOHN M. GEMELLO	0.	0.	0.	0.
DAVID MEREDITH	0.	0.	0.	0.
MARTHA C. WALDA	0.	0.	0.	0.
ZEPPPELIN WONG	0.	0.	0.	0.
LAWRENCE CHAN	0.	0.	0.	0.
GARY HAMMERSTROM	0.	0.	0.	0.
MICHAEL POTEPAN	0.	0.	0.	0.
JOHN F. CUMMINS	0.	0.	0.	0.
STEPHEN MARK DOBBS	0.	0.	0.	0.
GERALD WEST	0.	0.	0.	0.
RAPHAEL DIAZ	0.	0.	0.	0.
HONORABLE FRANK JORDAN	0.	0.	0.	0.
GERARDO UNGSON	0.	0.	0.	0.
LEROY MORISHITA	0.	0.	0.	0.
PHIL KING	0.	0.	0.	0.
TOTAL \$	0.\$	0.\$	0.\$	0.

STATEMENT 6
FORM 990, PART II, LINE 43
OTHER EXPENSES

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
ADMIN. EXP. PAID TO SFSU	396,515.	396,515.		
ADVERTISING	30,558.	29,779.	779.	
BOOK/SUBSCRIPTIONS	13,837.	13,211.	626.	
CONSULTANTS	790,082.	450,483.	339,599.	
HONORARIA AND SPEAKER FEES	209,168.	209,168.		
HOSPITALITY	361,373.	331,740.	29,633.	
INSURANCE EXPENSE	283,282.	257,296.	25,986.	
INVESTMENT AND BANK CHARGES	290,949.	4,623.	286,326.	

THE UNIVERSITY CORPORATION,
SAN FRANCISCO STATE

94-1384645

STATEMENT 6 (CONTINUED)
FORM 990, PART II, LINE 43
OTHER EXPENSES

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
MEMBERSHIP FEES	17,645.	13,474.	4,171.	
MISCELLANEOUS	210,729.	66,314.	144,415.	
OFFICIAL FUNCTIONS	95,132.	87,507.	7,625.	
OTHER EXPENSES	529,176.	292,913.	236,263.	
PAYROLL SERVICES	593.		593.	
PROGRAM RELATED INDIRECT COSTS	450,182.	450,182.		
REAL ESTATE TAXES	72,348.	72,348.		
SOFTWARE EXP.	17,158.	400.	16,758.	
SUB-CONTRACT SERVICES	103,609.	58,776.	44,833.	
TOTAL	\$ 3,872,336.	\$ 2,734,729.	\$ 1,137,607.	\$ 0.

STATEMENT 7
FORM 990, PART III
ORGANIZATION'S PRIMARY EXEMPT PURPOSE

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

ON A SELF-SPONSORED BASIS, THE CORPORATION 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.

STATEMENT 8
FORM 990, PART IV, LINE 54A
INVESTMENTS - PUBLICLY TRADED SECURITIES

CORPORATE STOCKS	VALUATION METHOD	AMOUNT
EQUITY SECURITIES	MARKET VALUE	\$ 23,834,180.
	TOTAL	\$ 23,834,180.

CORPORATE BONDS	VALUATION METHOD	AMOUNT
COPORATE DEBT SECURITIES	MARKET VALUE	4,234,322.
	TOTAL	\$ 4,234,322.

STATEMENT 8 (CONTINUED)
FORM 990, PART IV, LINE 54A
INVESTMENTS - PUBLICLY TRADED SECURITIES

<u>OTHER PUBLICLY TRADED SECURITIES</u>	<u>VALUATION METHOD</u>	<u>AMOUNT</u>
BROKER MONEY MARKET FUND	MARKET VALUE	\$ 3,364,006.
MORTGAGE BACKED SECURITIES	MARKET VALUE	2,404,083.
	TOTAL	\$ 5,768,089.

