** PUBLIC DISCLOSURE COPY **

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047

| A | For the | e 2008 calendar year, or tax year beginning $\mathrm{JUL}1$, 2008 | ing J | UN 30, 20 | 009 | | |
|---------------|----------------------------------|--|--------------------------|-------------------------|---------------|---------------------------|------------|
| В | Check if applicabl | le Ficase Francisco de Componis de Componi | | D Employer ide | | | |
| | Addre chang | label or print or SAN FRANCISCO STATE | PL | BLIC | | | |
| | Name | bye type. Doing Business As | H CO | 94 | 1-13 | 84645 | |
| | Initial return Termination | Number and street (or P.O. box if mail is not delivered to street address) Roo | n/suite | 🗜 🍽 lephone nu | umber 115) | | 97 |
| | Amen | ded tions. City or town, state or country, and ZIP + 4 | £ | G Gross receipts \$ | | 50,033, | 500. |
| | Application | SAN FRANCISCO, CA 94132 | | H(a) Is this a gro | oup ret | | |
| | pendi | F Name and address of principal officer: AGNES WONG NICKERSON | | for affiliates | 3? | Yes | X No |
| | | 1600 HOLLOWAY AVENUE, ADM 350, SAN FRANC | ISCO | H(b) Are all affilial | es inclu | ided? Yes | No No |
| 1 | Tax∙ex | tempt status: X 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527 | | If "No," atta | ach a li | st. (see instruct | ions) |
| | | ite: ► HTTP://UCORP.SFSU.EDU | | H(c) Group exer | | | |
| | | | L Year o | of formation: 194 | 16 M | State of legal don | nicile: CA |
| P | art I | Summary | | | | | |
| Governance | 1 | Briefly describe the organization's mission or most significant activities: UNIVERS AUXILIARY ORGANIZATION OF SAN FRANCISCO STA | STTY ATE | UNIVERSI | LA. | SERVES | AS |
| Ë | 2 | Check this box if the organization discontinued its operations or disposed | of more | than 25% of its | assets. | | |
| ove | | Number of voting members of the governing body (Part VI, line 1a) | | | 3 | | 5 |
| প্র | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | | | 4 | | 5 |
| Activities & | 5 | Total number of employees (Part V, line 2a) | | | 5 | | 268 |
| ΧŢ | 6 | Total number of volunteers (estimate if necessary) | | | 6 | | 0 |
| Acti | 7a | Total gross unrelated business revenue from Part VIII, line 12, column (C) | | | 7a | | 0. |
| _ | b | Net unrelated business taxable income from Form 990·T, line 34 | | | 7b | | 0. |
| Revenue | | | _ | Prior Year | 24 | Current Ye | |
| | 8 | Contributions and grants (Part VIII, line 1h) | | 5,076,62 | | 14,226 | |
| | 9 | Program service revenue (Part VIII, line 2g) | | 2,785,78 | | 4,581 -8,811 | |
| Re | | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | | -104,59 | 0. | -0,011 | , 101. |
| | | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 7,757,83 | | 9,995 | 642 |
| - | | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 808,20 | | | ,263. |
| | | Grants and similar amounts paid (Part IX, column (A), lines 1·3) | | 000,20 | ,,,, | 031 | 200. |
| | | Benefits paid to or for members (Part IX, column (A), line 4) | | 2,844,14 | 18. | 2,908 | 468. |
| Expenses | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5·10) | | 2/011/1 | 10. | 2/300 | 7.00. |
| Sen | loa | Professional fundraising fees (Part IX, column (A), line 11e) | | | | | |
| X | 17 | Other expenses (Part IX, column (A), lines 11a·11d, 11f·24f) | | 6,026,80 | 07. | 6,738 | ,866. |
| | | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | | 9,679,22 | | 10,478 | |
| | | Revenue less expenses. Subtract line 18 from line 12 | | -1,921,40 | | | ,955. |
| 10% | 3 | / rioronac issue oxpeniessor easitiact mile to mentione to | | Beginning of Yea | ar | End of Ye | ar |
| Net Assets or | 20 | Total assets (Part X, line 16) | | 57,227,00 | 07. | 57,671 | ,303. |
| ASS | 21 | Total liabilities (Part X, line 26) | | 8,544,39 | 92. | 8,015 | |
| Feet | 22 | Net assets or fund balances. Subtract line 21 from line 20 | | 48,682,6 | 15. | 49,655 | ,613. |
| P | art II | | | | | | |
| | | Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and sta and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any kn | itements, a nowledge. | and to the best of my k | nowledge | e and belief, it is true, | correct, |
| | | (let | | 1 = | 10 | 1 | |
| Sig | ın | | | Doto | 117 | // V | |
| He | re | Signature of officer | | Date | | | |
| | | AGNES WONG NICKERSON, COO AND CFO Type or print name and title | | | | | |
| | | l Data | | eck if | Preparer | 's identifying number | , |
| Pai | d | Preparer's signature G. Ase les MAY 1 7 201 | o seif | f- ployed ▶ □ | (see inst | ructions) | |
| | parer's | Firm's name (or HOOD) & STRONG LLP, CPAS | 7 | EIN ▶ | | | |
| Use | Only | yours if self-employed), 100 FIRST STREET, 14TH FLOOR | | | | | |
| | | address, and ZIP+4 SAN FRANCISCO, CA 94105 | | Phone no. | ▶ (4 | 15) 781- | -0793 |
| Ma | v the l | IRS discuss this return with the preparer shown above? (see instructions) | | | | X Yes | ☐ No |

| Form | 8868 | s (Rev. 4-2009) | | | Page 2 |
|-------------------------------|--------------------------|---|------------|---|-----------------------------|
| • If | you a | are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this | box | | ▶ X |
| | | ly complete Part II if you have already been granted an automatic 3-month extension on a previously fil | | | |
| If y | you a | are filing for an Automatic 3-Month Extension, complete only Part I (on page 1). | | | |
| Pa | rt II | Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no | copies | needed). | |
| Туре | . 0. | Name of Exempt Organization | Emp | loyer ider | tification number |
| print | | | | | |
| File by | | UNIVERSITY CORPORATION | 9 | 4 - 138 | 4645 |
| extend due da filing ti | led ate for | Number, street, and room or suite no. If a P.O. box, see instructions. 1600 HOLLOWAY AVE., ADM 350 | Forl | RS use on | ly |
| return. Instruc | See | City, town or post office, state, and ZIP code. For a foreign address, see instructions. SAN FRANCISCO, CA 94132 | | | |
| | For | pe of return to be filed (File a separate application for each return): m 990 Form 990-EZ Form 990-T (sec. 401(a) or 408(a) trust) Form 1041-A m 990-BL Form 990-PF Form 990-T (trust other than above) Form 4720 | | orm 5227 orm 6069 | Form 8870 |
| STO | P! Do | o not complete Part II if you were not already granted an automatic 3-month extension on a previo | ously file | ed Form 8 | 868. |
| T∈ • If | eleph the c this i | TAMMIE RIDGELL boks are in the care of ► 1600 · HOLLOWAY AVE., ADM 350 - SAN FRANCING No. ► (415) 338-2297 FAX No. ► arganization does not have an office or place of business in the United States, check this box sfor a Group Return, enter the organization's four digit Group Exemption Number (GEN) If If it is for part of the group, check this box ► and attach a list with the names and EINs of the group. | this is fo | r the whol | e group, check this |
| 4 | l red | quest an additional 3-month extension of time until MAY 17, 2010 . | | *************************************** | |
| 5 | For | calendar year, or other tax year beginning JUL 1, 2008 , and ending | JUN | 30, | 2009 . |
| 6 | If th | is tax year is for less than 12 months, check reason: Initial return Final return | | | accounting period |
| 7 | Stat | te in detail why you need the extension | | | |
| | | E TAXPAYER'S AFFAIRS ARE QUITE COMPLEX. ADDITIONAL | TIME | IS N | EEDED TO |
| | | EPARE A COMPLETE AND ACCURATE RETURN. | | | |
| 8a | If th | is application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any | | | |
| | | refundable credits. See instructions. | 8a | \$ | |
| b | | is application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated | | | |
| | | payments made. Include any prior year overpayment allowed as a credit and any amount paid | 8.82 | | |
| | | viously with Form 8868. | 8b | \$ | |
| С | | ance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit | | | N7 / N |
| • | With | a FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instruction | s. 8c | \$ | N/A |
| t lorto | | Signature and Verification | | | |
| it is tr | ue, co | alties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to preect, and/complete, and that I am aethorized to prepare this form. | ne best o | t my knowie | eage and belief, |
| Signa | - | | Date | > 2 | 11410 |
| | | | | | m 8868 (Rev. 4-2009) |

| . | UNIVERSITY CORPORATION SAN FRANCISCO STATE | 94-1384 | 1645 | Page 2 |
|----------|---|-------------|----------------|--------|
| | 1990 (2008) SAN FRANCISCO STATE TILL Statement of Program Service Accomplishments (see instructions) | 74-130- | 1043 | rage Z |
| 1 1 | Briefly describe the organization's mission: SEE SCHEDULE O FOR CONTINUATION UNIVERSITY CORPORATION WAS ESTABLISHED IN 1946 FOR THE | PURPOSE | OF | |
| | PROMOTING AND ASSISTING THE UNIVERSITY THROUGH ADMINIS | TRATION (|)F | |
| | EDUCATIONAL PROJECTS, UNIVERSITY RESEARCH AND DEVELOPM | | ECTS, | |
| | AND COMMUNITY OUTREACH PROGRAMS. THE CORPORATION HAS GI | RANTS, CO | ONTRAC | CTS |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990·EZ? | | Yes | X No |
| _ | If "Yes", describe these new services on Schedule O. | .0 | Y Vaa | No |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program services | §f,.,,, | <u> 21</u> 165 | LINO |
| | If "Yes", describe these changes on Schedule O. Describe the exempt purpose achievements for each of the organization's three largest program services by | avneneee | | |
| 4 | Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of allocations to others, the total expenses, and revenue, if any, for each program service reported. | | | |
| 4a | (Code:) (Expenses \$ 335,713. including grants of \$) (METROPOLITAN HEALTH ACADEMICS | Revenue \$ | |) |
| | | | | |
| | | | | |
| | , , , , , , , , , , , , , , , , , , , | | | |
| | | | | |
| 4b | (Code:) (Expenses \$ 500,786 · including grants of \$) INTERNATIONAL CENTER ARTS ENDOWMENT FUND | (Revenue \$ | | |
| | | | | |
| | | | | |
| | | | | |
| 4c | WHIRLWIND WHEELCHAIR SALES | (Revenue \$ | 20114 |) |
| | TO RECEIVE FUNDS EXCLUSIVELY EARMARKED FOR PURCHASING MADE IN OTHER COUNTRIES AND TO PAY OUT THE PURCHASE PRRELATED COSTS. | ICE AND | DIREC' | rly |
| | | | | |
| | | | | |
| | | | | |
| | Other program services. (Describe in Schedule O.) (Expenses \$ 7,628,160 • including grants of \$ 831,263 •) (Revenue \$ |) | | |
| 4e | Total program service expenses ▶\$ 8,879,233. (Must equal Part IX, Line 25, column (E | 2/-/ | | |

