\*\* PUBLIC DISCLOSURE COPY \*\*

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

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

OMB No. 1545-0047

A F	or the	2009 calendar year, or tax year beginning JUL 1, 2009 and ending	JUN 30, 201	
			D Employer identi	fication number
aj	heck if oplicable	e: Please use IRS UNIVERSITY CORPORATION	JKFUDL	
Г	Addre	SS   label or   CAN EDANCITCO CHAME	ACHIDE	
-	Name		-USUR94-	1384645
	Jchang ∃Initial	Doing Business As		
_	∐return ]Termir			5) 338-2297
<u> </u>	ated	Instruc-		15,792,581.
<u>_</u>	<b>Ireturn</b>	Oity of town, state of country, and zir + 4	G Gross receipts \$	
	Applic tion pendir		H(a) Is this a group	
	pendi	F Name and address of principal officer: AGNES WONG NICKERSON	for affiliates?	Yes X No
		1600 HOLLOWAY AVENUE, ADM 350, SAN FRANCIS		
		empt status: X 501(c) ( 3 ) ◀ (insert no.) 4947(a)(1) or 527	If "No," attach	a list. (see instructions)
		te: NTTP://UCORP.SFSU.EDU	H(c) Group exempt	
KF	orm of	organization: X Corporation	ear of formation: 1946	M State of legal domicile: CA
Pa	rt I	Summary		
4.	1	Briefly describe the organization's mission or most significant activities: UNIVERSI	TY CORPORATION	ON SERVES AS
ည	SATA .	AN AUXILIARY ORGANIZATION OF SAN FRANCISCO S	TATE UNIVERS	ITY.
Governance		Check this box  if the organization discontinued its operations or disposed of n		
Ver		Number of voting members of the governing body (Part VI, line 1a)		11
ဗ္ဗ		Number of independent voting members of the governing body (Part VI, line 1b)		4
•გ		Total number of employees (Part V, line 2a)		227
ties				
Activities		Total number of volunteers (estimate if necessary)		·
Ac		Total gross unrelated business revenue from Part VIII, column (C), line 12	Secretary and a supplied of the supplied of th	
	b	Net unrelated business taxable income from Form 990·T, line 34		
		S ON TO DE VENTOR VENTOR OF CONTROL	Prior Year	Current Year
စ္ခ	8	Contributions and grants (Part VIII, line 1h)	14,226,118	
Revenue		Program service revenue (Part VIII, line 2g)	4,581,231	
ě	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-8,811,707	
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-33,274.
	12	Total revenue · add lines 8 through 11 (must equal Part VIII, column (A), line 12)	9,995,642	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	831,263	. 1,092,133.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
S		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,908,468	. 2,806,081.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		
bei		Total fundraising expenses (Part IX, column (D), line 25)		
A	F1000077	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	6,738,866	. 5,502,737.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	10,478,597	
		Revenue less expenses. Subtract line 18 from line 12	-482,955	
-SS	19	Revenue less expenses. Subtract line 18 from line 12		
Net Assets or Fund Balances		T. I (D. I.V. II 40)	57,671,303	
SSe Bak		Total assets (Part X, line 16)		
et/		Total liabilities (Part X, line 26)	8,015,690	
NI P		Net assets or fund balances. Subtract line 21 from line 20	49,655,613	. 14,259,952.
Pa	rt II	Signature Block		adan and Salint Markey and a
		Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and stateme and complete. Declaration of prepare (other than officer) is based on all information of which prepare has any knowle	dge. /	edge and beiter, it is true, correct,
			5/16	/11
Sign	1		Data	7 11
Her	е	Signature of officer	Date /	
		AGNES WONG NICKERSON, COO AND CFO		
		Type or print name and title	A	
Paid		Preparer's Date	Check if Prep	arer's identifying number instructions)
50.001.000		signature May 1 3 201	employed	
1000000	arer's	Firm's name (or HOOD & STRONG LLP, CPAS	EIN ▶	
Use	Only	self-employed), 100 FIRST STREET, 14TH FLOOR		
		ZIP + 4 SAN FRANCISCO, CA 94105	Phone no. ▶	(415) 781-0793
May	the II	RS discuss this return with the preparer shown above? (see instructions)		X Yes No

				Page 2
Form 8868 (Rev. 1-2011)  If you are filing for an Additional (Not Automatic) 3-Month Ext	longion (	somplete only Part II and check this bo	ox	X
If you are filing for an Additional (Not Automatic) 3-Month Ext	utomotio	3-month extension on a previously filed	Form 8868.	
Note. Only complete Part II if you have already been granted an a	o only Pa	ort I (on page 1).		
If you are filing for an Automatic 3-Month Extension, complet Part II Additional (Not Automatic) 3-Month Extension	vtensio	n of Time. Only file the original (no c	oples needed).	
**************************************	ALC: IOIO		Employer ident	ification number
Name of exempt organization Type or UNIVERSITY CORPORATION				
print SAN FRANCISCO STATE			94-1384	1645
File by the extended Number, street, and room or suite no. If a P.O. box, so	e instruc	tions.		
due date for 1600 HOLLOWAY AVENUE, ADM 35	50			
filing your and affine state and ZID code For a for	reign add	ress, see instructions.		
instructions SAN FRANCISCO, CA 94132	, o.g.,			
DAN TRIMCIDEO, CIT				[2]
Enter the Return code for the return that this application is for (file	a separa	te application for each return)		0 1
Enter the Return code for the retoll that this application is in the				
Audiosias	Return	Application		Return
Application	Code	Is For		Code
Is For Form 990	01			
Form 990·BL	02	Form 1041·A		08
Form 990-EZ	03	Form 4720		09
Form 990-PF	04	Form 5227		10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069		11 12
	06	Form 8870		
	an auton	natic 3-month extension on a previou	ISIY TIJEO FORM 66 VT CCO C D	94132
• The books are in the care of ► 1600 HOLLOWAY A	VE.	ADM 330 - DIM LIGHT	10007 011	J1100
-, , n - (115) 338-229/		FAX No.		[]
	in the Un	ited States, check this box	ic ic for the whole	group, check this
	Pratin Lya	amounn wiimnerwarin i i v	12 12 101 110 1111012	3
box . If it is for part of the group, check this box	and atta	15, 2011.	Internacio uno com	
4 I request an additional 3-month extension of time until	11111	2009 and ending	JUN 30, 2	2010
5 For calendar year, or other tax year beginning	1011 1		Final return	
6 If the tax year entered in line 5 is for less than 12 months, cr	neck reas	on: anda rotum	,	
Change in accounting period				
7 State in detail why you need the extension THE TAXPAYER'S FINANCIAL MATTE	ers Al	RE OUITE COMPLEX. AL	DITIONAL	TIME IS
REQUIRED TO FILE A COMPLETE AN	ID ACC	CURATE RETURN.		
REQUIRED TO FIDE A CONTESTS IN				
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, o	or 6069, e	nter the tentative tax, less any		0
8a If this application is for Form 990 BL, 990 FF, 990 FF	,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		8a \$	0.
nonrefundable credits. See Instructions.  b If this application is for Form 990 PF, 990 T, 4720, or 6069,	enter any	refundable credits and estimated		
tax payments made. Include any prior year overpayment alle	owed as a	a credit and any amount pald		٥
and and with Form 8868			8b \$	0.
E. L. Cubroot line 8h from line 8a Include Your pa	yment wit	h this form, if required, by using		0.
removed a Fodoral Toy Payment System). See instru	ictions.		8c \$	<u> </u>
Signs	HIII A SH	d Verification		der and bolist
when of angium, I dealare that I have examined this form, including	ing accomp	panying schedules and statements, and to th	e best of my knowle	age and bellet,
it is true, correct, and complete, and that i any gotherized to propert this is				B 0 9 2011
Signature Lugnily & sule Title > C	CPA			8868 (Rev. 1-2011)
<u>Julius I</u>			Form	AND HON LEATH
$\mathcal{O}$				

Form **8868** (Rev. April 2009)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

OMB No. 1545-1709

Form 8868 (Rev. 4-2009)

Interna	Revenue Service		
• If y	you are filing for an Automatic 3-Month Extension, complete only Part I and check this box	form)	<b>&gt;</b> X
• If y	ou are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this ot complete Part II unless you have already been granted an automatic 3⋅month extension on a previously fil	ed For	m 8868.
	Automatic 3-Month Extension of Time. Only submit original (no copies needed).		
A coi	poration required to file Form 990-T and requesting an automatic 6-month extension - check this box and com	plete	<b></b> ▶ □
All ot	her corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an income tax returns.	exten	sion of time
Elect noted (not a	tronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronical automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or continuity the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic file for charities & Nonprofits.	nsolida	ated Form 990-T. Instead, this form, visit
Туре		Empl	loyer identification number
print	THE THE CAME CONDON TO A STATE OF THE STATE	9	4-1384645
File by due da filing y	Number, street, and room or suite no. If a P.O. box, see instructions.		
return. instruc	See Toroign address see instructions		
Chec	sk type of return to be filed (file a separate application for each return):		
	Form 990         Form 990-T (corporation)         Form 47           Form 990-BL         Form 990-T (sec. 401(a) or 408(a) trust)         Form 52           Form 990-EZ         Form 990-T (trust other than above)         Form 60	227 )69	
	Form 990-PF Form 1041-A Form 88	370	
Te • If t	AGNES WONG NICKERSON  The books are in the care of ► 1600 HOLLOWAY AVE., ADM 350 — SAN FRANCE  The blephone No. ► (415) 338-2297 FAX No. ►  The organization does not have an office or place of business in the United States, check this box	is is fo	r the whole group, check this
1	I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unt <a href="#FEBRUARY 15">FEBRUARY 15</a> , 2011 , to file the exempt organization return for the organization named a is for the organization's return for:	il .bove.	The extension
	calendar year or and ending JUN 30, 2010		
	X tax year beginning JUL 1, 2009 , and ending JUN 30, 2010		•
2	If this tax year is for less than 12 months, check reason: Initial return Final return		Change in accounting period
За	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a_	\$
b	If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated		
-	tax payments made. Include any prior year overpayment allowed as a credit.	3h	\$
С	Balance Due, Subtract line 3b from line 3a. Include your payment with this form, or, if required,		
	deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System).  See instructions.	3c	\$ N/A
Caut	ion. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form	8879	EO for payment instructions.