<u>U.S. GOVERNMENT OBLIGATIONS</u>	<u>VALUATION METHOD</u>	<u>AMOUNT</u>
TREASURY SECURITIES	MARKET VALUE	10,346,344.
	TOTAL	\$ 10,346,344.

<u>STATE AND MUNICIPAL OBLIGATIONS</u>	<u>VALUATION METHOD</u>	<u>AMOUNT</u>
MUNICIPAL BONDS	MARKET VALUE	875,000.
	TOTAL	\$ 875,000.

PUBLICLY TRADED SECURITIES \$ 45,057,935.STATEMENT 9
FORM 990, PART IV, LINE 54B
INVESTMENTS - OTHER SECURITIES

<u>OTHER SECURITIES</u>	<u>VALUATION METHOD</u>	<u>AMOUNT</u>
LOCAL AGENCY INVESTMENT FUND	MARKET VALUE	\$ 753,826.
	TOTAL	\$ 753,826.

STATEMENT 10
FORM 990, PART IV, LINE 57
LAND, BUILDINGS, AND EQUIPMENT

<u>CATEGORY</u>	<u>BASIS</u>	<u>ACCUM. DEPREC.</u>	<u>BOOK VALUE</u>
MACHINERY AND EQUIPMENT	\$ 2,811,822.	\$ 2,123,819.	\$ 688,003.
BUILDINGS	80,874,000.	14,621,146.	66,252,854.
IMPROVEMENTS	2,487,963.	207,434.	2,280,529.

STATEMENT 10 (CONTINUED)
FORM 990, PART IV, LINE 57
LAND, BUILDINGS, AND EQUIPMENT

CATEGORY	BASIS	ACCUM. DEPREC.	BOOK VALUE
MISCELLANEOUS (Buildings sold during the year)	\$ -80874000.	\$ -14621146.	\$ -66252854.
TOTAL	\$ 5,299,785.	\$ 2,331,253.	\$ 2,968,532.

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

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
ROBERT A CORRIGAN P.O. BOX 320160 SAN FRANCISCO, CA 94132	CHAIRMAN 4	\$ 0.	\$ 0.	\$ 0.
JO VOLKERT P.O. BOX 320160 SAN FRANCISCO, CA 94132	VICE CHAIR 4	0.	0.	0.
DON W. SCOBLE P.O. BOX 320160 SAN FRANCISCO, CA 94132	EXEC. DIRECTOR 40	135,997.	28,083.	0.
CHARLOTTE FERRETTI P.O. BOX 320160 SAN FRANCISCO, CA 94132	SECRETARY 4	0.	0.	0.
LEE BLITCH P.O. BOX 320160 SAN FRANCISCO, CA 94132	DIRECTOR 4	0.	0.	0.
FJ CAVA P.O. BOX 320160 SAN FRANCISCO, CA 94132	DIRECTOR 4	0.	0.	0.
JOHN M. GEMELLO P.O. BOX 320160 SAN FRANCISCO, CA 94132	DIRECTOR 4	0.	0.	0.
DAVID MEREDITH P.O. BOX 320160 SAN FRANCISCO, CA 94132	DIRECTOR 4	0.	0.	0.
MARTHA C. WALDA P.O. BOX 320160 SAN FRANCISCO, CA 94132	DIRECTOR 4	0.	0.	0.

