

## 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)

2007

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service(77)

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

A For the 2007 calendar year, or tax year beginning 7/01, 2007, and ending 6/30, 2008

## B Check if applicable:

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

Please use  
IRS label  
or print  
or type.  
See  
specific  
instruc-  
tions.

C  
 UNIVERSITY CORPORATION  
 SAN FRANCISCO STATE  
 1600 HOLLOWAY AVE, ADM 350  
 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 ☒ NoH (b) If "Yes," enter number of affiliates ▶ ☐ Yes ☒ NoH (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

## I Group Exemption Number...

M Check ☐ if the organization is not required  
to attach Schedule B (Form 990, 990-EZ, or 990-PF).G Web site: ▶ <http://ucorp.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... ▶ 12, 387, 653.

## 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	5,076,624.		
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 \$ 1,850,168. noncash \$ 3,226,456.).....		1e	5,076,624.		
2 Program service revenue including government fees and contracts (from Part VII, line 93).....		2	2,785,782.		
3 Membership dues and assessments.....		3			
4 Interest on savings and temporary cash investments.....		4	1,713,726.		
5 Dividends and interest from securities.....		5	1,515.		
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		(B) Other	
		2,810,006.	8a		
b Less: cost or other basis and sales expenses.....		4,607,272.	8b	22,567.	
c Gain or (loss) (attach schedule)..... STATEMENT. 1.		-1,797,266.	8c	-22,567.	
d Net gain or (loss). Combine line 8c, columns (A) and (B).....			8d	-1,819,833.	
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			
b Less: direct expenses other than fundraising expenses.....		9b			
c Net income or (loss) from special events. Subtract line 9b from line 9a.....		9c			
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	7,757,814.		
13 Program services (from line 44, column (B)).....		13	8,020,528.		
14 Management and general (from line 44, column (C)).....		14	1,658,692.		
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	9,679,220.		
18 Excess or (deficit) for the year. Subtract line 17 from line 12.....		18	-1,921,406.		
19 Net assets or fund balances at beginning of year (from line 73, column (A)).....		19	50,980,095.		
20 Other changes in net assets or fund balances (attach explanation)..... SEE STATEMENT. 2.....		20	-376,074.		
21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20.....		21	48,682,615.		

**Part I 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. (See instructions.)

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 a</b> Grants paid from donor advised funds (attach sch) (cash \$ _____) non-cash \$ _____ If this amount includes foreign grants, check here. <input type="checkbox"/> .....	<b>22 a</b>				
<b>22 b</b> Other grants and allocations (att sch) SEE STM 3 (cash \$ 808,265.) non-cash \$ _____ If this amount includes foreign grants, check here. <input type="checkbox"/> .....	<b>22 b</b>	808,265.	808,265.		
<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 a</b> Compensation of current officers, directors, key employees, etc. listed in Part V-A .....	<b>25 a</b>	0.	0.	0.	0.
<b>b</b> Compensation of former officers, directors, key employees, etc. listed in Part V-B .....	<b>25 b</b>	0.	0.	0.	0.
<b>c</b> 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) .....	<b>25 c</b>	0.	0.	0.	0.
<b>26</b> Salaries and wages of employees not included on lines 25a, b, and c. ....	<b>26</b>	2,231,930.	2,231,930.		
<b>27</b> Pension plan contributions not included on lines 25a, b, and c. ....	<b>27</b>				
<b>28</b> Employee benefits not included on lines 25a - 27 .....	<b>28</b>	612,218.	612,218.		
<b>29</b> Payroll taxes .....	<b>29</b>				
<b>30</b> Professional fundraising fees .....	<b>30</b>				
<b>31</b> Accounting fees .....	<b>31</b>	110,254.	1,500.	108,754.	
<b>32</b> Legal fees .....	<b>32</b>	10,547.		10,547.	
<b>33</b> Supplies .....	<b>33</b>	754,221.	738,761.	15,460.	
<b>34</b> Telephone .....	<b>34</b>	30,134.	23,931.	6,203.	
<b>35</b> Postage and shipping .....	<b>35</b>	67,802.	64,406.	3,396.	
<b>36</b> Occupancy .....	<b>36</b>	25,058.	4,818.	20,240.	
<b>37</b> Equipment rental and maintenance .....	<b>37</b>	683.	683.		
<b>38</b> Printing and publications .....	<b>38</b>	69,553.	63,888.	5,665.	
<b>39</b> Travel .....	<b>39</b>	363,395.	362,310.	1,085.	
<b>40</b> Conferences, conventions, and meetings .....	<b>40</b>	3,583.	3,583.		
<b>41</b> Interest .....	<b>41</b>				
<b>42</b> Depreciation, depletion, etc (attach schedule) .....	<b>42</b>	243,187.	243,187.	Statement 18	
<b>43</b> Other expenses not covered above (itemize): <b>a</b> SEE STATEMENT 4 .....	<b>43 a</b>	4,348,390.	2,861,048.	1,487,342.	
<b>b</b> .....	<b>43 b</b>				
<b>c</b> .....	<b>43 c</b>				
<b>d</b> .....	<b>43 d</b>				
<b>e</b> .....	<b>43 e</b>				
<b>f</b> .....	<b>43 f</b>				
<b>g</b> .....	<b>43 g</b>				
<b>44</b> Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15) .....	<b>44</b>	9,679,220.	8,020,528.	1,658,692.	0.