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

4d Other program services. (Describe in Schedule O.)

(Expenses \$ 6,051,835. including grants of \$ 1,092,133.) (Revenue \$ 873,535.)

7,862,609. 4e Total program service expenses ►\$

Form 990 (2009)

### UNIVERSITY CORPORATION SAN FRANCISCO STATE

Form 990 (2009)

94-1384645 Page 3

Pai	t IV Checklist of Required Schedules			
L			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	1	_X	
^	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
2	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
3	public office? If "Yes," complete Schedule C, Part I	3		X
	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		X
4	Section 501(c)(3) organizations. Did the organization engage in bobying database in 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and			
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations, is the organization subject to the destroy occupant	5		
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III			
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to	6		Х
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I			
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		х
	the environment, historic land areas, or historic structures? If *Yes,* complete Schedule D, Part II			
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			v
	Schedule D, Part III	-8		_X_
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			37
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
10	If "Yes," complete Schedule D, Part V	10		X
4.4	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X			
11	as applicable	11	X	
_	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
•				
	Part VI.  Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
•	Did the organization report an amount for investments of the Sebadulo D. Part VIII			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
•	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total		Ī	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX.			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		4.5	
	Schedule D. Parts XI, XII, and XIII.	12	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?	ļ		Ì
,,	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	<u> </u>	X_
ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
D	and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	X	
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
15	or entity located outside the United States? If "Yes," complete Schedule F, Part II	15	<u> </u>	X_
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
16	Did the organization report on Part IX, column (A), line 3, more than \$65,000 or aggregatio grants or an annual state of the state of t	16		Х
	located outside the United States? If "Yes," complete Schedule F, Part III	1		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	17		х
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	1	<del>                                     </del>	- <u></u> -
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	10	Х	1
	1c and 8a? If "Yes." complete Schedule G, Part II	18	A	<del>                                     </del>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
	complete Schedule G. Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20_	000	
		Form	ยลก (	(2009)

### UNIVERSITY CORPORATION

Form 990 (2009)

94-1384645 Page 4 SAN FRANCISCO STATE Part IV Checklist of Required Schedules (continued) Yes No 21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the Х United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, 22 X 22 column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete X 23 Schedule J 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete X Schedule K. If "No", go to line 25 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b 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 d 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 X 25a disqualified person during the year? If "Yes," complete Schedule L, Part I b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Х Schedule L, Part I 25b Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified Х person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial 27 contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Х 27 Schedule L, Part III Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV 28 instructions for applicable filing thresholds, conditions, and exceptions): X a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a X b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV ...... 28b c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV Х 28c Х Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation Х contributions? If "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? Х 31 If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete X 32 Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 X sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? X 34 If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 Is any related organization a controlled entity within the meaning of section 512(b)(13)? Х 35 If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? Х 36 If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization **X**\_ and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37

> Х Form 990 (2009)

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?

Note, All Form 990 filers are required to complete Schedule O.

## UNIVERSITY CORPORATION

Part V   Statements Regarding Other IRS Filings and Tax Compliance   Yes   National Statements   Part V   Statements   Regarding Other IRS Filings and Tax Compliance   Yes   National Statements   Yes   Yes   National Statements   Yes		UNIVERSIII CORTION	615	P	age 5
to Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns, Enter -0 if not applicable 1.5.2 of	Forn	990 (2008) DAN TIMMCIDGO DIIII	043		ago
Enter the number reported in Rox 3 of Form 1096, Annual Summary and Transmitted of U.S. Information Returns. Enter 0-8 in out applicable Enter the number of Forms W22 included in line 1a. Enter 0-11 not applicable (b. Enter the number of Forms W22 included in line 1a. Enter 0-11 not applicable (b. Enter the number of Forms W22 included in line 1a. Enter 0-11 not applicable (b. Enter the number of Enter W22 included in line 1a. Enter 0-11 not applicable (b. Enter 1a. Enter 0-11 not applicable) (b. Enter the number of enter own with near 2a. did the organization of Wage and Tax Statoments, lind of the lean dendary are andlong with or within the year covered by this naturn (b. Enter 1a. Enter 0-11 not be unrelated business gross income of \$1,000 or more during the section of line 1a. and 2 is greater than 250, you may be required to 6-6fe ins required to with sectur. (so instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this naturn (b. Enter 1a. Enter 0-11 not applicable of the year overwed by this naturn (b. Enter 1a. Ente	Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			Γ.,
U.S. Information Returns. Einter -0 if not applicable Enter the number of Forms W-2C included in the 1a. Einter -0 if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming gaming gaming (gaming) withings to prize witnings (gaming) witnings) witnings (gaming) witnings (gaming) witnings) witnings (gaming) witnings (gaming) witnings) witnings) witnings (gaming) witnings) witni				Yes	No
U.S. Information Returns. Einter -0 if not applicable Enter the number of Forms W-2C included in the 1a. Einter -0 if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming gaming gaming (gaming) withings to prize witnings (gaming) witnings) witnings (gaming) witnings (gaming) witnings) witnings (gaming) witnings (gaming) witnings) witnings) witnings (gaming) witnings) witni	1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
b Enter the number of Forms W2cl included in line 1a. Enter -0 Irnot applicable 10 Id the organization comply with backup withfolialing rules for reportable payments to vendors and reportable gaming (gambling) winnings to pitzo winners? 15 It at least one is reported on Form W3, Transmittal of Wage and Tax Statements, 16 Id of the calendary year ending with or within the year covered by this return 16 It at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b If Yes, The sit filed a for the sum of lines 1a and 2a is greater than 250, you may be required to e-file his return, lease instructions) 3a DId the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 3a If Yes, The sit filed a form 900°T for this year? If Wa, Provide an explanation in Schedule O A 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! If Wa, Provide an explanation in Schedule O B If Yes, The active the mane of the foreign country! If Wa, Provide an explanation in Schedule O B If Yes, The active the mane of the foreign country! Yes, The sit of the foreign country! Schedule O B If Yes, The active the mane of the foreign country! Schedule O B If Yes, The active the mane of the foreign country. Schedule O B If Yes, The sit of the foreign country (such as a bruk account, so credit in the structions for exceptions and filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts.  5a Was the organization aparty to a prohibited tax sheller transaction of a return the mane of the foreign country (such as a party to a prohibited tax shelter transaction? 5b If Yes, To line 5a or 6b, did the organization that it was or fas a party to a prohibited tax shelter transaction? 5b If Yes, To line 5a or 6b, did the organization his Form 8896. The Contributions of the value of the search of the organization of the Ves		U.S. Information Returns. Enter ·0· if not applicable			
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a Gross income from members or shareholders  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes" enter the amount of tax-exempt interest received or accrued during the year 12b	11	Section 501(c)(12) organizations. Enter:			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes" enter the amount of tax-exempt interest received or accrued during the year 12b		Gross income from members or shareholders			
amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b. If "Yes " enter the amount of tax-exempt interest received or accrued during the year 12b					
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  12a 12a 12b 1 "Yas" enter the amount of tax-exempt interest received or accrued during the year 12b 12b		amounts due or received from them.)			
b. If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
Form <b>990</b> (200	h	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	<u> </u>	L	<u> </u>
			Form	990	(2009)

Page 6

### UNIVERSITY CORPORATION SAN FRANCISCO STATE

Form 990 (2009)

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Sec	tion A. Governing Body and Management									
			Yes	No						
1a	Enter the number of voting members of the governing body									
b	Enter the number of voting members that are independent 1b									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	ļ								
	officer, director, trustee, or key employee?	2		X						
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?									
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?									
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Х						
6	Does the organization have members or stockholders?	6		Х						
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the									
,	governing body?	7a		X						
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	х							
b	Each committee with authority to act on behalf of the governing body?	8b	Х	*						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the									
0	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)									
	tion B. 7 Gilordo [1773 Gection & requests information about policies not required by the internal revenue desay		Yes	No						
105	Does the organization have local chapters, branches, or affiliates?	10a		X						
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,									
3,7	and branches to ensure their operations are consistent with those of the organization?	10b								
44	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Х							
11	Describe in Schedule O the process, if any, used by the organization to review this Form 990.									
11A	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	х							
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise	12.0								
IJ	to conflicts?	12b	х							
_	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe									
G	in Schedule O how this is done	12c	х							
13	Does the organization have a written whistleblower policy?	13	X							
	Does the organization have a written whisheblower policy?	14	Х							
14 • c	Did the process for determining compensation of the following persons include a review and approval by independent									
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
_	The organization's CEO, Executive Director, or top management official	15a	х							
	Other officers or key employees of the organization	15b	X							
D	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)									
16.	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a									
ioa		16a		X						
1.	taxable entity during the year?  If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation	100								
Ð	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's									
		16b								
2001	exempt status with respect to such arrangements? ion C. Disclosure	100								
	List the states with which a copy of this Form 990 is required to be filed ►CA									
		for								
	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available public inspection. Indicate how you make these available. Check all that apply.									
	Dublic inspection, indicate now you make these available. Check all that apply.    X   Own website									
10	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, an	d fina	ncial							
		u midi	wiai							
	statements available to the public. State the name, physical address, and telephone number of the person who possesses the books and records of the organizat	on-								
	AGNES WONG NICKERSON - (415) 338-2297	V115								
	1600 HOLLOWAY AVE., ADM 350, SAN FRANCISCO, CA 94132									
	+ V V 0 110 1110 1111 1 1 1 1 1 1 1 1 1 1	Form	990 (2	2009)						

### 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. Report compensation for the calendar year ending with or within the organization's tax year. 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.