THE UNIVERSITY CORPORATION,
SAN FRANCISCO STATE

94-1384645

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

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
ZEPELIN WONG P.O. BOX 320160 SAN FRANCISCO, CA 94132	DIRECTOR 4	\$ 0.	\$ 0.	\$ 0.
LAWRENCE CHAN P.O. BOX 320160 SAN FRANCISCO, CA 94132	DIRECTOR 4	0.	0.	0.
GARY HAMMERSTROM P.O. BOX 320160 SAN FRANCISCO, CA 94132	DIRECTOR 4	0.	0.	0.
MICHAEL POTEPA P.O. BOX 320160 SAN FRANCISCO, CA 94132	DIRECTOR 4	0.	0.	0.
JOHN F. CUMMINS P.O. BOX 320160 SAN FRANCISCO, CA 94132	DIRECTOR 4	0.	0.	0.
STEPHEN MARK DOBBS P.O. BOX 320160 SAN FRANCISCO, CA 94132	DIRECTOR 4	0.	0.	0.
GERALD WEST P.O. BOX 320160 SAN FRANCISCO, CA 94132	DIRECTOR 4	0.	0.	0.
RAPHAEL DIAZ P.O. BOX 320160 SAN FRANCISCO, CA 94132	DIRECTOR 4	0.	0.	0.
HONORABLE FRANK JORDAN P.O. BOX 320160 SAN FRANCISCO, CA 94132	DIRECTOR 4	0.	0.	0.
GERARDO UNGSON P.O. BOX 320160 SAN FRANCISCO, CA 94132	DIRECTOR 4	0.	0.	0.
LEROY MORISHITA P.O. BOX 320160 SAN FRANCISCO, CA 94132	DIRECTOR 4	0.	0.	0.
PHIL KING P.O. BOX 320160 SAN FRANCISCO, CA 94132	DIRECTOR 4	0.	0.	0.
	TOTAL	\$ 135,997.	\$ 28,083.	\$ 0.

STATEMENT 12
FORM 990, PART V-A, LINE 75C
INDIVIDUALS COMPENSATION BY RELATED ORGANIZATIONS

ROBERT A. CORRIGAN

RELATED ORGANIZATION:	SAN FRANCISCO STATE UNIVERSITY
FEIN:	93-1137427
RELATIONSHIP EXPLANATION:	THE UNIVERSITY IS SUPPORTED BY THE CORPORATION.
COMPENSATION PAID:	\$ 271,590.
BENEFIT PLAN CONTRIBUTIONS:	\$ 76,045.
EXPENSE ACCOUNT:	\$ 0.
COMPENSATION ARRANGEMENT:	

GERARDO UNGSON

RELATED ORGANIZATION:	SAN FRANCISCO STATE UNIVERSITY
FEIN:	93-1137247
RELATIONSHIP EXPLANATION:	THE UNIVERSITY IS SUPPORTED BY THE CORPORATION.
COMPENSATION PAID:	\$ 141,408.
BENEFIT PLAN CONTRIBUTIONS:	\$ 39,594.
EXPENSE ACCOUNT:	\$ 0.
COMPENSATION ARRANGEMENT:	

RAPHAEL DIAZ

RELATED ORGANIZATION:	SAN FRANCISCO STATE UNIVERSITY
FEIN:	93-1137247
RELATIONSHIP EXPLANATION:	THE UNIVERSITY IS SUPPORTED BY THE CORPORATION.
COMPENSATION PAID:	\$ 140,568.
BENEFIT PLAN CONTRIBUTIONS:	\$ 39,359.
EXPENSE ACCOUNT:	\$ 0.
COMPENSATION ARRANGEMENT:	

DAVID MEREDITH

RELATED ORGANIZATION:	SAN FRANCISCO STATE UNIVERSITY
FEIN:	93-1137247
RELATIONSHIP EXPLANATION:	THE UNIVERSITY IS SUPPORTED BY THE CORPORATION.
COMPENSATION PAID:	\$ 88,044.
BENEFIT PLAN CONTRIBUTIONS:	\$ 24,652.
EXPENSE ACCOUNT:	\$ 0.
COMPENSATION ARRANGEMENT:	

PHIL KING

RELATED ORGANIZATION:	SAN FRANCISCO STATE UNIVERSITY
FEIN:	93-1137427
RELATIONSHIP EXPLANATION:	THE UNIVERSITY IS SUPPORTED BY THE CORPORATION.
COMPENSATION PAID:	\$ 78,288.
BENEFIT PLAN CONTRIBUTIONS:	\$ 21,921.
EXPENSE ACCOUNT:	\$ 0.
COMPENSATION ARRANGEMENT:	