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

If 'Yes,' enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_; (ii) the amount allocated to Program services \$ \_\_\_\_\_; (iii) the amount allocated to Management and general \$ \_\_\_\_\_; and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_.

**Part III** Statement of Program Service 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? ▶ SEE STATEMENT 5

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

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

a PROMOTE AND ASSIST SAN FRANCISCO STATE UNIVERSITY THROUGH THE  
ADMINISTRATIONS OF EDUCATIONAL PROJECTS, UNIVERSITY RESEARCH AND  
DEVELOPMENT PROJECTS, AND COMMUNITY OUTREACH PROGRAMS.

(Grants and allocations \$ 747,467. ) If this amount includes foreign grants, check here. ▶ ☐

3,389,325.

b RENTAL OF UNIVERSITY HOUSING FOR STUDENTS, FACULTY AND STAFF.

(Grants and allocations \$ 60,798. ) If this amount includes foreign grants, check here. ▶ ☐

4,631,203.

c

(Grants and allocations \$ ) If this amount includes foreign grants, check here. ▶ ☐

d

(Grants and allocations \$ ) If this amount includes foreign grants, check here. ▶ ☐

e Other program services

(Grants and allocations \$ ) If this amount includes foreign grants, check here. ▶ ☐

f Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶

8,020,528.

BAA

Form 990 (2007)

**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.....	3,432,686.	45	21,792.
	46 Savings and temporary cash investments.....	1,745,594.	46	16,053.
	47a Accounts receivable.....	1,327,715.		
	b Less: allowance for doubtful accounts.....		47c	1,327,715.
	48a Pledges receivable.....	800,722.		
	b Less: allowance for doubtful accounts.....		48c	800,722.
	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.....	44,489.	53	7,428.
	54a Investments — publicly-traded securities... STMT. 6... <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	45,057,935.	54a	47,454,589.
	b Investments — other securities (attach sch)... STMT. 7... <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	753,826.	54b	4,767,317.
	55a Investments — land, buildings, & equipment: basis... 55a			
	b Less: accumulated depreciation (attach schedule)..... 55b		55c	
	56 Investments — other (attach schedule).....		56	
	57a Land, buildings, and equipment: basis..... 57a	4,749,533.		
	b Less: accumulated depreciation (attach schedule)... STATEMENT 8... 57b	1,918,142.	2,968,532.	57c
58 Other assets, including program-related investments (describe ▶ .....).		58		
59 <b>Total assets</b> (must equal line 74). Add lines 45 through 58.....	56,338,224.	59	57,227,007.	
<b>LIABILITIES</b>	60 Accounts payable and accrued expenses.....	1,100,268.	60	1,194,808.
	61 Grants payable.....		61	
	62 Deferred revenue.....	4,257,861.	62	7,271,200.
	63 Loans from officers, directors, trustees, and key employees (attach schedule).....		63	
	64a Tax-exempt bond liabilities (attach schedule).....		64a	
	b Mortgages and other notes payable (attach schedule).....		64b	
	65 Other liabilities (describe ▶... <u>SEE STATEMENT 9</u> .....).		65	78,384.
	66 <b>Total liabilities.</b> Add lines 60 through 65.....	5,358,129.	66	8,544,392.
<b>NET ASSETS OR FUND BALANCES</b>	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted.....	5,693,634.	67	5,531,728.
	68 Temporarily restricted.....	19,120,463.	68	13,838,447.
	69 Permanently restricted.....	26,165,998.	69	29,312,440.
	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 <b>Total net assets or fund balances.</b> Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21).....	50,980,095.	73	48,682,615.
	74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73.....	56,338,224.	74	57,227,007.