Enter 0 in columns (D), (E), and (F) if no compensation was paid.

List all of the organization's current key employees. See instructions for definition of "key employee."

• 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) Name and Title	(B) Average hours	(cl		Posi all t	ition	ı app	iv)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	per week	Individual trustee or director	Institutional trustee	Officer		Highest compensated employee		from the organization (W·2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
LEROY MORISHITA	1.00	x		х				0.	214,183.	11,963.
CHAIRMAN LARRY WARE FORMER COO/CFO	0.00						Х	0.	129,687.	15,418.
CHARLOTTE FERRETTI SECRETARY		х		x				0.	132,110.	20,312.
AGNES WONG-NICKERSON	8.00	х		х				0.	87,792.	17,588.
JO VOLKERT VICE CHAIRMAN	1.00	x		Х				0.	149,600.	1,017.
ALEXANDRA KHARMATS DIRECTOR	1.00	х			_			0.	0.	0.
SHAWN WHALEN DIRECTOR	1.00	х						0.	0.	0.
MICHAEL POTEPAN DIRECTOR	1.00	Х						0.	83,560.	1,990.
PHILIP KING DIRECTOR	1.00	x						0.	78,065.	36,996.
AL WILLARD DIRECTOR	1.00	Х						0.	0.	0.

902201

Form 990 (2009) SAN FRANC	CISCO S'	<u>ra</u>	<u>PE</u>						94-1	<u> 38464</u>	<u> </u>	age c
Part VII Section A. Officers, Directors, Tru	istees, Key Ei	<u>mplc</u>	yee	s, a	nd l	High	est	Compensated Employ	rees (continued)			
(A) Name and title	(B) Average hours	(c)		Pos		n app	oly)	(D) Reportable compensation	(E) Reportable compensatio		(F) Estimat amount	of
	per week	individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W·2/1099-MISC)	from related organization (W-2/1099-MIS	s co SC) o	other mpensa from th rganiza and rela ganizat	ation ne tion ted
1b Total						<b>&gt;</b>		0.	874,99		05,2	84.
2 Total number of individuals (including but no compensation from the organization	ot limited to th	ose	liste	d at	30V6	e) wł	10 fe	eceived more than \$100	,000 in reportabl	3		(
		-4	liai		دمامه		ar h	ishest sempensated or	onlovee on		Yes	No
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for st	ıch individual									3	X	
4 For any individual listed on line 1a, is the su	m of reportabl	е со	mpe	ensa	tion	and	oth	ner compensation from	the organization	4	Х	
<ul><li>and related organizations greater than \$150</li><li>Did any person listed on line 1a receive or a</li></ul>										·····	122	
the organization? If "Yes," complete Schedu										5		X
Section B. Independent Contractors  1 Complete this table for your five highest cor	nnonentad ind	łono	nde	nt c	ontr	ento	re ti	hat received more than	\$100 000 of com	nensation	from	
Complete this table for your five highest cor the organization.	iiperisateu iitu	iope	1100	rit G	Oini	aoro	10 11	THE POCOTOG THOSE WAS	ψ, (σσ, σσσ, σσπ, σσπ, σσπ, σσπ, σσπ, σσπ	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
(A) Name and business	oddraes							(B) Description of s	enices		(C) ensatio	ın
SFSU ACCOUNTING OFFICE, 1		,LC	WA	Y				PROGRAM RELA				
AVENUE, SAN FRANCISCO, CA								ADMIN EXPENS	E	1,28	30,9	21.
UNIVERSITY OF ARIZONA	L 2 2 2							SUB-CONTRACT		1.	19,7	<i>1</i> 1
PO BOX 3520, TUCSON, AZ 8 RENNA COMMUNICATIONS, LLC							ì	SERVICES			<u> </u>	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>
CONNECTICUT AVENUE, NW, W		'ON	Ι,	DC			_(	CONSULTANTS		1.	10,8	00.
Total number of independent contractors (in \$100,000 in compensation from the organization)		ot lin	nitec	i to	thos	se lis 3	ted	above) who received m	ore than	Form	990 (	20091

20550513 758661 90220

## Form 990 (2009) SAN FRANCISCO STATE Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
(A) but are not required to complete columns (B). (C), and (D).

	All other organizations must comp		not required to comple	ete columns (B), (C), and (C)	(D).
Do 7b,	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	(D) Fundralsing expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	1,092,133.	1,092,133.		
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	THE PARTY OF THE P	and the second s		
,	Benefits paid to or for members				
4 5	Compensation of current officers, directors,				
5	trustees, and key employees				
6	Compensation not included above, to disqualified				
O	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	2,171,252.	2,170,802.	450.	
8	Pension plan contributions (include section 401(k)				
۵	and section 403(b) employer contributions)				
9	Other employee benefits	634,829.	634,829.		
10	Payroll taxes				
11	Fees for services (non-employees):				
a	Management				
	Legal	5,368.		5,368.	
	Accounting	57,979.		57,979.	
	Lobbying				
u _	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other	1,782,079.	952,339.	829,740.	
12	Advertising and promotion	2,568.	2,568.		
13	Office expenses	922,602.	922,602.		
14	Information technology	60,096.	60,096.		
15	Royalties				
16	Occupancy	289,213.	194,496.	94,717.	
17	Travel	289,381.	289,381.		
18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	17,779.	12,129.	5,650.	
20	Interest	2,834.	2,834.		
21	Payments to affiliates	227,465.	227,465.		
22	Depreciation, depletion, and amortization	285,598.		285,598.	
23	Insurance	45,743.	20,928.	24,815.	
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	SPONSORED PROGRAM	545,795.	545,795.		
b	OTHER EXPENSES	337,037.	141,789.	195,248	
c	HOSPITALITY	276,910.	238,133.	38,777.	
d	HONORARIUM	201,129.	201,129.		
e	INTERVIEWER	153,161.	153,161.		
f	All other expenses				^
25	Total functional expenses. Add lines 1 through 24f	9,400,951.	7,862,609.	1,538,342.	0.
26	Joint costs. Check here  if following				
	SOP 98-2. Complete this line only if the organization	addressed			
	reported in column (B) joint costs from a combined	Windlest			
_	educational campaign and fundraising solicitation				- 000
02201	0 02-04-10				Form <b>990</b> (2009)

**1	tΧ	Balance Sheet	(A) Beginning of year		(B) End of year
					484,831.
	1	Cash · non-interest-bearing	657,536.	1	38,119
	2	Savings and temporary cash investments	21,465.	2	973,498
	3	Pledges and grants receivable, net	3,279,309.	3	302,457
	4	Accounts receivable, net	553,708.	4	302,431
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II		_	
		of Schedule L		5	
	6	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	
3	7	Notes and loans receivable, net		7	
2355	8	Inventories for sale or use	6,036.	8_ 9	4,086
(	9	Prepaid expenses and deferred charges	0,030.	ย	4,000
	10a	Land, buildings, and equipment: cost or other			
		basis, Complete Part VI of Schedule D	0 001 722	40-	2,742,418
	ь	basis. Complete Part VI of Schedule D Less: accumulated depreciation  10a 5,100,984. 10b 2,358,566.	2,881,733.	11	10,678,818
	11	Investments - publicly traded securities	47,841,978.	11	1,852,109
	12	Investments - other securities. See Part IV, line 11	2,429,538.		1,002,100
	13	Investments · program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	57,671,303.	15	17,076,336
	16	Total assets. Add lines 1 through 15 (must equal line 34)		16 17	2,816,384
	17	Accounts payable and accrued expenses	971,962.		2,010,301
	18	Grants payable	7,043,728.	18 19	
	19	Deferred revenue	1,043,140.	20	
	20	Tax-exempt bond liabilities		21	
9	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
1	22	Payables to current and former officers, directors, trustees, key employees,			
Liabilities		highest compensated employees, and disqualified persons. Complete Part II		00	
J		of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		24	
	24	Unsecured notes and loans payable to unrelated third parties		25	
	25	Other liabilities, Complete Part X of Schedule D	8,015,690.	26	2,816,384
	26	Total liabilities. Add lines 17 through 25	0,013,030.	20	
	ļ	Organizations that follow SFAS 117, check here   X and complete			
ŝ		lines 27 through 29, and lines 33 and 34.	8,911,553.	27	7,683,771
20	27	Unrestricted net assets	14,053,186.	28	6,067,093
Ď	28	Temporarily restricted net assets	26,690,874.	29	509,088
2	29	Permanently restricted net assets	20,000,0744		
<u> </u>		Organizations that do not follow SFAS 117, check here   and			
5		complete lines 30 through 34.		30	
ets	30	Capital stock or trust principal, or current funds		31	
Net Assets of Fund Balances	31	Paid-in or capital surplus, or land, building, or equipment fund		32	
et.	32	Retained earnings, endowment, accumulated income, or other funds	49,655,613.	33	14,259,952
۷	33	Total net assets or fund balances	57,671,303.	1	17,076,336
	34	Total liabilities and net assets/fund balances	7110111000	<u> </u>	Form <b>990</b> (2009