832002 12-18-08

902201

4e Total program service expenses ▶\$

UNIVERSITY CORPORATION SAN FRANCISCO STATE

Form 990 (2008)

Page 3

| | 990 (2008) SAN FRANCISCO STATE 94-138 TV Checklist of Required Schedules | 4040 | <u> </u> | age S |
|------|---|-----------|--|----------|
| 8.83 | Oneokiist of Required Scriedules | | Yes | No |
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | | |
| | If "Yes," complete Schedule A | | X | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | . 2 | X | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | . 3 | | x |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II | . 4 | | Х |
| 5 | Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III | 5 | | |
| 6 | Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice | | | |
| | on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | . 6 | | Х |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | |
| | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | . 7 | | Х |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | | | х |
| 9 | Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide | | | |
| • | credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV | . 9 | | X |
| 10 | Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V | | X | |
| 11 | Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? | | | |
| | If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable | . 11 | X | |
| 12 | Did the organization receive an audited financial statement for the year for which it is completing this return that was | | | |
| | prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII | . 12 | Х | |
| 13 | is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | E | | X |
| 14a | Did the organization maintain an office, employees, or agents outside of the U.S.? | | | Х |
| | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | | | |
| | and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I | . 14b | X | |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or ent | | | |
| | located outside the United States? If "Yes," complete Schedule F, Part II | | | X |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals | | | |
| | located outside the United States? If "Yes," complete Schedule F, Part III | . 16 | | X |
| 17 | Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I | | | Х |
| 18 | Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | , | | X |
| 19 | Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III | . 19 | | X |
| 20 | Did the organization operate one or more hospitals? If "Yes," complete Schedule H | | ļ., | Х |
| 21 | Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 1 | X | |
| 22 | Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | . 22 | | X |
| 23 | Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J | . 23 | | X |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | 1 | | |
| | last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule | K. | | |
| | If "No", go to question 25 | 24a | | X |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | <u> </u> | |
| c | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | | | |
| | any tax-exempt bonds? | . 24c | <u> </u> | <u> </u> |
| | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | . 24d | - | |
| 25a | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a | | | v |
| | disqualified person during the year? If "Yes," complete Schedule L, Part I | . 25a | | X |
| b | Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a | | | v |
| | prior year? If "Yes," complete Schedule L, Part I | 25b | | X |
| 26 | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified | | | v |
| | person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II | . 26 | - | X |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial | | | Х |
| | contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III | _ 27 | 990 | |

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Form 990 (2008)

UNIVERSITY CORPORATION SAN FRANCISCO STATE

Part IV Checklist of Required Schedules (continued)

| | | | Yes | No |
|----|--|-----|-----|----|
| 28 | During the tax year, did any person who is a current or former officer, director, trustee, or key employee: | | | |
| а | Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an | | | |
| | indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other | | | |
| | person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV | 28a | | Х |
| b | Have a family member who had a direct or indirect business relationship with the organization? | | | |
| | If "Yes," complete Schedule L, Part IV | 28b | | X |
| c | Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional | | | |
| | corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV | 28c | | Х |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | X | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | | | |
| | contributions? If "Yes," complete Schedule M | 30 | | Х |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? | | | |
| | If "Yes," complete Schedule N, Part I | 31 | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | | | |
| | Schedule N, Part II | 32 | | X |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | |
| | sections 301.7701·2 and 301.7701·3? If "Yes," complete Schedule R, Part I | 33 | | X |
| 34 | Was the organization related to any tax-exempt or taxable entity? | | | |
| | If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 | 34 | X | |
| 35 | is any related organization a controlled entity within the meaning of section 512(b)(13)? | | | ŀ |
| | If "Yes," complete Schedule R, Part V, line 2 | 35 | | Х |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | | | ĺ |
| | If "Yes," complete Schedule R, Part V, line 2 | 36 | | Х |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | X |

Form 990 (2008)

UNIVERSITY CORPORATION SAN FRANCISCO STATE Part V Statements Regarding Other IRS Filings and Tax Compliance

| | | 1 | 1 | #1000000000000000000000000000000000000 | Yes | No | | | | |
|----------|---|-----------|----------|--|--|---|--|--|--|--|
| 1a | Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of | | | _ | | | | | | |
| | U.S. Information Returns. Enter ·0· if not applicable | <u>1a</u> | 20 | | | | | | | |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | | <u> </u> | <u>0</u> | | | | | | |
| C | Did the organization comply with backup withholding rules for reportable payments to vendors and | | | | | | | | | |
| | (gambling) winnings to prize winners? | · | | 1c | | ******** | | | | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | | | _ | | | | | | |
| | filed for the calendar year ending with or within the year covered by this return | | 26 | R | | | | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax retu | | | 2b | X | | | | | |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see | | | | | • | | | | |
| | Did the organization have unrelated business gross income of \$1,000 or more during the year cover | - | | | | X | | | | |
| | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O | | | 3b | | | | | | |
| 4a | 4a 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 | accol | ınt)? | 4a | | X | | | | |
| b | b If "Yes," enter the name of the foreign country: | | | | | | | | | |
| | See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and | | | | | | | | | |
| | Financial Accounts. | | | 5a | | Х | | | | |
| | ia Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | | | | | | | | |
| | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans | | | 5b | ļ | Х | | | | |
| C | If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity | - | | | | | | | | |
| | Tax Shelter Transaction? | | | <u>5c</u> | | 37 | | | | |
| | Did the organization solicit any contributions that were not tax deductible? | | | 6a | | X | | | | |
| b | If "Yes," did the organization include with every solicitation an express statement that such contribu | | | | | | | | | |
| | were not tax deductible? | | | 6b | ********** | ******** | | | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | • | 7a | Х | ******* | | | | |
| | a Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75? | | | | | | | | | |
| | If "Yes," did the organization notify the donor of the value of the goods or services provided? | | | 7b | X | | | | | |
| C | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it v | | | _ | | х | | | | |
| | to file Form 8282? | 1 | 1 | 7c | | _ ^ | | | | |
| | If "Yes," indicate the number of Forms 8282 filed during the year | | | - | | | | | | |
| e | Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a | | | ************************************** | 1000000000 | X | | | | |
| | benefit contract? | | | 7e | <u> </u> | X | | | | |
| 1 | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont | | | | | Α_ | | | | |
| 9 | For all contributions of qualified intellectual property, did the organization file Form 8899 as required | | | 7g 7h | | | | | | |
| _ | For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098- | | | /n | | | | | | |
| 8 | Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and sec | | | | | | | | | |
| | supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization or a fund maintained by a sponsoring organization. | | | R | 1000000000 | 000:0000000 | | | | |
| ^ | excess business holdings at any time during the year? | | | | | | | | | |
| 9 | Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds. | | | 9a | | | | | | |
| a | Did the organization make any taxable distributions under section 4966? Did the organization make a distribution to a donor, donor advisor, or related person? | | | 9b | | | | | | |
| b •o | | | | 30 | | | | | | |
| 10 | Section 501(c)(7) organizations. Enter: N/A | 10a | 1 | | | | | | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 | - | | ┨‱ | | | | | | |
| | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | .1 | ┨‱ | | | | | | |
| 11 | | 11a | 1 | | | | | | | |
| | Gross income from members or shareholders | 1 Fd | | - | l | | | | | |
| O | Gross income from other sources (Do not net amounts due or paid to other sources against | 11b | | | | | | | | |
| 12^ | amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form | | ? | 12a | | 100000000000000000000000000000000000000 | | | | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | İ | 120 | | | | | | |
| <u>D</u> | ii res, enter the amount of tax-exempt interest received of accided dulling the yearxxx.xx | 1120 | | Form | 990 | (2008) | | | | |
| | | | | . 01111 | 1 | | | | | |

UNIVERSITY CORPORATION SAN FRANCISCO STATE

Form 990 (2008)