Yes	No
-----	----

1	2	3
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75b	X
-----	---

75c	X	
-----	---	--



75d	X	
-----	---	--

**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.)

[illegible]

Yes	No
-----	----

76	X
----	---

77		X
----	--	---

1	2	3
---	---	---

78a	X
-----	---

78b	N/A
-----	-----

79	X
----	---

80a	X	
-----	---	--

[illegible]

81 b	X
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**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?	83 a	X
b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	83 b	X
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84 a	X
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84 b	N/A
85 a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?	85 a	N/A
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85 b	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, 2007 (See instructions.)	90 b	301
91 a	The books are in care of ▶ LARRY J. WARE, COO/CFO Telephone number ▶ 415-338-7933 Located at ▶ 1600 HOLLOWAY AVE, 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.			

**Part VI Other Information (continued)**

Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c ☐ Yes ☒ No

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					2,192,319.
b STUDENT HOUSING					593,463.
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	1,713,726.	
96 Dividends & interest from securities			14	1,515.	
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			1	-1,819,833.	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				-104,592.	2,785,782.
105 Total (add line 104, columns (B), (D), and (E))					2,681,190.

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 14

**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).



**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).

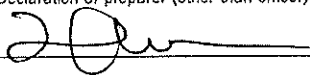

				Yes	No	
106	Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.					X

	(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		FEB. 12, 2009 Date	
Paid Preparer's Use Only	LARRY J. WARE, COO/CFO Type or print name and title.			
	Preparer's signature	Date	Check if self-employed	Preparer's SSN or PTIN (See General Instruction X)
	 Firm's name (or yours if self-employed), address, and ZIP + 4	FEB 04 2009 Date	<input type="checkbox"/> N/A	N/A
	PKF, CERTIFIED PUBLIC ACCOUNTANTS, APC 425 CALIFORNIA ST #1600 SAN FRANCISCO, CA 94104		EIN	(415) 421-5378 Phone no.

**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.)

OMB No. 1545-0047

**2007**

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

Name of the organization  
**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 15		382,153.	150,659.	0.
Total number of other employees paid over \$50,000		4		

**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 16		1,012,049.
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
NONE		
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) 2007

**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 . . . . ▶ \$ <u>N/A</u> (Must equal amounts on line 38, Part VI-A, or line I of Part VI-B.) . . . . .		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? . . . . .		X
b Lending of money or other extension of credit? . . . . .		X
c Furnishing of goods, services, or facilities? . . . . .		X
SEE FORM 990, PART V		
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? . . . . .	X	
e Transfer of any part of its income or assets? . . . . .		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. 17	X	
b Did the organization have a section 403(b) annuity plan for its employees? . . . . .		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. . . . .		X
d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services? . . . . .		X
4a Did the organization maintain any donor advised funds? If 'Yes,' complete lines 4b through 4g. If 'No,' complete lines 4f and 4g . . . . .		X
b Did the organization make any taxable distributions under section 4966? . . . . .	N/A	
c Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .	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.)
- 11 a ☐ 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.)
- 11 b ☐ 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) 2007