Pa	rt XI Financial Statements and Reporting		Yes	No
			103	180
1	Accounting method used to prepare the Form 990: Cash X Accrual Other  If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.	2a		x
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2b	X	
b	Were the organization's financial statements audited by an independent accountant?	21,7	- 22	-
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	х	
d	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.  If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a			
3a	consolidated basis, separate basis, or both:  X Separate basis Consolidated basis Both consolidated and separate basis  As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit	20		X
	Act and OMB Circular A-133?	3a	<del> </del>	<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		
	or audits, explain why in Schedule O and describe any steps taken to undergo sacin addition.	Form	990	(2009)

### **SCHEDULE A**

Department of the Treasury

Internat Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No. 1545-0047

2009

Open to Public Inspection

Monto	he organizati		ITY CORPORAT					E	mployer id	entificatio	n nur	nber
Maine of t	ne organizati		NCISCO STATE						94	<u>-13846</u>	545	
Part I	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	e this part	.) See inst	ructions.				
The organ	ization is not a	private foundation	because it is: (For lines 1	through 1	11, check c	nly one b	ox.)					
1	A church, cor	nvention of churches	s, or association of churc	ches desci	ribed in se	ction 170	(b)(1)(A)(i)					
2 🗔	A school des	cribed in section 17	O(b)(1)(A)(ii). (Attach Sc	hedule E.)								
3 🔲	A hospital or	a cooperative hospi	tal service organization o	described i	in section	170(b)(1)(	A)(iii).					
4	A medical res	earch organization	operated in conjunction	with a hos	pital descri	ibed in <b>se</b>	ction 170	(b)(1)(A)(ii	i). Enter the	e hospital's	s nam	θ,
	city and stat	۵.										
5 X	An organizati	on operated for the	benefit of a college or ur	niversity ov	wned or op	erated by	a governn	nental uni	t described	i in		
	section 170	(b)(1)(A)(iv). (Comple	ete Part II.)									
6	A federal, sta	te, or local governm	ent or governmental unit	t described	d in section	n 170(b)(1	I)(A)(v).			ıblia daqari	ihad ir	n
7	An organizati	on that normally rec	eives a substantial part	of its supp	ort from a	governme	ntai unit o	r from the	general pr	IDIIC GAPCII	inea ii	18
	section 170(	b)(1)(A)(vi). (Comple	te Part II.)		5 . III							
8 🔛	A community	trust described in s	section 170(b)(1)(A)(vi).	(Complete	Part II.)	aus aantri	hutlana m	omborehi	n fees and	l aross rece	eiots 1	from
9 🔲	An organizati	on that normally rec	eives: (1) more than 33 1	1/3% of its	support if	OHI COHRI	. than 33 1	/3% of its	p 1665, and sunnort fr	om aross i	nvesti	ment
	activities rela	ted to its exempt fur	nctions · subject to certa axable income (less sect	un excepu	ons, and (2	:) 110 111016 :inaceae :	cauired h	v the orna	nization af	ter June 30	), 197	5.
	income and t	inrelated business to	axable income (less sect	((O)) 5 1 1 ta	x) iroin bu	211102202	todanoa o	y trio digo	The control of			
	See section	509(a)(2), (Complete	erated exclusively to te	et for nubl	ic safety S	ee sectio	n 509(a)(4	i).				
10	An organizati	on organized and of	perated exclusively for the	se henefit :	of, to perfo	rm the fur	nctions of,	or to carr	y out the p	urposes of	one o	or
11	An organizati	on organized and of	ations described in secti	on 509(a)(	1) or sectio	n 509(a)(2	). See sec	tion 509(	a)(3), Chec	k the box t	lhat	
	describes the	tune of supporting	organization and compl	ete lines 1	1e through	11h.						
	Tung	h	Type II C	Typ	e III - Func	tionally int	egrated			Type III · O		
e 🗀	By checking	this how I certify the	/. at the organization is not	controlled	directly or	indirectly	by one or	more dis	qualified pe	ersons othe	er tha	n
· ·	foundation m	anagers and other t	han one or more publicly	y supporte	d organiza	tions des	cribed in s	ection but	9(a)(1) or se	ection 509(	a)(2).	
f	If the organiz	ation received a writ	tten determination from t	the IRS tha	at it is a Ty	ре I, Туре	II, or Type	e III				
,	supporting o	rganization, check th	nis box					,				. L
g	Since August	17 2006 has the o	prognization accepted ar	ny gift or c	ontribution	from any	of the follo	owing per	sons?	ſ	¥	
_	(i) A perso	n who directly or ind	lirectly controls, either al	one or tog	ether with	persons o	lescribed i	in (ii) and (	iii) below,		Yes	No
	the gove	erning body of the s	upported organization?							11g(i) 11g(ii)		
	(ii) A family	member of a persor	n described in (i) above?							1 1		
	(iii) A 35% (	controlled entity of a	person described in (i) (	or (ii) abov	θ7 •->					1 19(11)		
h	Provide the f	ollowing information	about the supported or	ganization	(S).							
			(iii) Type of	Viva to the	organization	(v) Did vo	u notify the	(vi) ls	s the	(vii) Am	ount o	of
	of supported	(ii) EIN	organization	in col. (i) ii	sted in vour	organizat		(vi) Is organizati (i) organiz	on in col.	supp		•
orga	anization		(described on lines 1-9 above or IRC section	governing	document?	(i) of you	r support?	Ü.S	5.7			
			(see instructions))	Yes	No	Yes	No	Yes	No			···
								<u> </u>				
				<u> </u>								
<u>Total</u>		***************************************		<u> </u>	<u> </u>	<u> </u>	<u></u>	Cobodi	le A (Earm	990 or 99	 Ω-ΕΖ\	2009
LHA For F	Privacy Act ar	nd Paperwork Redu	ıction Act Notice, see t	ne instruc	tions for			SUITEGU	ie v (uoi iii	000 OI 00		

932021 02-08-10

Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009 SAN FRANCISCO STATE 94-13846

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.)

Se	ction A. Public Support					<u></u>	
Cal	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	5,452,902.	8,803,934,	5,076,624,	14,226,118.	5,177,002.	38,736,580.
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 through 3	5,452,902.	8,803,934.	5,076,624,	14,226,118.	5,177,002.	38,736,580.
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)						
6	Public support. Subtract line 5 from line 4.						38,736,580,
Sec	ction B. Total Support						
Cal	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Amounts from line 4	5,452,902.	8,803,934,	5,076,624.	14,226,118,	5,177,002,	38,736,580.
8	Gross income from interest,				;		
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	2,264,544.	2,684,460.	1,715,241,	629,216.	626,914.	7,920,375,
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.)						
11	Total support. Add lines 7 through 10		<u> </u>				46,656,955.
12	Gross receipts from related activities,	etc. (see instruction	ns)	.,,.			,619,441.
13	First five years, If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	x year as a section	n 501(c)(3)	, <del>[]</del>
	organization, check this box and stor ction C. Computation of Publ	here	***************************************		•••••		<u></u>
							00 00
14	Public support percentage for 2009 (I	ine 6, column (f) di	vided by line 11, c	olumn (f))		14	83.02 %
15	Public support percentage from 2008	Schedule A, Part I	II, line 14			15	81.34 %
16a	33 1/3% support test - 2009. If the or	rganization did not	check the box on	line 13, and line 1	4 is 33 1/3% or m	ore, check this box	rand ►X
	stop here. The organization qualifies	as a publicly suppo	orted organization			.,,.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	********
b	33 1/3% support test - 2008. If the or	rganization did not	check a box on lir	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check this	s dox
	and stop here. The organization quali	ifies as a publicly s	upported organiza	ition			
17a	10% -facts-and-circumstances test	t - 2009.If the orga	nization did not ch	neck a box on line	13, 16a, or 16b, a	nd line 14 is 10% C	or more,
	and if the organization meets the "fac	ts-and-circumstand	es" test, check th	is box and stop h	ere. Explain in Pai	t IV now the organ	ization
	meets the "facts and circumstances"	test. The organizat	ion qualifies as a p	oublicly supported	organization	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<b>P</b>
b	10% -facts-and-circumstances test	t - 2008.If the orga	nization did not ch	neck a box on line	13, 16a, 16b, or 1	/a, and line 15 is 1	U% UI
	more, and if the organization meets th	ne "facts-and-circur	nstances" test, ch	eck this box and	stop here. Explain	in Part IV now the	<b>L</b>
	organization meets the "facts-and-circ	cumstances" test.	The organization q	uatifies as a public	ciy supported orga	inization	<b>T</b> H
18	Private foundation. If the organization	n did not check a t	oox on line 13, 16a	ı, 16b, 17a, or 17b	, cneck this box a	na see instructions	or 000 E31 0000
					Sche	dule A (Form 990	U! 99U*EZ] ZUU9

20550513 758661 90220

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ......

Schedule A (Form 990 or 990-EZ) 2009

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

➤ Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

Employer identification number

Name of the organization UNIVERSITY CORPORATION 94-1384645 SAN FRANCISCO STATE Organization type (check one): Section: Filers of: X 501(c)( 3 ) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990 EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify

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Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

for Form 990, 990-EZ, or 990-PF.

that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$\$	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		\$ 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
3		\$\$	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
4		\$\$. \$217,200.	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
5		\$\$.	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		\$\$.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

Name of organization
UNIVERSITY CORPORATION

Employer identification number

art II Non	cash Property (see instructions)		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
a) lo. om	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. om	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. om art I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. rom art f	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

### Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

## Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

➤ Attach to Form 990. ➤ See separate instructions.