CHARLOTTE FERRETTI

RELATED ORGANIZATION:	SAN FRANCISCO STATE UNIVERSITY
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THE UNIVERSITY CORPORATION,
SAN FRANCISCO STATE

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STATEMENT 12 (CONTINUED)
FORM 990, PART V-A, LINE 75C
INDIVIDUALS COMPENSATION BY RELATED ORGANIZATIONS

FEIN: 93-1137247
RELATIONSHIP EXPLANATION: THE UNIVERSITY IS SUPPORTED BY THE CORPORATION.
COMPENSATION PAID: \$ 138,612.
BENEFIT PLAN CONTRIBUTIONS: \$ 38,811.
EXPENSE ACCOUNT: \$ 0.
COMPENSATION ARRANGEMENT:

MICHAEL POTEPAN

RELATED ORGANIZATION: SAN FRANCISCO STATE UNIVERSITY
FEIN: 93-1137427
RELATIONSHIP EXPLANATION: THE UNIVERSITY IS SUPPORTED BY THE CORPORATION.
COMPENSATION PAID: \$ 77,208.
BENEFIT PLAN CONTRIBUTIONS: \$ 21,618.
EXPENSE ACCOUNT: \$ 0.
COMPENSATION ARRANGEMENT:

JOHN GEMELLO

RELATED ORGANIZATION: SAN FRANCISCO STATE UNIVERSITY
FEIN: 93-1137427
RELATIONSHIP EXPLANATION: THE UNIVERSITY IS SUPPORTED BY THE CORPORATION.
COMPENSATION PAID: \$ 208,620.
BENEFIT PLAN CONTRIBUTIONS: \$ 58,414.
EXPENSE ACCOUNT: \$ 0.
COMPENSATION ARRANGEMENT:

JO VOKERT

RELATED ORGANIZATION: SAN FRANCISCO STATE UNIVERSITY
FEIN: 93-1137427
RELATIONSHIP EXPLANATION: THE UNIVERSITY IS SUPPORTED BY THE CORPORATION.
COMPENSATION PAID: \$ 150,000.
BENEFIT PLAN CONTRIBUTIONS: \$ 42,000.
EXPENSE ACCOUNT: \$ 0.
COMPENSATION ARRANGEMENT:

LEROY MORISHITA

RELATED ORGANIZATION: SAN FRANCISCO STATE UNIVERSITY
FEIN: 93-1137427
RELATIONSHIP EXPLANATION: THE UNIVERSITY IS SUPPORTED BY THE CORPORATION.
COMPENSATION PAID: \$ 208,620.
BENEFIT PLAN CONTRIBUTIONS: \$ 58,414.
EXPENSE ACCOUNT: \$ 0.
COMPENSATION ARRANGEMENT:

LEE BLITCH

RELATED ORGANIZATION: SAN FRANCISCO STATE UNIVERSITY
FEIN: 93-1137427
RELATIONSHIP EXPLANATION: THE UNIVERSITY IS SUPPORTED BY THE CORPORATION.
COMPENSATION PAID: \$ 225,000.

STATEMENT 12 (CONTINUED)
FORM 990, PART V-A, LINE 75C
INDIVIDUALS COMPENSATION BY RELATED ORGANIZATIONS

BENEFIT PLAN CONTRIBUTIONS: \$ 63,000.
EXPENSE ACCOUNT: \$ 0.
COMPENSATION ARRANGEMENT:

STATEMENT 13
FORM 990, PART VIII
RELATIONSHIP OF ACTIVITIES TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES

LINE #	EXPLANATION 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 CORPORATION TO PROVIDE AUXILIARY SUPPORT TO SAN FRANCISCO STATE UNIVERSITY.
93B	RENTAL INCOME FROM UNIVERSITY PARK AND THE VILLAGE WAS FROM STUDENTS, STAFF AND FACULTY OF SAN FRANCISCO STATE UNIVERSITY.