**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) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
<b>15</b> Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)...	8,803,934.	5,452,902.	6,267,382.	3,109,832.	23,634,050.
<b>16</b> Membership fees received.....					0.
<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.....	9,547,820.	13,675,626.	21,059,591.	17,556,166.	61,839,203.
<b>18</b> Gross income from interest, dividends, ams rec'd from payments on securities loans (sec. 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less sec. 511 taxes) from businesses acquired by the organization after June 30, 1975...	2,684,460.	2,264,544.	1,844,422.	1,313,878.	8,107,304.
<b>19</b> Net income from unrelated business activities not included in line 18.....					0.
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.....					0.
<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.....					0.
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.....					0.
<b>23</b> Total of lines 15 through 22....	21,036,214.	21,393,072.	29,171,395.	21,979,876.	93,580,557.
<b>24</b> Line 23 minus line 17.....	11,488,394.	7,717,446.	8,111,804.	4,423,710.	31,741,354.
<b>25</b> Enter 1% of line 23.....	210,362.	213,931.	291,714.	219,799.	
<b>26 Organizations described on lines 10 or 11:</b> a Enter 2% of amount in column (e), line 24.....					26a 634,827.
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 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts.....					26b 11,315,901.
c Total support for section 509(a)(1) test: Enter line 24, column (e).....					26c 31,741,354.
d Add: Amounts from column (e) for lines: 18 8,107,304. 19.....					26d 19,423,205.
22..... 26b 11,315,901.					26e 12,318,149.
e Public support (line 26c minus line 26d total).....					26f 38.81 %
f Public support percentage (line 26e (numerator) divided by line 26c (denominator)).....					
<b>27 Organizations described on line 12:</b> 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: (2006)..... (2005)..... (2004)..... (2003).....					
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: (2006)..... (2005)..... (2004)..... (2003).....					
c Add: Amounts from column (e) for lines: 15..... 16.....					27c.....
17..... 20..... 21.....					27d.....
d Add: Line 27a total..... and line 27b total.....					27e.....
e Public support (line 27c total minus line 27d total).....					27f.....
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e).....					27g..... %
g Public support percentage (line 27e (numerator) divided by line 27f (denominator)).....					27h..... %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)).....					
<b>28 Unusual Grants:</b> For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, 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? .....	31		
If 'Yes,' please describe; if 'No,' please explain. (If you need more space, attach a separate statement.)			
-----			
-----			
-----			
32 Does the organization maintain the following:			
a Records indicating the racial composition of the student body, faculty, and administrative staff? .....	32a		
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? .....	32b		
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? .....	32c		
d Copies of all material used by the organization or on its behalf to solicit contributions? .....	32d		
If you answered 'No' to any of the above, please explain. (If you need more space, attach a separate statement.)			
-----			
-----			
33 Does the organization discriminate by race in any way with respect to:			
a Students' rights or privileges? .....	33a		
b Admissions policies? .....	33b		
c Employment of faculty or administrative staff? .....	33c		
d Scholarships or other financial assistance? .....	33d		
e Educational policies? .....	33e		
f Use of facilities? .....	33f		
g Athletic programs? .....	33g		
h Other extracurricular activities? .....	33h		
If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement.)			
-----			
-----			
34a Does the organization receive any financial aid or assistance from a governmental agency? .....	34a		
b Has the organization's right to such aid ever been revoked or suspended? .....	34b		
If you answered 'Yes' to either 34a or b, please explain using an attached statement.			
-----			
35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If 'No,' attach an explanation. ....	35		

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See instructions.)  
(To be completed **ONLY** by an eligible organization that filed Form 5768)

N/A

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
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.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45	Lobbying nontaxable amount .....				
46	Lobbying ceiling amount (150% of line 45(e)) .....				
47	Total lobbying expenditures .....				
48	Grassroots non-taxable amount .....				
49	Grassroots ceiling amount (150% of line 48(e)) .....				
50	Grassroots lobbying expenditures .....				

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See instructions.)

N/A

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 .....			
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.) .....			

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





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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No. 1545-0047

**2007**

Name of organization **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) (2007)

2007

## FEDERAL STATEMENTS

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UNIVERSITY CORPORATION  
SAN FRANCISCO STATE

94-1384645

STATEMENT 1  
FORM 990, PART I, LINE 8  
NET GAIN (LOSS) FROM NONINVENTORY SALESPUBLICLY TRADED SECURITIESGROSS SALES PRICE: 2,810,006.  
COST OR OTHER BASIS: 4,607,272.TOTAL GAIN (LOSS) PUBLICLY TRADED SECURITIES \$ -1,797,266.OTHER ASSETSDESCRIPTION: EQUIPMENT & FIXTURES DISPOSAL  
DATE ACQUIRED: VARIOUS  
HOW ACQUIRED: PURCHASE  
DATE SOLD: VARIOUS  
TO WHOM SOLD:  
GROSS SALES PRICE: 0.  
COST OR OTHER BASIS: 678,865.  
BASIS METHOD: COST  
DEPRECIATION: 656,298.

GAIN (LOSS) -22,567.

TOTAL GAIN (LOSS) OTHER ASSETS \$ -22,567.TOTAL NET GAIN (LOSS) FROM NONINVENTORY SALES \$ -1,819,833.STATEMENT 2  
FORM 990, PART I, LINE 20  
OTHER CHANGES IN NET ASSETS OR FUND BALANCESUNREALIZED LOSSES ON INVESTMENTS..... \$ -376,074.  
TOTAL \$ -376,074.STATEMENT 3  
FORM 990, PART II, LINE 22B  
OTHER GRANTS AND ALLOCATIONSCASH GRANTS AND ALLOCATIONSCLASS OF ACTIVITY: STUDENT GRANTS  
DONEE'S NAME: STUDENTS OF SFSU (VARIOUS)  
DONEE'S ADDRESS: 1600 HOLLOWAY AVE, ADM 350  
SAN FRANCISCO, CA 94132

AMOUNT GIVEN: \$ 808,265.