OMB No. 1545-0047

Name of the organization

UNIVERSITY CORPORATION

SAN FRANCISCO STATE

Employer identification number 94-1384645

Pa	rt I Organizations Maintaining Donor Advise	d Funds or Other Similar Fund	s or Accounts. Complete if the
L	organization answered "Yes" to Form 990, Part IV, line	9 6.	
		(a) Donor advised funds	(b) Funds and 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 v	vriting that the assets held in donor advi	sed 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 at	dvisors in writing that grant funds can be	used only
Ū	for charitable purposes and not for the benefit of the donor or	r donor advisor, or for any other purpose	conferring
	impermissible private benefit?		
Pa	rt II Conservation Easements. Complete if the org	anization answered "Yes" to Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
•	Preservation of land for public use (e.g., recreation or p		storically important land area
	Protection of natural habitat		tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contribution in the form	of a conservation easement on the last
2.	day of the tax year.		
	day of the tax your.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
h	Total acreage restricted by conservation easements		
C	Number of conservation easements on a certified historic stru		
ų	Number of conservation easements included in (c) acquired a		
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by th	e organization during the tax
Ü	year ▶	· ·	
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the peri	iodic monitoring, inspection, handling of	
J	violations, and enforcement of the conservation easements it	holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements (	during the year 🕨
7	Amount of expenses incurred in monitoring, inspecting, and e	enforcing conservation easements during	g the year ▶ \$
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170	O(h)(4)(B)(i)
Ü	and section 170(h)(4)(B)(ii)?		
9	In Part XIV, describe how the organization reports conservation	on easements in its revenue and expens	e statement, and balance sheet, and
J	include, if applicable, the text of the footnote to the organizati	ion's financial statements that describes	the organization's accounting for
	conseniation easements		· · · · · · · · · · · · · · · · · · ·
Pai	rt III Organizations Maintaining Collections of	Art, Historical Treasures, or C	other Similar Assets.
L	Complete if the organization answered "Yes" to Form 9	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116, not	to report in its revenue statement and t	palance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	lucation, or research in furtherance of pu	iblic service, provide, in Part XIV, the text of
	the footnote to its financial statements that describes these it		
b	If the organization elected, as permitted under SFAS 116, to r	report in its revenue statement and balar	nce sheet works of art, historical treasures,
L)	or other similar assets held for public exhibition, education, or	research in furtherance of public servic	e, provide the following amounts relating to
	these items:	·	
	(i) Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X		***************************************
2	If the organization received or held works of art, historical trea	sures, or other similar assets for financi	al gain, provide
2	the following amounts required to be reported under SFAS 11		_ ·
-	Devenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
a	Assets included in Form 990, Part X		<b>&gt;</b> \$
D	Aggete included let our goof at A		

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

Schedule D (Form 990) 2009

		NUISCO STAT	rn + Wistorical T	reactives C	r Othe		ar Asse			
Pa	rt III   Organizations Maintaining C	Ollections of Al	t, mistoricai i	reasures, c	) Onic	anificant:	uso of ite	collection	itom	e
3		on, and other record	s, check any of th	e following tha	t are a siç	уписанс	nze oi ita	CORECTION	1110111	
	(check all that apply):									
a	Public exhibition	d		change progra						
b	Scholarly research	e	Other							
C	Preservation for future generations					•	l . D	· VIII		
4	Provide a description of the organization's co	illections and explair	n how they further	the organization	on's exen	npt purpo	ose in Par	t XIV.		
5	During the year, did the organization solicit o						ſ	٦.,		l
	to be sold to raise funds rather than to be ma	intained as part of the	he organization's o	collection?				_  Yes		<u> No</u>
Pai	rt IV Escrow and Custodial Arran		te if organization	answered "Yes	" to Forn	n 990, Pa	irt IV, line	ម, or		
	reported an amount on Form 990, Par									
1a	Is the organization an agent, trustee, custodi							٦.,		1
	on Form 990, Part X?						└	_ Yes	L	No
b	If "Yes," explain the arrangement in Part XIV	and complete the fol	lowing table:							
								Amount		
C	Beginning balance					. 1c				
d	Additions during the year					. <u>1d</u>				
е	Distributions during the year									
f	Ending balance					. [1f]		7		<del></del>
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21?				L	Yes	L	No
b	If "Yes," explain the arrangement in Part XIV.				•					
Pai	t V Endowment Funds. Complete it	the organization ans	swered "Yes" to F	orm 990, Part	V, line 10	0.				<del></del>
		(a) Current year	(b) Prior year	(c) Two year	s back 🏻 (	d) Three y	ears back	(e) Four	years	back
1a	Beginning of year balance	33,738,564,	36,556,787	,						
b	Contributions	3916885.	<u> 5800000</u>							
c	Net investment earnings, gains, and losses	5844414.	5947732							
ď	Grants or scholarships						.,			
	Other expenditures for facilities									
_	and programs	42,921,552,	1761388							
f	Administrative expenses	68,900.								
g	End of year balance	509,411.	33,738,564	•						
2	Provide the estimated percentage of the year									
a	Board designated or quasi-endowment	.01	%							
b	Permanent endowment ► 99.94	%								
C		6								
	Are there endowment funds not in the posses	ssion of the organiza	tion that are held	and administer	ed for th	e organiz	ation	-	,	
- Ou	by:	•						,	Yes	No_
	(i) unrelated organizations			*****************	.,	.,.,		3a(i)		<u>X</u>
	(ii) related organizations							1		X
h	If "Yes" to 3a(ii), are the related organizations									
4	Describe in Part XIV the intended uses of the									
Par		s, and Equipme	nt. See Form 99	), Part X, line 1	0.					
	Description of investment	(a) Cost or ot		t or other		cumulate	d	(d) Book	value	€
	bosonphon of involvien	basis (investm		(other)		reciation		•		
10	Land									
	Buildings	1								
	Leasehold improvements		2.4	70,513.	6	94,8	79.	1,775	6,6	34.
	Equipment	1		30,471.		63,68				84.
	Other	1			·					
	. Add lines 1a through 1e. (Column (d) must ed		X. column (B). line	10(c).)			<b>&gt;</b>	2,742	, 4	18.
rotal	. Add inted to an origin to Journal for most ed	process of the property	7				Schedule			

	CORPORATION	٥	4-1384645 Page 3
Schedule D (Form 990) 2009 SAN FRANCI Part VII Investments - Other Securities. S	SCO STATE		4-1304043 tages
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of va Cost or end∙of-year n	
Financial derivatives			
Closely-held equity interests			
Other	1 050 100	DND OF VEAD MADVE	m valite
INVESTMENT IN LAIF	1,852,109.	END-OF-YEAR MARKE	T VALUE
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶ Part VIII Investments - Program Related.	1,852,109.		
(a) Description of investment type	(b) Book value	(c) Method of va Cost or end of year n	
The Control of the second Form 000 Dort V and (Dilling 12)			
Total. (Col (h) must equal Form 990, Part X, col (B) line 13.) ► Part IX Other Assets. See Form 990, Part X, lin	e 15.		
	) Description		(b) Book value
Total, (Column (b) must equal Form 990, Part X, col (B) lir	ne 15.)		>
Part X Other Liabilities. See Form 990, Part X	C, line 25.		
1. (a) Description of liability		b) Amount	
Federal income taxes			
	· ·		

Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) 2. FIN 48 Footnote. 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. 932053 02-01-10

94-1384645 Page 4 SAN\_FRANCISCO STATE Schedule D (Form 990) 2009 Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements 6,675,342. Total revenue (Form 990, Part VIII, column (A), line 12) 9,400,951. Total expenses (Form 990, Part IX, column (A), line 25) 2 -2,725,609. Excess or (deficit) for the year. Subtract line 2 from line 1 3 3,021,159. 4 Net unrealized gains (losses) on investments 4 5 Donated services and use of facilities 5 6 Investment expenses \_\_\_\_\_ 6 7,043,728. Prior period adjustments 7 7 -42,734,939. Other (Describe in Part XIV.) 8 -32,670,052. Total adjustments (net). Add lines 4 through 8 -35,395,661. Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 ..... 10 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 9,916,388. Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12: 3,021,159. a Net unrealized gains on investments b Donated services and use of facilities \_\_\_\_\_\_ 2c c Recoveries of prior year grants 186,613. d Other (Describe in Part XIV.) 3,207,772. 2e e Add lines 2a through 2d 6,708,616. 3 Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV.) -33,274. 4c c Add lines 4a and 4b 6,675,342. Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 9,434,225. Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities \_\_\_\_\_\_ b Prior year adjustments c Other losses 2c d Other (Describe in Part XIV.) 33,274. 2e e Add lines 2a through 2d 9,400,951. Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV.) 4c c Add lines 4a and 4b ..... 9,400,951. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIV Supplemental Information Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information. PART V, LINE 4: AS OF SEPTEMBER 30, 2009 ALL ENDOWMENT BALANCES AND ASSOCIATED INVESTMENT ACCOUNTS WITH THE EXCEPTION OF ONE ENDOWMENT HAVE BEEN TRANSFERRED TO THE SAN FRANCISCO STATE UNIVERSITY FOUNDATION. THE AMOUNT TRANSFERRED WAS \$42,734,939 FROM THE CORPORATION. THE CORPORATIONS INVESTMENT POLICY DURING FISCAL YEAR 2010 AND 2009

ALLOWED A 4% ANNUAL PAYOUT BASED ON QUARTERLY AVERAGE DAILY BALANCE OF THE

THE 4% ANNUAL PAYOUT WAS NOT CHANGED DURING THE YEAR AND FUND.