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

| Sec | tion A. Governing Body and Management | | | | | | | | | | |
|----------|--|------------|--|------------|--|--|--|--|--|--|--|
| | | | Yes | No | | | | | | | |
| | For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, | | | | | | | | | | |
| | processes, or changes in Schedule O. See instructions. | | | | | | | | | | |
| 1a | | j | | | | | | | | | |
| b | Enter the number of voting members that are independent | 5 | | | | | | | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other | | | | | | | | | | |
| | officer, director, trustee, or key employee? | 2 | | <u>X</u> | | | | | | | |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision | | | | | | | | | | |
| | of officers, directors or trustees, or key employees to a management company or other person? | 3 | | <u>X</u> | | | | | | | |
| 4 | Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? | 4 | | X | | | | | | | |
| 5 | Did the organization become aware during the year of a material diversion of the organization's assets? | 5 | | X | | | | | | | |
| 6 | | | | | | | | | | | |
| 7a | Does the organization have members, stockholders, or other persons who may elect one or more members of the | | | | | | | | | | |
| | governing body? | 7a | | <u>X</u> | | | | | | | |
| b | Are any decisions of the governing body subject to approval by members, stockholders, or other persons? | 7b | | X | | | | | | | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year | | | | | | | | | | |
| | by the following: | | | | | | | | | | |
| а | The governing body? | 8a | X | | | | | | | | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | Х | | | | | | | | |
| 9a | Does the organization have local chapters, branches, or affiliates? | 9a | | <u>X</u> | | | | | | | |
| b | If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, | | | | | | | | | | |
| | and branches to ensure their operations are consistent with those of the organization? | 9b | | | | | | | | | |
| 10 | Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must | | | | | | | | | | |
| | describe in Schedule O the process, if any, the organization uses to review the Form 990 | 10 | X | | | | | | | | |
| 11 | | | | | | | | | | | |
| | organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 11 | | X | | | | | | | |
| Sec | tion B. Policies | | | | | | | | | | |
| | | | Yes | No | | | | | | | |
| | Does the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | X | | | | | | | | |
| þ | Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise | | v | | | | | | | | |
| | to conflicts? | 12b | X | | | | | | | | |
| C | Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe | 100 | Х | | | | | | | | |
| | in Schedule O how this is done | 12c | X | | | | | | | | |
| 13 | Does the organization have a written whistleblower policy? | 13 | X | | | | | | | | |
| 14 | Does the organization have a written document retention and destruction policy? | 14 | Λ | | | | | | | | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent | | | | | | | | | | |
| | persons, comparability data, and contemporaneous substantiation of the deliberation and decision: | 45- | X | | | | | | | | |
| a | The organization's CEO, Executive Director, or top management official? | 15a 15b | X | | | | | | | | |
| þ | Other officers or key employees of the organization? | מטו | - 12 | | | | | | | | |
| 40 | Describe the process in Schedule O. (see instructions) | | | | | | | | | | |
| ıva | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a | 16a | L0000000000000000000000000000000000000 | Х | | | | | | | |
| | taxable entity during the year? If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation | 100 | | | | | | | | | |
| þ | | | | | | | | | | | |
| | in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's | 16b | 0,00,000 | 2000000000 | | | | | | | |
| e ~ ~ | exempt status with respect to such arrangements? | 100 | | <u>t</u> | | | | | | | |
| | tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶CA, WA | | | | | | | | | | |
| 17 1Ω | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990·T (501(c)(3)s only) available | e for | | | | | | | | | |
| 18 | public inspection. Indicate how you make these available. Check all that apply. | | | | | | | | | | |
| | X Own website Another's website Upon request | | | | | | | | | | |
| 10 | Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, | and fine | ncial | | | | | | | | |
| 19 | | mr. 1011C | | | | | | | | | |
| an. | statements available to the public. State the name, physical address, and telephone number of the person who possesses the books and records of the organiz | ation: | • | | | | | | | | |
| 20 | AGNES WONG NICKERSON - (415) 338-2297 | | | | | | | | | | |
| | 1600 HOLLOWAY AVE., ADM 350, SAN FRANCISCO, CA 94132 | | | | | | | | | | |
| 83200 | | - | 000 | (2000) | | | | | | | |

12-18-08

Form **990** (2008)

902201

Page 7

UNIVERSITY CORPORATION

Form 990 (2008)

SAN FRANCISCO STATE

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

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

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter ·0· in columns (D), (E), and (F) if no compensation was paid.
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

| (A) | (B) | | | | C) | | | (D) | (E) Reportable compensation | (F) |
|---------------------------------|------------------|--------------------------------|-----------------------|---------|----------|---------------------|----|---------------------------------------|--|--|
| Name and Title | Average hours | Ic | | Posi | | арр | hΑ | Reportable compensation | | Estimated amount of |
| | per week | Individual trustee or director | Institutional trustee | Officer | | Highest compensated | | from the organization (W-2/1099-MISC) | from related organizations (W-2/1099-MISC) | other compensation from the organization and related organizations |
| LEROY MORISHITA | 4 00 | | | | | | | | ^ | ۸ |
| CHAIRMAN | 4.00 | X | | - | | - | | 0. | 0. | 0. |
| JO VOLKERT VICE CHAIRMAN | 4.00 | х | | | | | | 0. | 0. | 0 |
| ALEXANDRA KHARMATS | 4 00 | ., | | | | | | 0. | 0. | 0 |
| DIRECTOR ZEPPELIN WONG | 4.00 | Х | - | - | - | ┼─ | | 0. | V e | <u> </u> |
| DIRECTOR | 4.00 | Х | | | | | | 0. | 0. | 0 |
| SHAWN WHALEN | 4 00 | ., | | | | | | 0 | 0. | 0 |
| DIRECTOR LARRY J. WARE | 4.00 | X | ┝ | - | <u> </u> | | _ | 0. | V • | |
| COO AND CFO | 40.00 | | | Х | | | | 0. | 0. | 0 |
| CHARLOTTE FERRETTI SECRETARY | 4.00 | | | Х | | | | 0. | 0. | 0 |
| | | | | | | | | | | |
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Form 990 (2008)

Form 990 (2008)

| Par | Section A. Officers, Directors, Tru | istees, Key Ei | mple | yee | s, a | nd l | High | est | Compensated Employ | ees (continued) | | |
|-----|---|-----------------|--|-----------------------|---------|----------|------------------------------|------|--|------------------------------|----------|---------------------------|
| | (A) | (B) | | | | C) | | | (D) | (E) | | (F) |
| | Name and title | Average | | | Posi | | | | Reportable | Reportable | | Estimated |
| | | hours | (c | heck | (all | that | app | ily) | compensation | compensation from related | | amount of other |
| | | per week | ector | | | | | | the | organizations | , | compensation |
| | | | individual trustee or director | <u>8</u> | | | Highest compensated employee | | organization | (W-2/1099·MISC |) | from the |
| | | | truster | institutional trustee | | 髮 | mpen | | (W·2/1099·MISC) | | | organization |
| | | | idual | artion | Officer | | estco | ĕ | | | | and related organizations |
| | | | 'n | 臣 | Ĕ | ş | 돌 | 퉏 | | | 1 | |
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| | | | i | | | | | | elektrick de la company de | | | |
| 1b | Total | | | | | | > | | 0. | | 0. | 0. |
| 2 | Total number of individuals (including those | e in 1a) who re | ceiv | ed n | nore | tha | n \$1 | 00, | ,000 in reportable | | | _ |
| | compensation from the organization | | | | | | | | | | <u> </u> | Yes No |
| | | | | _ | | | | | | , | | res No |
| 3 | Did the organization list any former officer, | | | | | | | | | | 888 | 3 X |
| | line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su | | | | | | | | har asmassastian from | | | 3 X |
| 4 | and related organizations greater than \$15 | | | | | | | | | | , | 4 X |
| 5 | Did any person listed on line 1a receive or a | | | | | | | | | | ·· | |
| • | the organization? If "Yes," complete Sched | | | | | | | | | | | 5 X |
| Sec | tion B. Independent Contractors | | | | | | | | | | | |
| 1 | Complete this table for your five highest co | mpensated in | dep | ende | ent c | ont | racto | ors | that received more than | \$100,000 of comp | ensati | on from |
| | the organization. | | | | | | | | | | | |
| | (A) Name and business | addraga | | | | | | | (B) Description of s | envices | Cor | (C) npensation |
| CTC | SU ACCOUNTING OFFICE, | | г.т. | \u00e4 | ΛV | | | | PROGRAM RELA | | | iiporioditori |
| | NUE, SAN FRANCISCO, C | | LL L | J 447 | -7.1 | | | | ADMIN EXPENS | | | 681,545. |
| | VERSITY OF ARIZONA | 1 71102 | | | | | | | SUB-CONTRACT | | | |
| | BOX 3520, TUCSON, AZ | 85722 | | | | | | | SERVICES | | | 262,485. |
| | | | | | | •••• | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | 14.00 | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | 7-1-1 | | . t | 4) | | no - ! | | | ro than \$100 000 in | uponeotion | | |
| 2 | Total number of independent contractors (| ncluding those | e in | ı) W | no f | ecel | ved | mo | IN THE PLOOP OF THE COLL | hensanni | | |