TOTAL GRANTS AND ALLOCATIONS \$ 808,265.

UNIVERSITY CORPORATION  
SAN FRANCISCO STATE

94-1384645

STATEMENT 4  
FORM 990, PART II, LINE 43  
OTHER EXPENSES

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
ADMIN EXPENSE	338,363.	338,363.		
ADVERTISING & PROMOTIONS	100,705.	100,605.	100.	
APPLICATION FEES	5,975.	4,155.	1,820.	
AWARDS & INTERNSHIPS	1,250.	1,250.		
BANK & CREDIT CARD FEES	294,015.	1,282.	292,733.	
COMPUTER & SOFTWARE EXPENSE	46,161.	46,161.		
CONSULTANTS	120,582.		120,582.	
CONTRACT LABOR	1,279,799.	500,186.	779,613.	
DUES & SUBSCRIPTION	54,135.	44,501.	9,634.	
HOSPITALITY	395,870.	356,680.	39,190.	
INSURANCE	29,060.	5,024.	24,036.	
LICENSES & PERMITS	2,940.	2,940.		
OTHER COSTS	288,608.	117,326.	171,282.	
PROFESSIONAL FEES	476,596.	461,645.	14,951.	
RENTAL SPACE	62,838.	58,535.	4,303.	
REPAIR & MAINTENANCE	26,105.	26,105.		
SECURITY	3,213.	2,941.	272.	
SMALL EQUIPMENT	34,323.	34,323.		
SPECIAL EVENTS	108,924.	86,124.	22,800.	
STUDENT SCHEDULE	625,510.	625,510.		
TAXES	5,254.	4,727.	527.	
TRAINING & EDUCATION	16,323.	10,824.	5,499.	
WRITE-OFFS	31,841.	31,841.		
TOTAL	<u>\$ 4,348,390.</u>	<u>\$ 2,861,048.</u>	<u>\$ 1,487,342.</u>	<u>\$ 0.</u>

STATEMENT 5  
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.

2007

## FEDERAL STATEMENTS

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UNIVERSITY CORPORATION  
SAN FRANCISCO STATE

94-1384645

STATEMENT 6  
FORM 990, PART IV, LINE 54A  
INVESTMENTS - PUBLICLY TRADED SECURITIES

<u>CORPORATE STOCKS</u>	<u>VALUATION METHOD</u>	<u>AMOUNT</u>
EQUITY SECURITIES	MARKET VALUE	\$ 20,624,918.
	TOTAL	\$ 20,624,918.

<u>CORPORATE BONDS</u>	<u>VALUATION METHOD</u>	<u>AMOUNT</u>
COPORATE DEBT SECURITIES	MARKET VALUE	7,696,439.
	TOTAL	\$ 7,696,439.

<u>OTHER PUBLICLY TRADED SECURITIES</u>	<u>VALUATION METHOD</u>	<u>AMOUNT</u>
BROKER MONEY MARKET FUND	MARKET VALUE	4,121,244.
MORTGAGE BACKED SECURITIES	MARKET VALUE	3,914,247.
	TOTAL	\$ 8,035,491.

<u>U.S. GOVERNMENT OBLIGATIONS</u>	<u>VALUATION METHOD</u>	<u>AMOUNT</u>
TREASURY SECURITIES	MARKET VALUE	11,097,741.
	TOTAL	\$ 11,097,741.

PUBLICLY TRADED SECURITIES \$ 47,454,589.STATEMENT 7  
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	\$ 4,767,317.
	TOTAL	\$ 4,767,317.

2007

## FEDERAL STATEMENTS

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UNIVERSITY CORPORATION  
SAN FRANCISCO STATE

94-1384645

STATEMENT 8  
FORM 990, PART IV, LINE 57  
LAND, BUILDINGS, AND EQUIPMENT

CATEGORY	BASIS	ACCUM. DEPREC.	BOOK VALUE
AUTOMOBILES / TRANSPORTATION EQUIPMENT	\$ 32,000.	\$ 0.	\$ 32,000.
MACHINERY AND EQUIPMENT	1,801,801.	1,447,648.	354,153.
IMPROVEMENTS	2,915,732.	470,494.	2,445,238.
TOTAL	<u>\$ 4,749,533.</u>	<u>\$ 1,918,142.</u>	<u>\$ 2,831,391.</u>