Schedule D (Form 990) 2009

Part XIV Supplemental Information (continued)
DISBURSEMENTS WERE ALLOWED.
PART X: THE CORPORATION IS A NOT-FOR-PROFIT CORPORATION AND IS
EXEMPT FROM FEDERAL AND STATE INCOME TAXES UNDER PROVISIONS OF SECTION
501(C)(3) OF THE INTERNAL REVENUE CODE AND THE CALIFORNIA TAX CODE.
CONTINUANCE OF SUCH EXEMPTION IS SUBJECT TO COMPLIANCE WITH LAWS AND
REGULATIONS OF THE TAXING AUTHORITIES. CERTAIN ACTIVITIES CONSIDERED
UNRELATED TO THE TAX EXEMPT PURPOSES OF THE CORPORATION MAY GENERATE
INCOME THAT IS TAXABLE. NO PROVISION HAS BEEN RECORDED FOR INCOME TAXES,
AS THE NET INCOME, IF ANY, FROM UNRELATED BUSINESS, IN THE OPINION OF
MANAGEMENT, IS NOT MATERIAL TO THE BASIC FINANCIAL STATEMENTS TAKEN AS A
WHOLE.
PART XI, LINE 8 - OTHER ADJUSTMENTS:
TRANSFER TO SAN FRANCISCO STATE UNIVERSITY: -42734939.
IKMADI IK TO DIK TIGHTOLDOO 2200
PART XII, LINE 2D - OTHER ADJUSTMENTS:
TRANSFERRED MONEY RETURNED BY SFSU FOUNDATION: 186613.
TRANSPERRED MONDE RELEASED 22 22 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
PART XII, LINE 4B - OTHER ADJUSTMENTS:
SPECIAL EVENTS EXPENSE: -33274.
SPECIAL EVENTO EALEMOD. 552.1.
PART XIII, LINE 2D - OTHER ADJUSTMENTS:
SPECIAL EVENTS EXPENSE: 33274.
SPECIAL EVENID BALENDE. 33274.

Schedule D (Form 990) 2009

### Schedule F (Form 990)

### Statement of Activities Outside the United States

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization UNIVERSITY CORPORATION **Employer identification number** 

94-1384645

SAN FRANCISCO STATE Part I 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 grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? \_\_\_\_\_\_ X Yes No

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.) (f) Total (d) Activities conducted in region (e) If activity listed in (d) (b) Number of (a) Region (c) Number of expenditures (by type) (i.e., fundraising, is a program service, offices employees or for region describe specific type program services, grants to agents in in the region of service(s) in region recipients located in the region) region TO RECEIVE FUNDS EXCLUSIVELY EARMARKED FOR PURCHASING WHIRLWIND WHIRLWIND WHEELCHAIR EAST ASIA AND THE 675,091. CHAIRS MADE IN OTHER INTERNATIONAL PACIFIC 675,091,

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

Schedule F (Form 990) 2009

SEE PART IV FOR COLUMN (E) DESCRIPTIONS

UNIVERSITY CORPORATION SAN FRANCISCO STATE

Schedule F (Form 990) 2009

recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 Part II Grants 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 94-1384645

Page 2

Use Schedule F.	Use Schedule F.1 (Form 990) if additional space is needed.	nal space is needed.						<b>_</b>
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV appraisal, other)
					-			
							Andrews and the second	
							The state of the s	
2 Enter total number of the IRS, or for which t 3 Enter total number of	Enter total number of recipient organizations listed a the IRS, or for which the grantee or counsel has pro <u>Enter total number of other organizations</u> or entities	s listed above that are r I has provided a section entities	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter  Enter total number of other organizations or entities	foreign country,	recognized as tax-e	xempt by		

Schedule F (Form 990) 2009

UNIVERSITY CORPORATION SAN FRANCISCO STATE

Page 3

94-1384645

Schedule F (Form 990) 2009

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Use Schedule F-1 (Form 990) if additional space is needed.

(h) Method of valuation (book, FMV, appraisal, other)		·			Schedule F (Form 990) 2009
(g) Description of non-cash assistance					Sched
(f) Amount of non-cash assistance					
(e) Manner of cash disbursement					
(d) Amount of cash grant	***				
(c) Number of recipients					
(b) Region					
(a) Type of grant or assistance					

### SCHEDULE G (Form 990 or 990-EZ)

## Supplemental Information Regarding Fundraising or Gaming Activities

or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Complete if the organization answered "Yes" to Form 990, Part IV, tines 17, 18, or 19,

OMB No. 1545-0047

**Open To Public** Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Part I

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions. UNIVERSITY CORPORATION SAN FRANCISCO STATE

Employer identification number

94-1384645 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990 EZ filers are not required to complete this part.

Indicate whether the organization rais     Mail solicitations				Check all that apply overnment grants	•	
b Internet and email solicitations	s f Solicita	ition of	gover	nment grants		
c Phone solicitations	g Specia	l fundra	aising	events		
d In-person solicitations  2 a Did the organization have a written of	or aral agreement with any individua	Lfinclu	n pail:	fficers, directors, tru:	stees or	
key employees listed in Form 990, P	art VII) or entity in connection with a	orofess	ional f	undraising services?	Yes	□ No
b If "Yes," list the ten highest paid ind	ividuals or entities (fundraisers) purs	suant to	agre	ements under which	the fundraiser is to	be
compensated at least \$5,000 by the	organization.					
(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) fund have c or cor contrib	Did alser ustody tro! of utlens?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
		-				
		ļ				
						:
•		-				
						•
otal	<b>&gt;</b>					
3 List all states in which the organization	n is registered or licensed to solicit	funds o	r has	been notified it is ex	empt from registration	on or licensing.
		· · · · · -				
			*********			

Schedule G (Form 990 or 990-EZ) 2009

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

	UNIV	/ERSITY	COF	KLOKULT	ON
Schedule G (Form 990 or 990-EZ) 2009	SAN	FRANCIS	3CO	STATE	

P	art !				iv, mie 10, di reported	more many	10,000	•
	1	on Form 990-EZ, line 6a. List events with	(a) Event #1	1an \$5,000. (b) Event #2	(c) Other events			
			(a) Event #1	1 ''	(b) Other events	(d) Tota		
					57	(add col. (	-	ugh
			(event type)	ANNIVERSARY (event type)	(total number)	col.	(c))	
e	ŀ		(event type)	(event type)	(tota, nation)			
Revenue	1	Gross receipts	29,945.	19,248.	80,186.	1.2	9,3	79.
	2	Less: Charitable contributions	29,945.	19,248.	80,186.	12	9,3	<u>79.</u>
	3	Gross income (line 1 minus line 2)						
	4	Cash prizes						
ses	5	Noncash prizes						
Expenses	6	Rent/facility costs						
Direct	7	Food and beverages						
	8	Entertainment			* * * * * *			77
	9	Other direct expenses			29,564.	3	$\frac{3}{2}, \frac{2}{2}$	$\frac{73}{22}$
	10	Direct expense summary. Add lines 4 through		***************************************		3	$\frac{3,4}{3,2}$	73)
,		Net income summary. Combine line 3, colum	n (d), and line 10	OOO Dad N. Eng 10 or re	anastad mara than		3,4	13.
PE	art I		answered "Yes" to Form	1990, Part IV, line 19, or re	sported more man			
	T	\$15,000 on Form 990-EZ, line 6a.		(b) Pull tabs/instant		(d) Total g	amino	fadd
ē			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) thro		
Revenue				- Ingo, programme				
æ		•		a constant and a cons				
	1_	Gross revenue						
es	2	Cash prizes						· 
xpens	3	Noncash prizes						
Direct Expenses	4	Rent/facility costs						
<b>Ы</b>	5	Other direct expenses						
	6	Volunteer labor	Yes% No	Yes% No	Yes % No			
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		<b>&gt;</b>	(		)_
	8	Net gaming income summary. Combine line 1	, column (d), and line 7		<b>.</b>		1	I
						<u> </u>	Yes	No
9	Ent	er the state(s) in which the organization opera	tes gaming activities;					
а	is ti	ne organization licensed to operate gaming ac	tivities in each of these :	states?		9a		
b	lf "i	vo," explain:						
	-			main at ad during the toy w	oor?	10a		
		re any of the organization's gaming licenses re	evoked, suspended or te	rminated during the tax y	earr	104		
b	11 (	Yes," explain:						
11	Dos	es the organization operate gaming activities v	vith nonmembers?			11		
12	ls th	ne organization a grantor, beneficiary or truste	e of a trust or a member					
-		ninister charitable gaming?				12	<u> </u>	<u> </u>

### UNIVERSITY CORPORATION

Schedule G (Form 990 or 990-EZ) 2009 SAN FRANCISCO STATE	94-138		
Ochectico di from oco el oco 117	a .	Y	es No
13 Indicate the percentage of gaming activity operated in:			
a The organization's facility	3a %		
h An outside facility	13b   %	1	
14 Enter the name and address of the person who prepares the organization's gaming/special events books ar	ıd records:		
14 Ello no nan adament o ma para i			
Name			
Pano			
Address >			
Addioss			
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue	ue?	15a	
109 Does the ordanization may a country with a grant 1-m.)			-
b If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and to	he amount		
of gaming revenue retained by the third party > \$			
c If "Yes," enter name and address of the third party:			
C H 165, Girlot hame and address of the time party.			
Name			
Name -			
Address ►			
Varies22			
16 Gaming manager information:			
16 Gaming manager information:			
Name			
Name			
Gaming manager compensation ▶ \$			
Gaming manager compensation			
Description of services provided			
Description of services provided			
Director/officer Employee Independent contractor			
[ ] Director/officer [ ] Employee [ ] mooperation			1
and the second desired the second			
17 Mandatory distributions: a is the organization required under state law to make charitable distributions from the gaming proceeds to			
retain the state gaming license?		17a	
b Enter the amount of distributions required under state law to be distributed to other exempt organizations o	r spent in the		
organization's own exempt activities during the tax year > \$	•		
organization's own exempt activities during the tax year year.	hedule G (Form 990	or 990-	EZ) 200
	· · · · · · · · · · · · · · · · · · ·		•