Form 990 (2008)

| Pa | rt VI | III Statement of Rever | านอ | | | | | |
|--|-------|---|---|---------------|----------------------|---|---|---|
| | | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 |
| 동원 | 1 a | Federated campaigns | | | | | | |
| Contributions, gifts, grants and other similar amounts | ŧ | Membership dues | | | | | | |
| a, E | c | Fundraising events | [| | | | | |
| g g | (| d Related organizations | 7 | | | | | |
| Ş.E | • | Government grants (contributi | ions) 1e 7 | 86,078. | | | | |
| 윤낆 | f | f All other contributions, gifts, grant | ts, and | | | | | |
| | | similar amounts not included abov | | 13,440,040. | | | | |
| 툿 | ę | Noncash contributions included in lines | 1a-1f.\$5 | 44,270. | | | | |
| <u>8</u> 0 | ł | n Total. Add lines 1a-1f | | <u></u> | 14,226,118. | | | |
| | | | | Business Code | | | | |
| 8 | 2 a | | | 611710 | 3018879. | 3018879. | | |
| و ڲ | t | OPERATING REVEN | | 611710 | 1148787. | 1148787. | | |
| S E | • | STUDENT HOUSING | | 611710 | 355,468. | | | |
| e a | (| d OTHER PROGRAM R | EVENUE | 611710 | 58,097. | 58,097. | | |
| Program Service Revenue | 6 | 9 | | | | | | |
| ا ته | f | All other program service reve | nue | | | | | |
| | ç | g Total. Add lines 2a·2f | | <u></u> | 4581231. | | | |
| | 3 | Investment income (including | dividends, inter | est, and | | | | 600 016 |
| | | other similar amounts) | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | 629,216. | | | 629,216. |
| | 4 | Income from investment of tax | x-exempt bond p | oroceeds - | | | | |
| | 5 | Royalties | | | | | | |
| | | | (i) Real | (ii) Personal | | | | |
| | 6 a | a Gross Rents | | | | | | |
| | ŧ | b Less: rental expenses | | | | | | |
| | • | c Rental income or (loss) | L | | | | | |
| | (| d Net rental income or (loss) | | > | | | | |
| | 7 a | a Gross amount from sales of | (i) Securities | (ii) Other | | | | |
| | | assets other than inventory | 30,596,935. | |] | | | |
| | ŀ | b Less: cost or other basis | | | | | | |
| | | and sales expenses | | | | | | |
| | • | c Gain or (loss) | -9,440,923 | | | | | |
| | | d Net gain or (loss) | | <u></u> | -9,440,923. | | | -9,440,923. |
| ရ | 8 8 | a Gross income from fundralsing | | | | | | |
| e u | | Including \$ | | | | | | |
| Š | | contributions reported on line | 1c). See | | | | | |
| Other Revenue | | Part IV, line 18 | | | 1 | | | |
| ਰ | ŀ | b Less: direct expenses | b | | | | | |
| | | Net income or (loss) from fund | | > | | | | |
| | 9 a | a Gross income from gaming ac | | | | | | |
| | | Part IV, line 19 | | f " | - | | | |
| | | b Less: direct expenses | | | | | | |
| | | Net income or (loss) from gam | | ····· | | | | |
| Ì | 10 a | a Gross sales of inventory, less | | | | | | |
| | | and allowances | | 1 | - | | | |
| | | b Less: cost of goods sold | | | | | | |
| | | Net income or (loss) from sale | | 1 | | | | |
| | | Miscellaneous Revenu | | Business Code | | | | |
| | 11 6 | | | | | | | |
| | | b | | | | | <u> </u> | |
| | | d All other revenue | | | | | | |
| | , | d All other revenuee Total. Add lines 11a-11d | | | - | | 1 | |
| | 12 | Total Revenue. Add lines 1h, 2g, 3, | | | 9995642. | 4581231. | 0. | -8,811,707. |
| 83200 02-02 | | TOTAL TEST SHUBT AND LINES IN, 20, 3, | -, U, UU, 7U, BC, BC, S | oo, and 118 F | | | | Form 990 (2008) |

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

| | All other organizations must comp | | | | |
|----|---|-----------------------|---|---|---------------------------------------|
| | not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| 1 | Grants and other assistance to governments and | | | | |
| | organizations in the U.S. See Part IV, line 21 | 831,263. | 831,263. | | |
| 2 | Grants and other assistance to individuals in | | | | |
| | the U.S. See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to governments, | | | | |
| | organizations, and individuals outside the U.S. | | | | |
| | See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, | | | | |
| | trustees, and key employees | | | | |
| 6 | Compensation not included above, to disqualified | | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | |
| | persons described in section 4958(c)(3)(B) | 2,221,351. | 2,221,351. | | |
| 7 | Other salaries and wages | | | | |
| 8 | Pension plan contributions (include section 401(k) | | | | |
| | and section 403(b) employer contributions) | | | | |
| 9 | Other employee benefits | 687,117. | 665,556. | 21,561. | · · · · · · · · · · · · · · · · · · · |
| 10 | Payroll taxes | | | | |
| 11 | Fees for services (non-employees): | | | | |
| а | Management | | | | |
| b | Legal | 5,519. | 3,209. | 2,310. | |
| С | Accounting | 95,040. | | 95,040. | |
| d | Lobbying | | | | |
| е | Professional fundraising services. See Part IV, line 17 | | | | |
| f | Investment management fees | | | | |
| g | Other | 1,675,915. | 690,732. | 985,183. | |
| 12 | Advertising and promotion | 57,788. | 57,788. | | |
| 13 | Office expenses | 594,244. | 594,244. | | |
| 14 | Information technology | 17,301. | 17,301. | | |
| 15 | Royalties | 16,800. | 16,800. | | |
| 16 | Occupancy | 233,003. | 158,643. | 74,360. | |
| 17 | Travel | 260,250. | 260,238. | 12. | |
| 18 | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | 27,652. | 22,102. | 5,550. | |
| 20 | Interest | 810. | 810. | | |
| 21 | Payments to affiliates | 572,662. | 572 , 662. | | |
| 22 | Depreciation, depletion, and amortization | 235,621. | 235,621. | | |
| 23 | Insurance | 47,787. | 19,072. | 28,715. | |
| 24 | Other expenses. Itemize expenses not covered | | | | |
| | above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total | | | | |
| | expenses shown on line 25 below.) | | | | |
| а | OTHER EXPENSES | 1,510,016. | 1,401,590. | 108,426. | |
| b | HOSPITALITY | 449,752. | 392,846. | 56,906. | |
| c | HONORARIUM | 359,579. | 358,329. | 1,250. | |
| d | OVERHEAD-ADMIN | 359,076. | 359,076. | | |
| е | SPECIAL EVENTS | 220,051. | | 220,051. | |
| f | All other expenses | | | | |
| 25 | Total functional expenses. Add lines 1 through 24f | 10,478,597. | 8,879,233. | 1,599,364. | 0. |
| 26 | Joint Costs. Check here ▶ ☐ if following | | | | |
| | SOP 98-2. Complete this line only if the organization | | | | |
| | reported in column (B) joint costs from a combined | | | | |
| | educational campaign and fundraising solicitation | | | | |
| | | | | - | Form 990 (2008) |

Form 990 (2008)

902201

UNIVERSITY CORPORATION

SAN FRANCISCO STATE Form 990 (2008) Part X **Balance Sheet** (A) (B) End of year Beginning of year 657,536. 21,792. 1 Cash · non-interest-bearing 1 21,465. 16,053. 2 2 Savings and temporary cash investments 800,722. 3,279,309. 3 Pledges and grants receivable, net 3 1,327,715. 553,708. 4 Accounts receivable, net 4 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L 6 7 Assets Notes and loans receivable, net Inventories for sale or use 8 7,428 6,036. 9 Prepaid expenses and deferred charges 4,995,219. 10a Land, buildings, and equipment: cost basis ... 10a **b** Less: accumulated depreciation. Complete 2,113,486. 2,831,391 2,881,733. Part VI of Schedule D _______ 10b 10c 47,454,589. 47,841,978. 11 11 Investments · publicly traded securities 4,767,317. 2,429,538. 12 12 Investments · other securities. See Part IV, line 11 13 13 Investments - program-related. See Part IV, line 11 14 14 Intangible assets Other assets. See Part IV, line 11 15 15 57,227,007. 57,671,303. 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 971,962. 1,194,808. 17 17 Accounts payable and accrued expenses 18 18 Grants payable 7,271,200. 7,043,728. 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 21 Escrow account liability. Complete Part IV of Schedule D 21 iabilities Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II 22 of Schedule L 23 23 Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable 24 24 78,384. 25 25 Other liabilities. Complete Part X of Schedule D 8,544,392. 8,015,690. 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here 🕨 🗓 and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 5,531,728. 8,911,553. 27 Unrestricted net assets 27 13,838,447. 14,053,186. 28 28 Temporarily restricted net assets 29,312,440. 26,690,874. 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds 48,682,615. 49,655,613. 33 33 Total net assets or fund balances 57,671,303. 57.227.007. Total liabilities and net assets/fund balances **Financial Statements and Reporting** Yes No Accounting method used to prepare the Form 990: Cash X Accrual Other Х 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a Х 2b b Were the organization's financial statements audited by an independent accountant? c if "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, Х review, or compilation of its financial statements and selection of an independent accountant? 2¢ 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

832011 12-18-08

Act and OMB Circular A-133?

Form 990 (2008)

За

Х

b If "Yes," did the organization undergo the required audit or audits?