STATEMENT 9  
FORM 990, PART IV, LINE 65  
OTHER LIABILITIES

BANK OVERDRAFT.....	\$ 78,384.
TOTAL	<u>\$ 78,384.</u>

STATEMENT 10  
FORM 990, PART IV-A, LINE D(2)  
OTHER AMOUNTS

ASSET DISPOSAL.....	\$ -22,568.
TOTAL	<u>\$ -22,568.</u>

STATEMENT 11  
FORM 990, PART IV-B, LINE D(2)  
OTHER AMOUNTS

ASSEST DISPOSAL.....	\$ -22,568.
TOTAL	<u>\$ -22,568.</u>

STATEMENT 12  
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
LEROY MORISHITA P.O. BOX 320160 SAN FRANCISCO, CA 94132	CHAIRMAN 4.00	\$ 0.	\$ 0.	\$ 0.
JO VOLKERT P.O. BOX 320160 SAN FRANCISCO, CA 94132	VICE CHAIR 4.00	0.	0.	0.

UNIVERSITY CORPORATION  
SAN FRANCISCO STATE

94-1384645

STATEMENT 12 (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
LARRY J WARE P.O. BOX 320160 SAN FRANCISCO, CA 94132	COO, CFO 4.00	\$ 0.	\$ 0.	\$ 0.
CHARLOTTE FERRETTI P.O. BOX 320160 SAN FRANCISCO, CA 94132	SECRETARY 4.00	0.	0.	0.
ZEPPELIN WONG P.O. BOX 320160 SAN FRANCISCO, CA 94132	DIRECTOR 4.00	0.	0.	0.
PHILLIP KING P.O. BOX 320160 SAN FRANCISCO, CA 94132	DIRECTOR 4.00	0.	0.	0.
JAMES J KOHN P.O. BOX 320160 SAN FRANCISCO, CA 94132	DIRECTOR 4.00	0.	0.	0.
MICHAEL POTEPAN P.O. BOX 320160 SAN FRANCISCO, CA 94132	DIRECTOR 4.00	0.	0.	0.
	TOTAL	\$ 0.	\$ 0.	\$ 0.

STATEMENT 13  
FORM 990, PART V-A, LINE 75C  
INDIVIDUALS COMPENSATION BY RELATED ORGANIZATIONS

LEROY MORISHITA

RELATED ORGANIZATION:	SAN FRANCISCO STATE UNIVERSITY
FEIN:	93-1137427
RELATIONSHIP EXPLANATION:	THE UNIVERSITY IS SUPPORTED BY THE CORPORATION.
COMPENSATION PAID:	\$ 237,204.
BENEFIT PLAN CONTRIBUTIONS:	\$ 83,021.
EXPENSE ACCOUNT:	\$ 0.
COMPENSATION ARRANGEMENT:	

LARRY J WARE

RELATED ORGANIZATION:	SAN FRANCISCO STATE UNIVERSITY
FEIN:	93-1137247
RELATIONSHIP EXPLANATION:	THE UNIVERSITY IS SUPPORTED BY THE CORPORATION.
COMPENSATION PAID:	\$ 199,188.
BENEFIT PLAN CONTRIBUTIONS:	\$ 69,716.
EXPENSE ACCOUNT:	\$ 0.
COMPENSATION ARRANGEMENT:	

UNIVERSITY CORPORATION  
SAN FRANCISCO STATE

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STATEMENT 13 (CONTINUED)  
FORM 990, PART V-A, LINE 75C  
INDIVIDUALS COMPENSATION BY RELATED ORGANIZATIONS

JO VOLKERT

RELATED ORGANIZATION:	SAN FRANCISCO STATE UNIVERSITY
FEIN:	93-1137247
RELATIONSHIP EXPLANATION:	THE UNIVERSITY IS SUPPORTED BY THE CORPORATION.
COMPENSATION PAID:	\$ 163,500.
BENEFIT PLAN CONTRIBUTIONS:	\$ 57,225.
EXPENSE ACCOUNT:	\$ 0.
COMPENSATION ARRANGEMENT:	

CHARLOTTE FERRETTI

RELATED ORGANIZATION:	SAN FRANCISCO STATE UNIVERSITY
FEIN:	93-1137247
RELATIONSHIP EXPLANATION:	THE UNIVERSITY IS SUPPORTED BY THE CORPORATION.
COMPENSATION PAID:	\$ 145,188.
BENEFIT PLAN CONTRIBUTIONS:	\$ 50,816.
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:	\$ 98,197.
BENEFIT PLAN CONTRIBUTIONS:	\$ 34,369.
EXPENSE ACCOUNT:	\$ 0.
COMPENSATION ARRANGEMENT:	