SCHEDULE 1 (Form 990)			Grants and Governments	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States	to Organizations in the United Stat	رم د د د د د د د د د د د د د د د د د د د		2009 No. 1545-0047	
Department of the Treasury Internal Revenue Service		Comple	Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  ▶ Attach to Form 990.	answered "Yes" on Fo ➤ Attach to Form 990.	on Form 990, Par n 990.	t IV, line 21 or 22.		Open to Public Inspection	
Name of the organization	on UNIVERSITY CORPORAT SAN FRANCISCO STATE	CORPORATION SCO STATE	TION					Employer identification number 94–1384645	ا ق ا
Part I General Inf	General Information on Grants and Assistance	d Assistance				**************************************			{
1 Does the organiza	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or ass	istance, and the select	~~ <u>~</u>	- 4
Describe in Part I	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	sedures for monit	oring the use of grant t	funds in the United	States				9
art II	Grants and Other Assistance to Governments and Organizations in the United States, Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any	overnments and	1 Organizations in the	United States. C	omplete if the orga	nization answered "Y	'es" to Form 990, Part	IV, line 21, for any	
recipient th	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	5,000. Check this	box if no one recipien	it received more th	an \$5.000. Use Pa	rt IV and Schedule I-	l (Form 990) if addition	al space is needed	
1 (a) Name and ad or gov	(a) Name and address of organization     or government	(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	
U3 74	TE UNIVERSITY , ADM 350	r × c c c c c c c c c c c c c c c c c c	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	, , , , , , , , , , , , , , , , , , ,	c			ACTED OF TAXABLE AND ACTED OF	
SAN FRANCISCO, CA	CA 94132	93-113/24/	DOT(C)(3)	1,092,133.	0			STUDENT SCHOLARSHIPS	
2 Enter total numb	Enter total number of section 501(c)(3) and government organizations	nd government o						<b>A</b>	ᆲ
3 Enter total numb	Enter total number of other organizations	\$						<b>A</b>	
LHA For Privacy Ac	For Privacy Act and Paperwork Reduction Act Notice, see the Ins	ction Act Notice	, see the instructions	tructions for Form 990.				Schedule I (Form 990) 2009	5003

Schedule I (Form 990) 2009 SAN FRANCISCO STATE

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

Page 2

94-1384645

(f) Description of non-cash assistance								•	
(e) Method of valuation (book, FMV, appraisal, other)			er additional information.	FROM GRANT					
(d) Amount of non- cash assistance			line 2, and any othe	ED REPORTS					
(c) Amount of cash grant			on required in Part I,	ON RECEIVE	The state of the s				
(b) Number of recipients			ide the informatic	RGANIZATI					
(a) Type of grant or assistance			Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	SCHEDULE I, PART I, LINE 2: THE ORGANIZATION RECEIVED REPORTS	RECIPIENTS ON THE USE OF FUNDS.				

Schedule I (Form 990) 2009

### **SCHEDULE J** (Form 990)

Department of the Treasury

### **Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization ➤ Attach to Form 990. ➤ See separate instructions.

SAN FRANCISCO STATE

UNIVERSITY CORPORATION

Employer identification number 94-1384645

P8	RT   Questions Regarding Compensation		Yes	No
	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,		103	110
1a	Check the appropriate box(es) if the organization provided any of the lollowing to or for a person issue in a constant of the constant information regarding these items			ĺ
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.    First-class or charter travel			
		į		
	The state of the s			
	Tax modulation and gives up payment			
	Discretionary spending account  Personal services (e.g., maid, chauffeur, chef)			
	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
Ð	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,			
2	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
	trustees, and the CEO/Executive Director, regarding the Rems checked in line 141			
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's			
J	CEO/Executive Director. Check all that apply.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations  Approval by the board or compensation committee	ə   <sup> </sup>		
	[ ] Politi 950 of other organizations			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
4	organization or a related organization:			
_	Receive a severance payment or change-of-control payment?	4a		X
a b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
G	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			1
	To to any or area to a process are process and process and process are process are process and process are process are process are process and process are process are process are process and process are process are process and process are process are process and process are process.			ĺ
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			ĺ
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			ĺ
-	contingent on the revenues of:			ĺ
а	The organization?	5a		X
	Any related organization?	1 -1		X
12	If "Yes" to line 5a or 5b, describe in Part III.			ĺ
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			ĺ
U	contingent on the net earnings of:			ĺ
а	The organization?	6a		X
	Any related organization?	1 01. 1		X
,,	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			
•	not described in lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	1		
	initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in	***************************************		l
	Regulations section 53,4958-6(c)?	9		<u></u>
LHA	For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	edule J (Form	990)	2009

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94-1384645

SAN FRANCISCO STATE

Schedule J (Form 990) 2009

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(I)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

		(B) Breakdown of \	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	0	(Q)	(E)	(F)
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	Hetirement and other deferred compensation	Nontaxable benefits	Total of columns (B)(0-(D)	Compensation reported in prior Form 990 or Form 990-EZ
COLUMN TO THE PROPERTY OF THE	€	0.	0	0	0	0	0	0
LEROY MORISHITA	(ii)	206,983.	0	7,200.	9,600.	2,363.	226,146.	0
	(0)	0.	0.	0	١ ١	1	4	0
LARRY WARE	<u>(ii</u>	129,687.	0.	0.	15,000.	418.	145,105.	0
	ε	0	0.	.0		0		0
CHARLOTTE FERRETTI	(ii)	132,110.	0.	.0	14,000.	6,312.	152,422.	0
	Θ	1	0.	0	.0	0.	0	•0
JO VOLKERT	▣	149,600.	0.	0.	0.0	1,017.	150,617.	0
	Θ							
	Ξ							
	Θ							
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Schedule J (Form 990) 2009

# UNIVERSITY CORPORATION SAN FRANCISCO STATE

94-1384645

Page 3

Schedule J (Form 990) 2009

Part III | Supplemental Information

y additional information.	
d 8. Also complete this part for a	
s 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, anc	
escriptions required for Part I, line	
ormation, explanation, or de	
Complete this part to provide the inform	

									in particular to the control of the	Schedule J (Form 990) 2009
	DFFICERS AND DIRECTORS OF UNIVERSITY CORPORATION ARE NOTOMPENSATED THE TABLE IS ALSO									

ILE N	or 990-EZ)
CHEDL	orm 990
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Liquidation, Termination, Dissolution, or Significant Disposition of Assets

2009

Employer identification number

Open to Public Inspection

Department of the Treasury Internal Revenue Service

UNIVERSITY CORPORATION

Name of the organization

► Complete if the organization answered "Yes" to Form 990, Part IV, lines 31 or 32; or Form 990-EZ, line 36. ► Attach certified copies of any articles of dissolution, resolutions, or plans. ► Attach to Form 990 or 990-EZ.

Liquidation, Termination, or Dissolution. Complete this part if the organization answered "Yes" to Form 990, Part IV, line 31, or Form 990-EZ, line 36. Use Schedule N-1 if additional 94-1384645 SAN FRANCISCO STATE Parti

	(g) IRC section of recipient(s) (f tax-exempt) or type of entity				
	(f) Name and address of recipient			*	
	(e) EIN of recipient				
	(d) Method of determining FMV for asset(s) distributed or transaction expenses		A CANADA		
	(c) Fair market value of asset(s) distributed or amount of transaction expenses				
	(b) Date of distribution		- Allendaria de la Carta de la	 and the second s	
space is needed.	(a) Description of asset(s)     distributed or transaction     expenses paid		The state of the s		

he organization:	
of t	
or key employee of the	
trustee,	
director,	
officer,	
Did or will any officer	
Öjg	

a Become a director or trustee of a successor or transferee organization?

Receive, or become entitled to, compensation or other similar payments as a result of the organization's liquidation, termination, or dissolution? Become a direct or indirect owner of a successor or transferee organization?

If the organization answered "Yes" to any of the questions in this line, provide the name of the person involved and explain in Part III.

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

Schedule N (Form 990 or 990-EZ) 2009

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Yes

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# UNIVERSITY CORPORATION

SAN FRANCISCO STATE

94-1384645

Page 2		Yes No		
O.		Yes		
			ო	4a
94-1384645		m 990, Part X, column (B) should equal -0	nent(s)? If "No," describe in Part III	i's exempt status was terminated?
Schedule N (Form 990 or 990-EZ) 2009 SAN FRANCISCO STATE	Part I Liquidation, Termination, or Dissolution (continued)	Note. If the organization distributed all of its assets during the tax year, then Form 990, Part X, column (B) should equal -0.	3 Did the organization distribute its assets in accordance with its governing instrument(s)? If "No," describe in Part III,	4a Did the organization request or receive a letter from the IRS that the organization's exempt status was terminated?

2 . Attach a copy of the letter and, if applicable, the organization's request for the letter. 5a is the organization required to notify the attorney general or other appropriate state official of its intent to dissolve, liquidate, or terminate? b If "Yes," provide the date of the letter. ▶

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Did the organization discharge or pay all liabilities in accordance with state laws? b If "Yes," did the organization provide such notice?

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7a Did the organization have any tax-exempt bonds outstanding during the year? b Did the organization discharge or defease tax-exempt bond liabilities in accordance with the Internal Revenue Code and state laws?

If "Yes," describe in Part III how the organization defeased or otherwise settled these liabilities. If "No," explain in Part III.