STATEMENT 14
SCHEDULE A, PART I
COMPENSATION OF FIVE HIGHEST PAID EMPLOYEES

NAME AND ADDRESS	TITLE & AVERAGE HOURS WORKED	COMPEN- SATION	CONTRIBUT. EBP & DC	EXPENSE ACCOUNT
JOHN ROGERS 1600 HOLLOWAY AVENUE SAN FRANCISCO, CA 94132	ASS. PRGM. DRCT 40	89,875.	39,455.	0.
ANTHONY VICTORIA 1600 HOLLOWAY AVENUE SAN FRANCISCO, CA 94132	DIRCT. OF ADMIN 40	81,900.	40,049.	0.
LEONARDO VALLE 1600 HOLLOWAY AVENUE SAN FRANCISCO, CA 94132	DIRCT. OF FINA. 40	81,488.	39,848.	0.
RAYMOND GROTT 1600 HOLLOWAY AVENUE SAN FRANCISCO, CA 94132	PRGM. DIRCT. 40	66,336.	29,121.	0.
DIANE GODARD 1600 HOLLOWAY AVENUE SAN FRANCISCO, CA 94132	SR. RSCH. ASS. 40	65,673.	28,831.	0.
TOTAL		\$ 385,272.	\$ 177,304.	\$ 0.

STATEMENT 15
SCHEDULE A, PART II-A
COMPENSATION OF FIVE HIGHEST PAID PROFESSIONAL SERVICE CONTRACTORS

NAME AND ADDRESS	TYPE OF SERVICE	COMPENSATION
MOSS ADAMS LLP ONE CALIFORNIA STREET 4TH FLOOR SAN FRANCISCO, CA 94111	AUDIT	214,677.
ACCONTEMPS FILE 73484, P.O. BOX 60000 SAN FRANCISCO, CA 94160	ACCOUNTING	153,417.
PROJECT & DATA MANAGEMENT GROUP 501 CRESCENT WAY, SUITE 5401 SAN FRANCISCO, CA 94134	ACCOUNTING	64,725.
SFSU ACCOUNTING OFFICE 1600 HOLLOWAY AVENUE SAN FRANCISCO, CA 94132	ACCOUNTING	334,722.
GLOBAL POLICY GROUP 1101 PENNSYLVANIA AVENUE NW, 7TH F. WASHINGTON, DC 20004	CONSULTING	90,000.
TOTAL \$		<u>857,541.</u>

STATEMENT 16
SCH A, PART II-A
PROFESSIONAL SERVICES CONTRACTOR COMPENSATION EXPLANATION

MOSS ADAMS LLP
FINANCIAL AUDIT SERVICE

ACCONTEMPS
ACCOUNTING PERSONNEL CONTRACT SERVICE

PROJECT & DATA MANAGEMENT GROUP
ACCOUNTING PERSONNEL CONTRACT SERVICE

SFSU ACCOUNTING OFFICE
PROGRAM RELATED ADMINISTRATIVE EXPENSES

GLOBAL POLICY GROUP
CONSULTING SERVICE - FUND RAISING

2006

FEDERAL STATEMENTS

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THE UNIVERSITY CORPORATION,
SAN FRANCISCO STATE

94-1384645

**STATEMENT 18
SCHEDULE A, PART III, LINE 3A
QUALIFICATIONS OF RECIPIENTS RECEIVING GRANTS OR LOANS**

SCHOLARSHIP DISBURSEMENTS ARE REQUESTED BY THE UNIVERSITY BY SUBMITTING A SCHOLARSHIP AWARD REQUEST TO THE CORPORATION WITH THE STUDENTS INFORMATION AND THE AMOUNT REQUESTED. THE REQUEST FORM IS SIGNED BY AUTHORIZED UNIVERSITY STAFF AND APPROVED FOR ALLOWABILITY BY THE CORPORATION. THE GRANT RECIPIENT IS NOT DETERMINED BY THE CORPORATION.