PHILIP KING

RELATED ORGANIZATION:	SAN FRANCISCO STATE UNIVERSITY
FEIN:	93-1137247
RELATIONSHIP EXPLANATION:	THE UNIVERSITY IS SUPPORTED BY THE CORPORATION.
COMPENSATION PAID:	\$ 95,327.
BENEFIT PLAN CONTRIBUTIONS:	\$ 33,364.
EXPENSE ACCOUNT:	\$ 0.
COMPENSATION ARRANGEMENT:	

JAMES KOHN

RELATED ORGANIZATION:	SAN FRANCISCO STATE UNIVERSITY
FEIN:	93-1137427
RELATIONSHIP EXPLANATION:	THE UNIVERSITY IS SUPPORTED BY THE CORPORATION.
COMPENSATION PAID:	\$ 92,575.
BENEFIT PLAN CONTRIBUTIONS:	\$ 32,401.
EXPENSE ACCOUNT:	\$ 0.
COMPENSATION ARRANGEMENT:	

UNIVERSITY CORPORATION  
SAN FRANCISCO STATE

94-1384645

STATEMENT 14  
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 15  
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	ASSOCIATE DIR. 40.00	95,761.	35,189.	0.
JENNIFER URRUTIA 1600 HOLLOWAY AVENUE SAN FRANCISCO, CA 94132	BUSINESS COORD. 40.00	74,180.	28,022.	0.
DIANE GODARD 1600 HOLLOWAY AVENUE SAN FRANCISCO, CA 94132	SENIOR RESEARCH 40.00	72,736.	30,291.	0.
LISEL K BLASH 1600 HOLLOWAY AVENUE SAN FRANCISCO, CA 94132	SENIOR RESEARCH 40.00	71,308.	30,621.	0.
RAYMOND GOTT 1600 HOLLOWAY AVENUE SAN FRANCISCO, CA 94132	LEAD TECHNOLOGY 40.00	68,168.	26,536.	0.
TOTAL		\$ 382,153.	\$ 150,659.	\$ 0.

STATEMENT 16  
SCHEDULE A, PART II-A  
COMPENSATION OF FIVE HIGHEST PAID PROFESSIONAL SERVICE CONTRACTORS

NAME AND ADDRESS	TYPE OF SERVICE	COMPENSATION
SFSU ACCOUNTING OFFICE 1600 HOLLOWAY AVENUE SAN FRANCISCO, CA 94132	ACCOUNTING	722,161.
PANNELL KERR & FORSTER 425 CALIFORNIA STREET, SUITE 1600 SAN FRANCISCO, CA 94104	AUDITING	102,151.
GLOBAL POLICY GROUP	CONSULTING	70,847.



UNIVERSITY CORPORATION  
SAN FRANCISCO STATE

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STATEMENT 16 (CONTINUED)  
SCHEDULE A, PART II-A  
COMPENSATION OF FIVE HIGHEST PAID PROFESSIONAL SERVICE CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>TYPE OF SERVICE</u>	<u>COMPENSATION</u>
1101 PENNSYLVANIA AVE NW, 7TH FLOOR WASHINGTON, DC 20004		
ACCONTEMPS FILE 73484, POST OFFICE BOX 60000 SAN FRANCISCO, CA 94160-3484	ACCOUNTING	62,890.
MARC ASSOCIATES, INC 1101 17TH STREET N.W., SUITE 1102 WASHINGTON, DC 20036-4704	CONSULTING	54,000.
		TOTAL \$ <u>1,012,049.</u>

STATEMENT 17  
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.

UNIVERSITY CORPORATION  
SAN FRANCISCO STATE

94-1384645

STATEMENT 18  
FORM 990, PART II, LINE 42  
DEPRECIATION

CATEGORY	COST	MTHD/LIFE	DEPR	ACCUM DEPR
AUTOMOBILES	\$ 32,000	SL/VAR	\$ 0	\$ 0
MACHINERY & EQUIPMENT	1,801,801	SL/VAR	98,270	1,447,648
IMPROVEMENTS	2,915,732	SL/VAR	144,917	470,494
TOTAL	\$4,749,533		\$243,187	\$1,918,142

## 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.

Form **8879-EO****IRS e-file Signature Authorization  
for an Exempt Organization**