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

2008

Inspection

OMB No. 1545-0047

Name of the organization

UNIVERSITY CORPORATION SAN FRANCISCO STATE

Employer identification number 94-1384645

Part I Reason for Public Charity Status (All organizations must complete this part.) (see instructions) The organization is not a private foundation because it is: (Please check only one organization.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.) A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 X An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 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 exempt 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). (Complete the Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions) 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. ___ Type III · Other c Type III · Functionally integrated b Type II a Type I By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type II, Type III, or Type III f supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, 11g(i) the governing body of the supported organization? 11g(ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the organizations the organization supports. h (vi) is the organization in col. (iii) Type of (Iv) Is the organization (v) Did you notify the (vii) Amount of (i) Name of supported (II) EIN in col. (i) listed in your organization in col. organization support (i) organized in the organization (described on lines 1-9 (I) of your support? governing document? above or IRC section Yes No (see instructions))

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule A (Form 990 or 990-EZ) 2008

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

| Sec | ction A. Public Support | | | | | | |
|----------|--|---|--------------------|--------------------|---|---------------------|--------------------------|
| Cale | endar year (or fiscal year beginning in) | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
| 1 | Gifts, grants, contributions, and | - | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | 6,267,382. | 5,452,902. | 8,803,934. | 5,076,624. | 14,226,118. | 39,826,960. |
| 2 | Tax revenues levied for the organ- | | | | | , | |
| | ization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | | | |
| 3 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| 4 | Total, Add lines 1 · 3 | 6,267,382. | 5,452,902. | 8,803,934. | 5,076,624. | 14,226,118. | 39,826,960. |
| 5 | The portion of total contributions | | | | | | |
| | by each person (other than a | | | | | | |
| | governmental unit or publicly | | | | | | |
| | supported organization) included | | | | | | |
| | on line 1 that exceeds 2% of the | | | | | | |
| | amount shown on line 11, | | | | | | |
| | column (f) | | | | | | |
| | Public Support. Subtract line 5 from line 4. | | | | | | 39,826,960. |
| | ction B. Total Support | | | | | | 10.77 |
| | endar year (or fiscal year beginning in) | | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
| | Amounts from line 4 | 6,267,382. | 5,452,902. | 8,803,934. | 5,076,624. | 14,226,118. | 39,826,960. |
| 8 | Gross income from interest, | | | | | | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties | | | | | 629,216. | 0 407 000 |
| | and income from similar sources | 1,844,422. | 2,264,544. | 2,684,460. | 1,715,241. | 029,210. | 9,137,883. |
| 9 | Net income from unrelated business | | | | | | |
| | activities, whether or not the | | | | | | |
| | business is regularly carried on | | | | | | |
| 10 | Other income. Do not include gain |] | | | | | |
| | or loss from the sale of capital | | | | | | |
| | assets (Explain in Part IV.) | | | | | | 10.064.043 |
| 11 | ,,, | | | | | .0 51 | 48,964,843. ,650,050. |
| 12 | Gross receipts from related activities | | | | | | ,030,030. |
| 13 | | | | | | | ▶□ |
| Sac | organization, check this box and stop ction C. Computation of Publ | | | | *************************************** | | |
| | | | | olumo (6) | | 14 | 81.34 % |
| 14 | Public support percentage for 2008 (Public support percentage from 2007) | | | | | 15 | 38.81 % |
| 15 | 33 1/3% support test - 2008. If the | r ochequie A, Fan eropolastion did oc | t check the have | ling 12 and line 1 | A ie 33 1/3% or n | | |
| 108 | stop here. The organization qualifies | | | | | | |
| . | 33 1/3% support test - 2007. If the | as a pobliciy supp organization did no | orted organization | ine 13 or 16a and | line 15 is 33 1/3% | 6 or more, check th | |
| E. | and stop here. The organization qua | | | | | | |
| 179 | 10% -facts-and-circumstances tes | | | | | | |
| 110 | and if the organization meets the "fac | | | | | | |
| | meets the "facts-and-circumstances" | | | | | | |
| h | 10% -facts-and-circumstances tes | | | | | | |
| • | more, and if the organization meets to | | | | | | |
| | organization meets the "facts-and-cir | | | | | | |
| 18 | Private foundation. If the organization | | | | | | |
| <u></u> | | 1,4,5,5,2 | | | | edule A (Form 990 | |
| | | | | | | | |

| Sch Pe | edule A (Form 990 or 990-EZ) 2008 int III Support Schedule for C | Organizations | Described in | Section 509(a |)(2) (Complete only | if you checked the bo | Page 3 x on line 9 of Part I.) |
|---|--|---|--|--|--|---|-----------------------------------|
| | ction A. Public Support | | | *************************************** | | | |
| | endar year (or fiscal year beginning in) | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
| | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | | | | | | |
| 2 | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 | Gross receipts from activities that | | | | | | |
| | are not an unrelated trade or bus- | | | *************************************** | | | , |
| | iness under section 513 | | | V | | | |
| 4 | | | | | | | |
| | ization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | | | |
| 5 | The value of services or facilities | | | | | | |
| Ť | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | |] | | | |
| 6 | Total. Add lines 1 · 5 | | | ., | | | |
| | Amounts included on lines 1, 2, and | | | | | | |
| | 3 received from disqualified persons | | | | | | |
| ŀ | Amounts included on lines 2 and 3 received | | | | | | |
| • | from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 | | | | | | |
| (| Add lines 7a and 7b | | | | | | |
| | Public support (Subtract line 7c from line 6.) | | <u> </u> | | | | |
| Se | ction B. Total Support | | · | | | | |
| Cal | endar year (or fiscal year beginning in)▶ | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
| 9 | Amounts from line 6 | | | | | | |
| 10a | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| Ŀ | Unrelated business taxable income | | | | | | |
| | (less section 511 taxes) from businesses | | | | | | |
| | acquired after June 30, 1975 | | | | | | |
| (| Add lines 10a and 10b | | | | | | |
| 11 | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | | | | | |
| | | g_concessores the transfer of the contract of | 400000000000000000000000000000000000000 | 1:::::::::::::::::::::::::::::::::::::: | B | | |
| | Total support (Add lines 9, 10c, 11, and 12.) | | | | | | |
| | First five years. If the Form 990 is fo | r the organization' | | | | | |
| 14 | First five years. If the Form 990 is fo check this box and stop here | r the organization' | | | | | |
| 14 Se | First five years. If the Form 990 is fo check this box and stop here ction C. Computation of Publ | r the organization' | rcentage | | | | |
| 14 Se: 15 | First five years. If the Form 990 is fo check this box and stop here ction C. Computation of Publ Public support percentage for 2008 (| r the organization' ic Support Pe | rcentage livided by line 13, | column (f)) | | 15 | ▶ |
| 14 Se 15 16 | First five years. If the Form 990 is for check this box and stop here | r the organization' ic Support Pe line 8, column (f) c 7 Schedule A, Parl | ercentage livided by line 13, LIV-A, line 27g | column (f)) | | | ▶∐ |
| 14 Se 15 16 | First five years. If the Form 990 is fo check this box and stop here ction C. Computation of Publ Public support percentage for 2008 (| r the organization' ic Support Pe line 8, column (f) c 7 Schedule A, Parl | ercentage livided by line 13, LIV-A, line 27g | column (f)) | | 15 16 | ▶ |
| 14 Se 15 16 Se | First five years. If the Form 990 is for check this box and stop here | r the organization' ic Support Pe line 8, column (f) c 7 Schedule A, Part stment Incom | ercentage divided by line 13, lV-A, line 27g de Percentage | column (f)) | | 15 16 | % % |
| 14 Sec 15 16 Sec 17 18 | First five years. If the Form 990 is for check this box and stop here ction C. Computation of Public support percentage for 2008 (Public support percentage from 2003 ction D. Computation of Investment income percentage from 2001 Investment Income percentage Investment Income percentage Investment In | r the organization' ic Support Pe line 8, column (f) of 7 Schedule A, Part stment Incom 1008 (line 10c, colu 2007 Schedule A, | ercentage divided by line 13, t IV-A, line 27g ee Percentage mn (f) divided by li Part IV-A, line 27h | column (f))ne 13, column (f) | | 15 16 17 18 | % % % |
| 14 Sec 15 16 Sec 17 18 | First five years. If the Form 990 is for check this box and stop here ction C. Computation of Public support percentage for 2008 (Public support percentage from 2003 ction D. Computation of Investment income percentage from 2001 Investment Income percentage Investment Income percentage Investment In | r the organization' ic Support Pe line 8, column (f) of 7 Schedule A, Part stment Incom 1008 (line 10c, colu 2007 Schedule A, | ercentage divided by line 13, t IV-A, line 27g ee Percentage mn (f) divided by li Part IV-A, line 27h | column (f))ne 13, column (f) | | 15 16 17 18 | % % % |
| 14 Sec 15 16 Sec 17 18 | First five years. If the Form 990 is fo check this box and stop here ction C. Computation of Public support percentage for 2008 (Public support percentage from 2003 ction D. Computation of Investment income percentage for 2003 (Public Support Percentage for 2003) | r the organization' ic Support Pe line 8, column (f) c 7 Schedule A, Part stment Incom 1008 (line 10c, colu 12007 Schedule A, 1 organization did i | ircentage iivided by line 13, IV-A, line 27g ie Percentage mn (f) divided by li Part IV-A, line 27h not check the box | ne 13, column (f)) | e 15 is more than 3 | 15 16 17 18 33 1/3%, and line 1 | % % % % |
| 14 Se 15 16 Se 17 18 19a | First five years. If the Form 990 is for check this box and stop here ction C. Computation of Public support percentage for 2008 (Public support percentage from 2000 ction D. Computation of Investment income percentage from a 33 1/3% support tests - 2008. If the | r the organization' ic Support Pe line 8, column (f) of 7 Schedule A, Part stment Incom 2008 (line 10c, columate) 2007 Schedule A, 1 organization did and stop here. The | prcentage livided by line 13, liv-A, line 27g le Percentage mn (f) divided by li Part IV-A, line 27h not check the box e organization qua | ne 13, column (f)) on line 14, and line | e 15 is more than s | 15 16 17 18 33 1/3%, and line 1 ation | % % % 7 is not |
| 14 Se 15 16 Se 17 18 19a | First five years. If the Form 990 is for check this box and stop here ction C. Computation of Public support percentage for 2008 (Public support percentage from 2007 ction D. Computation of Inversement income percentage from a 33 1/3% support tests - 2008. If the more than 33 1/3%, check this box a | r the organization' ic Support Pe line 8, column (f) or 7 Schedule A, Part stment Incom 2008 (line 10c, colum 2007 Schedule A, r organization did a organization did a organization did a | prcentage divided by line 13, and IV-A, line 27g and IV-A, line 27g and IV-A, line 27g and the box are organization quality and theck a box or | ne 13, column (f)) on line 14, and line lifies as a publicly in line 14 or line 19 | e 15 is more than s supported organiz a, and line 16 is ma | 15 16 17 18 33 1/3%, and line 1 ation ore than 33 1/3%, a | % % % 7 is not |

Schedule A (Form 990 or 990-EZ) 2008

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990, 990-EZ, and 990-PF.