**STATEMENT 19
SCHEDULE A, PART VI-B, LINE I
DESCRIPTIONS OF THE LOBBYING ACTIVITIES**

CONTRIBUTION TO CALIFORNIANS FOR HIGHER EDUCATIONS - YES ON 1D.

THE UNIVERSITY CORPORATION,
SAN FRANCISCO STATE

94-1384645

STATEMENT 20
FORM 990, PART II, LINE 42
DEPRECIATION

CATEGORY -----	COST -----	MTHD/LIFE -----	DEPR EXP. -----	ACCUM DEPR -----
EQUIPMENT	\$ 2,811,822	SL/VAR	\$ 58,405	\$ 2,123,819
LEASEHOLD IMPROVEMENTS	2,487,963	SL/VAR	117,436	207,434
BUILDING (SOLD DURING THE YEAR)	80,874,000	SL/VAR	2,592,712	-
	-----		-----	-----
TOTAL	\$ 86,173,785 =====		\$ 2,768,553 =====	\$ 2,331,253 =====

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.

FOOTNOTE - GENERAL STATEMENT ABOUT THE CORPORATION

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 ORGANIZATION 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 RECIPIENT IS NOT DETERMINED BY THE FOUNDATION.

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

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (not automatic) 3-Month Extension of Time. You must file original and one copy.

Type or print	Name of Exempt Organization	Employer identification number
	THE UNIVERSITY CORPORATION, SAN FRANCISCO STATE	94-1384645
	Number, street, and room or suite number. If a P.O. box, see instructions.	For IRS use only
	1600 HOLLOWAY AVENUE, ADM 350	
File by the extended due date for filing the return. See instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	SAN FRANCISCO, CA 94132	

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

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

- The books are in care of: **LARRY J. WARE, COO/CFO**
Telephone No. **415-338-2599** 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 is for.

- 4 I request an additional 3-month extension of time until 5/15, 20 08.
- 5 For calendar year _____, or other tax year beginning 7/01, 20 06, and ending 6/30, 20 07.
- 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. TAXPAYER RESPECTFULLY REQUESTS ADDITIONAL TIME TO GATHER INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE TAX 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.	8a \$
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.	8b \$
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 instrs.	8c \$

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 _____ Title **COO, CFO** Date _____

Notice to Applicant. (To be Completed by the IRS)

- ☐ We **have** approved this application. Please attach this form to the organization's return.
- ☐ We **have not** approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely filed 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 a 10-day grace period.
- ☐ We **cannot consider** this application because it was filed after the extended 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
	PKF, CERTIFIED PUBLIC ACCOUNTANTS, APC
	Number and street (include suite, room, or apartment number) or a P.O. box number
	425 CALIFORNIA ST. #1600
	City or town, province or state, and country (including postal or ZIP code)
	SAN FRANCISCO, CA 94104

**Application for Extension of Time To File an
Exempt Organization Return**

OMB No. 1545-1709

Department of the Treasury
Internal Revenue Service

▶ 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).Section 501(c) corporations required to file Form 990-T and requesting an automatic 6-month extension — check this box and complete Part I only. ☐*All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns.***Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for section 501(c) corporations required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization	Employer identification number
	THE UNIVERSITY CORPORATION, SAN FRANCISCO STATE	94-1384645
	Number, street, and room or suite number. If a P.O. box, see instructions.	
	1600 HOLLOWAY AVENUE, ADM 350	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	SAN FRANCISCO, CA 94132	

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 (section 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. ▶ LARRY J. WARE, COO/CFO

Telephone No. ▶ 415-338-2599 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 section 501(c) corporation required to file Form 990-T) extension of time until 5/15, 20 08, to file the exempt organization return for the organization named above.

The extension is for the organization's return for:

- ▶ ☐ calendar year 20____ or
- ▶ ☒ tax year beginning 7/01, 20 06, and ending 6/30, 20 07.

- 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.	3a	\$	0.
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.	3b	\$	0.
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.	3c	\$	0.

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.**BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.**Form **8868** (Rev 4-2007)