OMB No. 1545-1878

Department of the Treasury  
Internal Revenue ServiceFor calendar year 2007, or fiscal year beginning 7/01, 2007, and ending 6/30, 2008.▶ Do not send to the IRS. Keep for your records.  
▶ See instructions.**2007**Return ID (20-digit number) ▶ **94054720080334400027**Name of exempt organization  
**UNIVERSITY CORPORATION  
SAN FRANCISCO STATE**

Employer identification number

**94-1384645**

Name and title of officer

**Part I Tax Return and Return Information (Whole Dollars Only)**

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount from the return if any. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return for which you are filing this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1 a Form 990 check here . . . . .	<input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, line 12) . . . . .	1 b <u>7,757,814.</u>
2 a Form 990-EZ check here . . . . .	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9) . . . . .	2 b _____
3 a Form 1120-POL check here . . . . .	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22) . . . . .	3 b _____
4 a Form 990-PF check here . . . . .	<input type="checkbox"/>	b Tax Based on Investment Income (Form 990-PF, Part VI, line 5) . . . . .	4 b _____
5 a Form 8868 check here . . . . .	<input type="checkbox"/>	b Balance Due (Form 8868, line 3c) . . . . .	5 b _____

**Part II Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2007 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

☒ I authorize PKF, CERTIFIED PUBLIC ACCOUNTANTS, APC to enter my PIN 13969 as my signature  
ERO firm name do not enter all zeros

on the organization's tax year 2007 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2007 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ LARRY J. WARE, COO/CFO Date ▶ FEBRUARY 12, 2009

**Part III Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN 940547  
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2007 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers.

ERO's signature ▶ [Signature] Date ▶ FEB 04 2009

**ERO Must Retain This Form — See Instructions  
Do Not Submit This Form to the IRS Unless Requested To Do So**

BAA For Paperwork Reduction Act Notice, see instructions.

Form 8879-EO (2007)

IN  
MAIL TO:  
Registry of Charitable Trusts  
P.O. Box 903447  
Sacramento, CA 94203-4470  
Telephone: (916) 445-2021

WEBSITE ADDRESS:  
<http://ag.ca.gov/charities/>

# ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code  
11 Cal. Code Regs. sections 301-307, 311 and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code Section 12586.1. IRS extensions will be honored.



State Charity Registration Number <u>5658</u>		Check if: <input type="checkbox"/> Change of address <input type="checkbox"/> Amended report
UNIVERSITY CORPORATION SAN FRANCISCO STATE Name of Organization		
1600 HOLLOWAY AVE, ADM 350 Address (Number and Street)		Corporate or Organization No. <u>C0206773</u>
SAN FRANCISCO, CA 94132 City or Town State ZIP Code		Federal Employer ID No. <u>94-1384645</u>

## ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312) Make Check Payable to Attorney General's Registry of Charitable Trusts

Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee
Less than \$25,000	0	Between \$100,001 and \$250,000	\$50	Between \$1,000,001 and \$10 million	\$150
Between \$25,000 and \$100,000	\$25	Between \$250,001 and \$1 million	\$75	Between \$10,000,001 and \$50 million	\$225
				Greater than \$50 million	\$300

### PART A - ACTIVITIES

For your most recent full accounting period (beginning 7/01/07 ending 6/30/08) list:  
Gross annual revenue \$ 7,757,814. Total assets \$ 57,227,007.

### PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

Note: If you answer 'yes' to any of the questions below, you must attach a separate sheet providing an explanation and details for each 'yes' response. Please review RRF-1 instructions for information required.

	Yes	No
1 During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2 During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3 During this reporting period, did non-program expenditures exceed 50% of gross revenues?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5 During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If 'yes,' provide an attachment listing the name, address, and telephone number of the service provider.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6 During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7 During this reporting period, did the organization hold a raffle for charitable purposes? If 'yes,' provide an attachment indicating the number of raffles and the date(s) they occurred.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Does the organization conduct a vehicle donation program? If 'yes,' provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9 Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Organization's area code and telephone number (415) 338-7933

Organization's e-mail address \_\_\_\_\_

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete.

LARRY J. WARE, COO/CFO

FEB. 12, 2009

Signature of authorized officer

Printed Name

Title

Date

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. ☒
  - 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](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

<b>Type or print</b>  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 AVE, 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. ► 415-338-7933 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 2/15, 20 09, 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 07, and ending 6/30, 20 08.

- 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 <b>Balance Due.</b> 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)