OMB No. 1545-0047

Employer identification number

2008

| | N FRANCISCO STATE | 94-1384645 |
|--|--|--|
| Organization type (check or | | |
| Filers of: | Section: | |
| Form 990 or 990-EZ | X 501(c)(3) (enter number) organization | |
| | 4947(a)(1) nonexempt charitable trust not treated as a private foundation | |
| | 527 political organization | |
| Form 990-PF | 501(c)(3) exempt private foundation | |
| | 4947(a)(1) nonexempt charitable trust treated as a private foundation | |
| | 501(c)(3) taxable private foundation | |
| | s covered by the General Rule or a Special Rule. (Note. Only a section 501(c)(7), (8), or a Special Rule. See instructions.) | (10) organization can check boxes |
| General Rule | | |
| For organizations fi | illing Form 990, 990·EZ, or 990·PF that received, during the year, \$5,000 or more (in mor lete Parts I and II. | ley or property) from any one |
| Special Rules | | |
| 509(a)(1)/170(b)(1)(| c)(3) organization filing Form 990, or Form 990·EZ, that met the 33 1/3% support test of (A)(vi), and received from any one contributor, during the year, a contribution of the grea 90, Part VIII, line 1h or 2% of the amount on Form 990·EZ, line 1. Complete Parts I and I | ater of (1) \$5,000 or (2) 2% of the |
| aggregate contribu | c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one tions or bequests of more than \$1,000 for use exclusively for religious, charitable, scient revention of cruelty to children or animals. Complete Parts I, II, and III. | |
| some contributions \$1,000. (If this box etc., purpose. Do n | c)(7), (8), or (10) organization filing Form 990, or Form 990·EZ, that received from any one is for use exclusively for religious, charitable, etc., purposes, but these contributions did is checked, enter here the total contributions that were received during the year for an not complete any of the parts unless the General Rule applies to this organization becale, etc., contributions of \$5,000 or more during the year.) | not aggregate to more than exclusively religious, charitable, use it received nonexclusively |
| they must answer "No" on f | t are not covered by the General Rule and/or the Special Rules do not file Schedule B (FP Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF). | |

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions

for Form 990. These instructions will be issued separately.

Employer Identification number

94-1384645

| Part I | Contributors (see instructions) | | |
|------------|-----------------------------------|--------------------------------|---|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| 1 | | \$300,000. | Person X Payroll Noncash (Complete Part II if there is a noncash contribution.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| 2 | | \$\$ | Person Payroll Noncash X (Complete Part II if there is a noncash contribution.) |
| (a) | (b) | (c) Aggregate contributions | (d) Type of contribution |
| No. 3 | Name, address, and ZIP + 4 | \$1,000,000. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| 4 | | \$1,000,000. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| 5 | | \$1,350,000. | Person X Payroll Noncash (Complete Part II if there Is a noncash contribution.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| 6 | | \$3,750,000. | Person X Payroll Noncash (Complete Part II if there is a noncash contribution.) |

Employer identification number

94-1384645

| Part II | Noncash Property (see instructions) | | |
|------------------------------|--|--|----------------------|
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| 2 | 80,000 SHARES BEBE STORES INC STOCK | | |
| | | 543,200. | 03/27/09 |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | - - - - - - - - - - - - | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | - - - - \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| - | | * | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | * | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | - \$ | |

Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

2008 Open to Public Inspection

Name of the organization

UNIVERSITY CORPORATION

SAN FRANCISCO STATE

Employer identification number 94-1384645

| Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Coorganization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and Coorganization answered (b) Funds and Coorganization answered (c) Funds (c) | |
|---|--------------------------|
| (a) Donor advised funds (b) Funds and c | |
| | other accounts |
| 1 Total number at end of year | |
| 2 Aggregate contributions to (during year) | |
| 3 Aggregate grants from (during year) | |
| 4 Aggregate value at end of year | |
| 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds | |
| are the organization's property, subject to the organization's exclusive legal control? | Yes No |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only | |
| for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? | Yes No |
| Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. | |
| Purpose(s) of conservation easements held by the organization (check all that apply). | |
| Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important lar | nd area |
| Protection of natural habitat Preservation of certified historic structure | |
| Preservation of open space | |
| 2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement of | on the last day |
| of the tax year. | |
| | t the End of the Year |
| a Total number of conservation easements | |
| b Total acreage restricted by conservation easements | |
| c Number of conservation easements on a certified historic structure included in (a) | |
| d Number of conservation easements included in (c) acquired after 8/17/062d | |
| 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during | the taxable |
| year > | |
| 4 Number of states where property subject to conservation easement is located ▶ | |
| 5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and | |
| enforcement of the conservation easements it holds? | Yes No |
| 6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ | |
| 7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ \$ | |
| 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) | |
| and section 170(h)(4)(B)(ii)? | Yes No |
| 9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and bala | ince sheet, and |
| include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's ac | counting for |
| conservation easements. | |
| Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Ass | ets. |
| Complete if the organization answered "Yes" to Form 990, Part IV, line 8. | |
| | |
| 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of | of art, historical |
| treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, | in Part XIV, the text of |
| the footnote to its financial statements that describes these items. | |
| b If the organization elected, as permitted under SFAS 116, to report In its revenue statement and balance sheet works of art | |
| or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following | ng amounts relating to |
| these items: | |
| (i) Revenues included in Form 990, Part VIII, line 1 | |
| | |
| | |
| 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide | |
| the following amounts required to be reported under SFAS 116 relating to these items: | |
| the following amounts required to be reported under SFAS 116 relating to these items: | |

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2008

Schedule D (Form 990) 2008

| | till Organizations Maintaining C | collections of A | | torical Tr | easures. (| or Oth | er Sim | | | nued) |
|-----------|--|---------------------------------|----------------|---------------|---|-----------|---|---|----------|---|
| 3 | Using the organization's accession and othe | | | | | | | | | |
| _ | that apply): | roodrad, driddit all, | 01 1110 1 | ronoming the | tt allo a olgitili | 00.11 | 0 01 110 0 | | (| • |
| а | Public exhibition | c | | Loan or exc | hange progra | ams | | | | |
| b | Scholarly research | e | | | nango progre | | | | | |
| c | Preservation for future generations | · | · 1 | Other | | | *************************************** | *************************************** | | |
| 4 | Provide a description of the organization's co | ollections and explai | a haw ti | hev further t | he organizati | on's exe | emnt nur | oose in Par | t XIV | |
| 5 | During the year, did the organization solicit o | | | | | | | | | |
| v | to be sold to raise funds rather than to be ma | | | | | | | | Yes | ☐ No |
| Pai | t IV Trust, Escrow and Custodial | | | | | | | | | |
| tumini. | reported an amount on Form 990, Pai | | | | , | | | | , | , |
| 1a | Is the organization an agent, trustee, custod | | liary for | contribution | ns or other as | sets not | linclude | d | | |
| | on Form 990, Part X? | | | | | | | | Yes | No No |
| b | If "Yes," explain the arrangement in Part XIV | | | | | | ********** | , | | |
| | The second secon | | | | | | | | Amount | |
| c | Beginning balance | | | | | | 1c | | | |
| | Additions during the year | | | | | | 1 | | | |
| | Distributions during the year | | | | | | | | | |
| f | Ending balance | | | | | | | | | |
| | Did the organization include an amount on F | | | | | | | | Yes | No |
| | If "Yes," explain the arrangement in Part XIV. | | ••• | | | | | | | |
| 000000000 | t V Endowment Funds. Complete i | | ered "Ye | s" to Form 9 | 990, Part IV, I | ine 10. | | | | |
| | | (a) Current year | | rior year | (c) Two year | | (d) Three | e years back | (e) Four | years back |
| 1a | Beginning of year balance | 36,556,787. | ************** | | | | | | | |
| | Contributions | 5800000. | | | | | | | | |
| | Investment earnings or losses | 5947732. | | | | | | | | |
| | Grants or scholarships | | | | | | | | | |
| | Other expenditures for facilities | | | | | | | | | |
| | and programs | 1761388. | | | | | | | | |
| f | Administrative expenses | | | | | | | | | |
| g | End of year balance | 33,738,564. | | | | | | | | |
| 2 | Provide the estimated percentage of the year | r end balance held a | 18: | | | | | | | |
| а | Board designated or quasi-endowment | 2.23 | % | | | | | | | |
| b | Permanent endowment ► 73.05 | % | | | | | | | | |
| c | Term endowment ► 24.72 | % | | | | | | | | |
| 3a | Are there endowment funds not in the posse | ssion of the organiz | ation th | at are held a | ınd administe | red for t | the orga | nization | _ | |
| | by: | | | | | | | | | Yes No |
| | (i) unrelated organizations | | | | *************************************** | | | | 3a(i) | X |
| | (ii) related organizations | | | | | | | | | X |
| b | If "Yes" to 3a(ii), are the related organizations | s listed as required o | n Sche | dule R? | | | | | . 3b | |
| 4 | Describe in Part XIV the intended uses of the | | | | | | | | | · |
| Pa | 1 VI 🛮 Investments - Land, Building | s, and Equipm | ent. Se | e Form 990 | , Part X, line | 10. | | | | |
| | Description of investment | (a) Cost or o basis (investi | | 1 '' | or other (other) | (c) [| Deprecia | tion | (d) Book | value |
| 1a | Land | | | | | | | | | |
| b | Buildings | i i | | | | | | | | |
| C | Leasehold Improvements | | | | 0,513. | | 570, | | 1,899 | 922. |
| | Equipment | • | | 2,52 | 4,706. | 1, | 542, | 895. | 981 | 811. |
| | Other | | | | | | | | | |
| | . Add lines 1a-1e. (Column (d) should equal Fo | | ımn (B), | line 10(c).) | | | | ▶ | 2,881 | 733. |
| | | | | | | | | | | 0000 0000 |

Schedule D (Form 990) 2008

| Part VII Investments - Other Securities. See | Farra 000 Dark V lin | + 10 | | 1 1001010 ugo u |
|--|----------------------|--|---------------------------------------|-------------------|
| (a) Description of security or category | | 8 12. | (c) Method of val | uation |
| (including name of security) | (b) Book value | | Cost or end-of-year m | |
| | | | | |
| Financial derivatives and other financial products | | | | |
| Closely-held equity interests | | | | |
| Other | | | | |
| | | | · | |
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| | <u> </u> | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total (Col./h) chould aqual Form 000, Part V and (P) line 12 \ | | | | |
| Total. (Col (b) should equal Form 990, Part X, col (B) line 12.) ► Part VIII Investments - Program Related. See | - Farm 000 Dart V II | 12 | | |
| | | ne is. | (c) Method of val | uation: |
| (a) Description of investment type | (b) Book value | ************************************** | Cost or end-of-year m | |
| | | | | |
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| | | | | |
| Total. (Col (b) should equal Form 990, Part X, col (B) line 13.) | | | | |
| Part IX Other Assets. See Form 990, Part X, line 1 | oscription | | | (b) Book value |
| (u) | /osonption | | | |
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| T. 1.1 (0.1 (1) (1) (1) | - 161 | | | |
| Total. (Column (b) should equal Form 990, Part X, col (B) lin Part X Other Liabilities. See Form 990, Part X, li | | | | |
| (a) Description of liability | 116 25. | (b) Amount | | |
| | | | \dashv | |
| Federal income taxes | | | \dashv | |
| | | | - | |
| | | | \dashv | |
| 4,444 | | | \dashv | |
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| | | | | |
| Total. (Column (b) should equal Form 990, Part X, col (B) lin | e 25.) 🟲 📗 | | | |

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48. 832053 12-23-08

Schedule F (Form 990)

Statement of Activities Outside the United States

Attach to Form 990. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, line 15, or line 16.

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service

Name of the organization UNIVERSITY CORPORATION SAN FRANCISCO STATE

Employer identification number

94-1384645

Part ... General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the For grantmakers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States. 3 Activities per Region. (Use Schedule F-1 (Form 990) if additional space is needed.) (b) Number of (e) If activity listed in (d) (f) Total (a) Region (c) Number of (d) Activities conducted in region offices employees or (by type) (i.e., fundraising, is a program service, expenditures in the region agents in program services, grants to describe specific type in region region recipients located in the region) of service(s) in region TO RECEIVE FUNDS EXCLUSIVELY EARMARKED WHIRLWIND WHEELCHAIR FOR PURCHASING WHIRLWIND EAST ASIA AND THE CHAIRS MADE IN OTHER 414,574. PACIFIC 0 INTERNATIONAL

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2008

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SEE PART IV FOR COLUMN (E) DESCRIPTIONS

94-1384645

Page 2

SAN FRANCISCO STATE

Schedule F (Form 990) 2008

(i) Method of valuation (book, FMV, appraisal, other) Rants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any (h) Description of non-cash assistance (g) Amount of non-cash assistance cash disbursement (f) Manner of of cash grant (e) Amount recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 (d) Purpose of grant Use Schedule F-1 (Form 990) if additional space is needed. (c) Region (b) IRS code section and EIN (if applicable) (a) Name of organization

section 501(c)(3) equivalency letter Enter total number of organizations that are recognized as charities by the foreign country or for which the grantee or counsel has provided a Enter total number of other organizations or entities Schedule F (Form 990) 2008

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| SCHEDULE I (Form 990) | | | Grants and | Grants and Other Assistance to Organizations, | to Organizations | | | OMB No. 1545-0047 | 1047 |
|---|----------------------|--------------------------|---|---|---|---|--|---|--------------|
| | | | Governn | Governments, and Individuals in the U.S. | uals in the U.S. | | | 2008 | |
| Department of the Treasury internal Revenue Service | | ▲ Compl | Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22. ▶ Attach to Form 990. | n answered "Yes," on F | " on Form 990, Pa n 990. | art IV, lines 21 or 22. | | Open to Public | ofic |
| Name of the organization U S 2 | UNIVERSITY COF | CORPORATION SCO STATE | TION | | | | Manufacture and the second sec | Employer identification number 94-1384645 | umber 545 |
| Part # General Information on Grants and Assistance | on on Grants and | Assistance | | | | | | | |
| 1 Does the organization maintain records to substantiate the amount of the | aintain records to s | substantiate the | amount of the grants | or assistance, the | grantees' eligibility | / for the grants or ass | ne grants or assistance, the grantees' eligibility for the grants or assistance, and the selection | | |
| | e grants or assista | nce? | | | | | | X Yes | ž |
| ΰL. | rganization's proce | adures for monit | oring the use of grant | of grant funds in the United States. | States. | | | | |
| Part II Grants and Other | Assistance to Go | vernments and | Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any | United States. C | omplete if the orga | nization answered "Y | es* on Form 990, Part | IV, line 21, for any | [|
| recipient that recei | ived more than \$5, | 000. Check this | recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed | t received more th | an \$5,000. Use Pa | It IV and Schedule I-1 | (Form 990) if addition | al space is needed | |
| 1 (a) Name and address of organization or government | f organization t | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | |
| SAN FRANCISCO STATE UNIVERSITY | VERSITY | | | | | | | | |
| 1600 HOLLOWAY AVE, ADM 350 SAN FRANCISCO CA 94132 | | 93-1137247 | 501(C)(3) | 831 263 | 0 | | | STUDENT SCHOLARSHIPS | |
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| | | | | | | | | | |
| 2 Enter total number of section 501(c)(3) and government organizations | ction 501(c)(3) and | government or | ganizations | | | | | A | 1. |
| 3 Enter total number of other organizations | ner organizations | | | | | | | A | |
| LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 | aperwork Reducti | ion Act Notice, | see the Instructions | for Form 990. | | | | Schedule I (Form 990) 2008 |) 2008 |

UNIVERSITY CORPORATION

(Form 990) 2008 SAN FRANCISCO STATE

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed. Schedule | (Form 990) 2008
Part III Grants and Other

Page 2

94-1384645

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non- cash assistance | (e) Method of valuation | (f) Description of non-cash assistance |
|--|--------------------------|--|--|---|--|
| | : | | | | |
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| | | And the second s | | | |
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| | | | | | |
| Part W Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. | de the information | required in Part I, | line 2, and any other | additional information. | |
| SCHEDULE I, PART I, LINE 2: THE ORGANIZATION RECEIVED REPORTS FROM GRANT | GANIZATIC | N RECEIVE | D REPORTS | FROM GRANT | |
| RECIPIENTS ON THE USE OF FUNDS. | | | MENNESON FOR MENTION AND ANALYSIS OF STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, S | | |
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| R20107 12-18-DR | | 27 | | | Schedule (Form 9990) 2008 |
| 632 102 (2-19-00 | | 1 | | | >>>= (>>> = 1.>> = 1.>>= 1.>>= 1.> |

SCHEDULE M (Form 990)

NonCash Contributions

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

UNIVERSITY CORPORATION SAN FRANCISCO STATE

Employer identification number 94-1384645

| Pai | til Types of Property | | T | | | | ···· | | |
|-----|---|-----------------|------------------|---|------------|---------------------|---|------------|---|
| | | (a) Check if | (b) Number of | (c) Revenues reported | | (d) Method of de | | 9 | |
| | | applicable | contributions | Form 990, Part VIII, lin | ne 1g | revenu | es | | |
| 1 | Art · Works of art | | | | | | | | |
| 2 | Art · Historical treasures | | | | | | | | |
| 3 | Art - Fractional interests | | | | | | | | *************************************** |
| 4 | Books and publications | | | | | | | | |
| 5 | Clothing and household goods | | | | | | | | |
| 6 | Cars and other vehicles | | | | | | | | |
| 7 | Boats and planes | | | | | | | | |
| 8 | Intellectual property | | | | | | | | |
| 9 | Securities · Publicly traded | X | 3 | 544,2 | 70.FM | V CONTRIBU | TION | DA | TE |
| 10 | Securities - Closely held stock | | | | | | | ., | |
| 11 | Securities · Partnership, LLC, or | | | | | | | | |
| | trust interests | | | | | | | | |
| 12 | Securities - Miscellaneous | | | | | , | - | | |
| 13 | Qualified conservation contribution | | | *************************************** | | | | | |
| | (historic structures) | | | | | | | | |
| 14 | Qualified conservation contribution (other) | | | | | | | | |
| 15 | Real estate · Residential | | | | | | | | |
| 16 | Real estate · Commercial | | | | | | | ···· | |
| 17 | Real estate · Other | | | | | | | | |
| 18 | Collectibles | | | | | | | | |
| 19 | Food inventory | | | | | | · | | |
| 20 | Drugs and medical supplies | | | | | | | | |
| 21 | Taxidermy | | | | | | | | |
| 22 | Historical artifacts | | | | | | | | |
| 23 | Scientific specimens | | | | | | | | |
| 24 | Archeological artifacts | | | | | | | | |
| 25 | Other | | | | | | | | |
| 26 | Other • () | | | | | | | | |
| 27 | Other () | | | | | | | | |
| 28 | Other () | | | | | | | | |
| 29 | Number of Forms 8283 received by the organi | zation durin | g the tax year | for contributions | | | | _ | |
| | for which the organization completed Form 82 | 83, Part IV, | Donee Acknov | vledgment | 29 | | | 0 | · |
| | | | | | | | F222222222 | Yes | No |
| 30a | During the year, did the organization receive b | y contribution | on any propert | y reported in Part I, line | es 1.28 th | at it must hold for | | | |
| | at least three years from the date of the initial | contribution | , and which is | not required to be use | d for exer | npt purposes for | | | |
| | the entire holding period? | | | | | ., | 30a | 3000010001 | X |
| b | If "Yes," describe the arrangement in Part II. | | | | | | | | |
| 31 | Does the organization have a gift acceptance | | | | | | 31 | X | |
| 32a | Does the organization hire or use third parties | | = | | | | | ,, | |
| | contributions? | | | | | | 32a | Χ | |
| | If "Yes," describe in Part II. | | | | | | | | |
| 33 | If the organization did not report revenues in codescribe in Part II. | olumn (c) fo | r a type of pro | perty for which column | (a) is che | cked, | | | |
| | UCOUNDO III FAILII. | | | | | | 100000000000000000000000000000000000000 | areen earn | 400000000000000000000000000000000000000 |

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For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2008

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008
Open to Public Inspection

Name of the organization

UNIVERSITY CORPORATION SAN FRANCISCO STATE

Employer identification number 94-1384645

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

AND AGREEMENTS WITH STATE, LOCAL AND PRIVATE AGENCIES AND

ORGANIZATIONS.

FORM 990, PART III, LINE 3, CHANGES IN PROGRAM SERVICES:

THE PROGRAM RELATED TO THE RENTAL OF UNIVERSITY HOUSING FOR STUDENTS,

FACULTY AND STAFF IS NO LONGER AN ACTIVITY. THE PROPERTIES WERE SOLD

TO THE UNIVERSITY DURING THE 2006-2007 FISCAL YEAR.

FORM 990, PART VI, SECTION A, LINE 10: THE ORGANIZATION'S ACCOUNTING FIRM
FORWARDED THE FORM 990 TO THE CFO. THE CFO FORWARDED THE FORM 990 TO THE
BOARD MEMBERS FOR THEIR REVIEW PRIOR TO FILING THE FORM 990. BOARD MEMBERS
WERE ENCOURAGED TO REVIEW THE FORM 990 AND TO FORWARD THEIR QUESTIONS TO
THE CFO. EITHER THE CFO OR THE ACCOUNTING FIRM ADDRESSED THE QUESTIONS FROM
THE BOARD.

FORM 990, PART VI, SECTION B, LINE 12C: EACH DIRECTOR, PRINCIPAL OFFICER,
MANAGER AND MEMBER OF A COMMITTEE WITH BOARD-DELEGATED POWERS ANNUALLY SIGN
A STATEMENT THAT AFFIRMS SUCH PERSON(S) HAS RECEIVED A COPY OF THE CONFLICT
OF INTEREST POLICY; HAS READ AND UNDERSTANDS THAT POLICY: HAS AGREED TO
COMPLY WITH THAT POLICY; AND UNDERSTANDS THAT THE CORPORATION IS A
CHARITABLE ORGANIZATION AND THAT IN ORDER TO MAINTAIN ITS FEDERAL TAX
EXEMPTION IT MUST ENGAGE PRIMARILY IN ACTIVITIES WHICH ACCOMPLISH ONE OR
MORE OF ITS TAX-EXEMPT PURPOSES.

FORM 990, PART VI, SECTION B, LINE 15: THE REVIEW PROCESS COMPLIES WITH

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.
832211
12-18-08

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

➤ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008 Open to Public Inspection

Name of the organization

UNIVERSITY CORPORATION SAN FRANCISCO STATE

Employer identification number 94-1384645

| THE UNIVERSITY CORPORATION, SAN FRANCISCO STATE COMPENSATION POLICY. |
|---|
| FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES IT'S |
| DOCUMENTS AVAILABLE TO THE PUBLIC THROUGH IT'S WEBSITE. |
| 990 PART XI, LINE 2C |
| AUDIT COMMITTEE ROLE |
| THE ROLE OF AUDIT COMMITTEE HAS NOT CHANGED FROM PRIOR YEAR. |
| FORM 990, PART VII AND SCHEDULE J |
| RELATED COMPENSATION |
| THE ORGANIZATION MADE AN EXTRAORDINARY EFFORT TO OBTAIN RELATED |
| COMPENSATION INFORMATION FROM THE RELATED ORGANIZATION PRIOR TO FILING. |
| DESPITE THESE EFFORTS, THE ORGANIZATION WAS NOT ABLE TO OBTAIN THIS |
| INFORMATION PRIOR TO THE FINAL FILING DEADLINE. AS SOON AS THE |
| ORGANIZATION OBTAINS THE INFORMATION, AN AMENDED RETURN WILL BE FILED |
| TO INCLUDE THE INFORMATION REGARDING RELATED COMPENSATION. |
| |
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SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.

Schedule R (Form 990) 2008 Employer identification number Open to Public Inspection Direct controlling Direct controlling 94-1384645 entity entity End-of-year assets status (if section 501(c)(3)) Public charity UNIVERSITY Œ Œ STATE Exempt Code Total income section 501(C)(3) 0 0 Legal domicile (state or Legal domicile (state or foreign country) foreign country) <u>©</u> ▶ See separate instructions. CALIFORNIA LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Primary activity Primary activity Ô <u>@</u> UNIVERSITY CORPORATION UNIVERSITY SAN FRANCISCO STATE Identification of Related Tax-Exempt Organizations SAN FRANCISCO STATE UNIVERSITY - 93-1137247 Identification of Disregarded Entities Name, address, and EIN Name, address, and EIN of related organization of disregarded entity 94132 Name of the organization SAN FRANCISCO, CA 1600 HOLLOWAY AVE Department of the Treasury Internal Revenue Service Partil Parti

94-1384645

Page 2

UNIVERSITY CORPORATION SAN FRANCISCO STATE

Schedule R (Form 990) 2008

Part III Identification of Related Organizations Taxable as a Partnership

| (4) | 6 | 3 | 2 | 9 | | 9 | 9 | Ξ | 0 | 3 |
|--|---|--|--|---|--|---|-----------------------------------|-------------------------------|----------------------------------|-------------------------|
| Name, address, and EIN of related organization | ctivity | Legal domicile (state or foreign country) | Direct | Predominant income (related, investment, unrelated) | | total Je | Share of end-of-year assets | Disproportionate allocations? | Samos 20 of S 7-1 (F) | ୫ ଅଧ୍ୟ |
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| | | | To the state of th | | | | | | | |
| | | | | | | | | | | |
| Part IV Identification of Related Org | Identification of Related Organizations Taxable as a Corporation or Trust | poration or | Trust | | , nasananna annar | | | | | |
| (A) | | | (B) | 0 | © | | | | | £ |
| Name, address, and EIN of related organization | Ni. | <u>.</u> | Primary activity | Legal domiclie (state or foreign country) | Direct controlling entity | Type of entity (C corp, S corp, or trust) | | Share of total income | Share of Prend-of-year of assets | Percentage ownership |
| | | | Transport of the Control of the Cont | | | | | | | |
| Communication of the management of the communication of the communicatio | | | | | | | | | | |
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| 832162 12-23-08 | | | 32 | ~ | | | | S | Schedule R (Form 990) 2008 | 990) 2008 |

UNIVERSITY CORPORATION SAN FRANCISCO STATE

Page 3

94-1384645

Schedule R (Form 990) 2008

Part V Transactions With Related Organizations

| Note Complete line 1 if any antity is listed in Darks II III or IV | | Yes | Š |
|--|---------------------------|----------------------------|------------|
| 1 During the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | | | 1000 |
| | | 1a | × |
| | | 4 | × |
| | | 2 4 | × |
| c Giff, grant, or capital contribution from other organization(s) | | 2 | 4 |
| d Loans or loan guarantees to or for other organization(s) | | P | × |
| | | 1 | × |
| | | | |
| f Sale of accete to other organization(s) | | # | × |
| Care of assets to other organization(s) | | 5 | × |
| | | 7 | \ |
| h Exchange of assets | | 4F | ∢; |
| i Lease of facilities, equipment, or other assets to other organization(s) | | <u>:</u> | × |
| | | 7 | × |
| Lease of facilities, equipment, or other assets from other organization(s) | | | × |
| renomialice of services of membership of fortunations of | | - | × |
| reformance of services of membership of fundratship solicitations by other organization(s) | ************** | = 1 | ; > |
| m Sharing of facilities, equipment, mailing lists, or other assets | | E | 4 5 |
| n Sharing of paid employees | | -L | 4 |
| | | | |
| o Beimbursement paid to other organization for expenses | | 10 X | |
| Reimbursement paid by other organization for expenses | | N qt | |
| | | | |
| A Other transfer of cash or property to other organization(s) | | 1a X | |
| Other transfer of cash or property from other organization(s) | | + | × |
| | ction thresholds. | | |
| (A) | <u>(</u> | © : | • |
| Name of other organization(s) | Iransaction type (a-r) | Amount involv | eq |
| (1) SAN FRANCISCO STATE UNIVERSITY | ð | 572,662 | 662. |
| (2) SAN FRANCISCO STATE UNIVERSITY | 0 | 4,206,664. | 664. |
| 3) SAN FRANCISCO STATE UNIVERSITY | А | 5,973, | 992. |
| | | | |
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| | | | |
| 33 33 | Sche | Schedule R (Form 990) 2008 | 0) 2008 |

Page 4

UNIVERSITY CORPORATION

Schedule R (Form 990) 2008 SAN FRANCISCO STATE

Part VI Unrelated Organizations Taxable as a Partnership

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

| (A) | (B) | <u>(</u>) | e | Œ | Œ | <u> </u> | £ |
|--|------------------|--|------------------------------------|---------------------------------|-----------------------|----------------------------|------------------------|
| Name, address, and EIN of entity | Primary activity | Legal domicile (state or foreign | Are all partners section 501(c)(3) | Share of end-of- year assets | Dispropor- tionate | Code V-UBI | General or managing |
| (A) | | country) | Yes No | | Yes No | Form 1065) | |
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