Sale, Exchange, Disposition, or Other Transfer of More Than 25% of the Organization's Assets. Complete this part if the organization answered "Yes" to Form 990, Part IV, line 32, or Form 990-EZ, line 36. Use Schedule N-1 if additional space is needed. Part II

רטווו פפט-הל, יווים סט. ספק סט ופסטופ ואין זו מסטוווטיום ואסטכפין א ותפספר		n is induded.				
(a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of recipient	(g) IRC section of recipient(s) (if tax-exempt) or type of entity
INVESTMENT ASSETS	09/30/09	42,734,939.NYSE	NYSE	26-1169717	SAN FRANCISCO STATE UNIVERSITY 1600 HOLLOWAY AVENUE, ADM 151 SAN FRANCISCO, CA 94132	501(0)(3)
					,	

Did or will any officer, director, trustee, or key employee of the organization: Q

Become a director or trustee of a successor or transferee organization? ø

Become an employee of, or independent contractor for, a successor or transferee organization? Ω

Become a direct or indirect owner of a successor or transferee organization? O

If the organization answered "Yes" to any of the questions in this line, provide the name of the person involved and explain in Part III. ø

Receive, or become entitled to, compensation or other similar payments as a result of the organization's significant disposition of assets?

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Schedule N (Form 990 or Form 990-EZ) 2009

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Yes

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### UNIVERSITY CORPORATION

Schedule N (Form 990 or 990-EZ) 2009 SAN FRANCISCO STATE	94-1384645 Page 3
Part III   Supplemental Information. Complete to provide the information required by Part I, lines 2	e, 7c; Part II, line 2e;
and any additional information.	
TO ON THROW MORTGUITMA TO BUE CHATDMAN OF IM	TVERSTTY
PART II, LINE 2E: LEROY MORISHITA IS THE CHAIRMAN OF UN	I V LIND I I I
THE THREE THREE THREE THREE THREE TIME	MATTARITATIVE FORMATION .
CORPORATION AND IS A DIRECTOR AT SAN FRANCISCO STATE UN	TARKETTI LOOMDATIOM:
	* PERMANAN AM CAN
PHILIP KING IS A DIRECTOR AT UNIVERSITY CORPORATION AND	A DIRECTOR AT SAN
	~~~~ ~~~~~~
FRANCISCO STATE UNIVERSITY FOUNDATION. THERE IS NO EXPE	GLED REWELTT.

### **SCHEDULE 0**

Supplemental Information to Form 990

(Form 990) Department of the Treasury Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

OMB No. 1545-0047 Open to Public Inspection

Internal Revenue Service	UNIVERSITY CORPORATION	Employer identification number
Name of the organization	SAN FRANCISCO STATE	94-1384645
FORM 990, PART	III, LINE 1, DESCRIPTION OF ORGANIZAT	rion mission:
	WITH STATE, LOCAL AND PRIVATE AGENCIE	es and
ORGANIZATIONS.		
FORM 990, PART	VI, SECTION B, LINE 11: THE ORGANIZAT	rion's ACCOUNTING FIRM
	FORM 990 TO THE CFO. THE CFO FORWARDEL	
	FOR THEIR REVIEW PRIOR TO FILING THE I	
WERE ENCOURAGE	D TO REVIEW THE FORM 990 AND TO FORWAL	RD THEIR QUESTIONS TO
THE CFO. EITHE	R THE CFO OR THE ACCOUNTING FIRM ADDRI	ESSED THE QUESTIONS FROM
THE BOARD.		
FORM 990, PART		
MANAGER AND ME	MBER OF A COMMITTEE WITH BOARD-DELEGA	TED POWERS ANNUALLY SIGN
A STATEMENT TH	AT AFFIRMS SUCH PERSON(S) HAS RECEIVE	D A COPY OF THE CONFLICT
	LICY; HAS READ AND UNDERSTANDS THAT P	
	AT POLICY; AND UNDERSTANDS THAT THE C	
CHARITABLE ORG		
	UST ENGAGE PRIMARILY IN ACTIVITIES WH	ICH ACCOMPLISH ONE OR
	X-EXEMPT PURPOSES.	
	VI, SECTION B, LINE 15: THE REVIEW P	PROCESS COMPLIES WITH
THE UNIVERSITY	CORPORATION, SAN FRANCISCO STATE COM	
FORM 990. PART	VI, SECTION C, LINE 18: THE UNIVERSI	TY CORPORATION, SF
	S GOVERNING DOCUMENTS, CONFLICT OF IN	
	PEMETNS AVAILABLE TO THE PUBLIC BY P	BLISHING IT ON ITS
L TINVINCTUTI DIVI	ISPIESTIVE TIVE A LANGE AND THE Instructions for Form 990.	Schedule O (Form 990) 2009

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

932211 02-03-10

### **SCHEDULE O**

### Supplemental Information to Form 990

(Form 990)

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

▶ Attach to Form 990.

2009
Open to Public Inspection

Department of the Treasury Internal Revenue Service	➤ Attach to Form 990.	Inspection
Name of the organization	UNIVERSITY CORPORATION SAN FRANCISCO STATE	Employer identification number 94-1384645
	DAM EVANCIBOO DIAIS	
WEBSITE.		
FORM 990, PAR	T VI, SECTION C, LINE 19: THE ORGANIZATION M	AKES IT'S
	ILABLE TO THE PUBLIC THROUGH IT'S WEBSITE.	
DOCUMENTS AVA	THABLE TO THE FUBLIC THROUGH IT 5 WIDDLEST	
FORM 990, PAR	T XI, LINE 2C	
THE ROLE OF T	HE AUDIT COMMITTEE	
	PROCESS OF THE AUDIT COMMITTEE HAS NOT CHANG	ED FROM THE
	THOUSE OF THE PROPERTY OF THE	
PRIOR YEAR.		
	·	

OMB No. 1545-0047 2009 Open to Public Inspection Employer identification number 94-1384645		(f) Direct controlling entity			slated tax-exempt	(f) Direct controlling entity			Schedule R (Form 990) 2009
Employ 94		(e) End-of-year assets			se it had one or more re	(e) Public charity status (if section 501(c)(3))	LINE 2	LINE 5	
34, 35, 36, or 37.		(d) Total income			art IV, line 34 becaus	(d) Exempt Code section	501(C)(3)	501(C)(3)	
i Unrelated Partnerships to Form 990, Part IV, line 33, 3 ➤ See separate instructions.	orm 990, Part IV, line 33.)	(c) Legal domicile (state or foreign country)			the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt	(c) Legal domicile (state or foreign country)	CALIFORNIA	CALIFORNIA	900
Related Organizations and rganization answered "Yes" ! Attach to Form 990.	ATE conanization answered "Yes" to Fe	(b) Primary activity			ons (Complete if the organization ans	(b) Primary activity		UNIVERSITY SUPPORT SAN FRANCISCO STATE UNIVERSITY	
TNTVERST	SAN FRANCIS	cation of Disregarded Entitles (Colliphere in a (a)  Name, address, and EIN of disregarded entity			- Transcart	Identification of Related Lax-Exempt or gammary of the tax year.)  (a)  Name, address, and EIN  of related organization	- 93-1137247	94132 TE UNIVERSITY FOUNDATION - HOLLOWAY AVE, SAN 132	
SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service	Name of the organization	Part I Identification				Part II organization	SAN FRANCISCO STATE UNIVERSITY 1650 HOLLOWAY AVE	SAN FRANCISCO C SAN FRANCISCO SI 29-1169717 1600 FRANCISCO, CA	

UNIVERSITY CORPORATION

SAN FRANCISCO STATE Schedule R (Form 990) 2009

94-1384645 Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) Part III

Page 2

(a)	(9)	છ	<u>G</u>	(e)		<b>(£)</b>	(b)	<u>E</u>	€	(0)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)		total ne	of /ear :s	rtion-	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	PE B
						THE PROPERTY OF THE PROPERTY O				
Part IV Identification of Related Orgonizations treated as a con	Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)	poration or x year.)	Trust (Complete if t	the organizatio	in answered "Yes	" to Form 990, Pa	rt IV, line 34	because it !	ad one or more	related
(a) Name, address, and EIN of related organization	Z. c	ď	(b) Primary activity	(C) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp., S corp., or trust)	(f) Share of total income		(g) Share of Pe end-of-year o assets	(h) Percentage ownership
			A control of the state of the s		11 131 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31	777				
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Schedule R (Form 990) 2009

# UNIVERSITY CORPORATION SAN FRANCISCO STATE

Schedule R (Form 990) 2009

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.)

94-1384645

Note. Complete line 1 if any entity is listed in Parts II. III. or IV of this schedule			_ Ł_
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?		Yes	o Z
Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a contr	ta t		×
b Gift, grant, or capital contribution to other organization(s)	4		×
c Gift, grant, or capital contribution from other organization(s)	+		×
d Loans or loan guarantees to or for other organization(s)	2 3		\$ >
e Toans or loan distantees by other constitution(s)	2		4
	4		×
		_	
1 Sale of assets to other organization(s)	#		×
	5		×
	=		×
i Lease of facilities, equipment, or other assets to other organization(s)	¥	×	
Lease of facilities, equipment, or other assets from other organization(s	1,		M
	*		×
i Performance of services or membership or fundraising solicitations by other organization(s)	7-		M
	E		M
n sharing or paid employees	-t	×	
Spirati recompative de Athan Americanian for an analysis of			
	10		
p Heimbursement paid by other organization for expenses	dt 1	M	
		-	
q Other transfer of cash or property to other organization(s)	10	×	
Other transfer of cash or property from other organization(s)	I	┞	M
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	S.		
(b) Name of other organization(s) Transaction type (a-r)	(c) Amount involved	c) involve	D.
(1)			
(2)			
(3)			
(4)			
(5)	1		
(9)			
932153 02-04-10 <u>4.4</u>	Schedule R (Form 990) 2009	066 m.	2009

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# UNIVERSITY CORPORATION SAN FRANCISCO STATE

Schedule R (Form 990) 2009

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

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.

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(a)	(q)		(g	(a)	£	(E)	(h)
Name, address, and EiN of entity	Primary activity	sile ign	Are all partners section 501(c)(3) organizations?	Share of end-of- year assets	- 201- 113?	Code V-UBI amount in box 20 of Schedule K-1	អ <u>្ន</u> មួញ
THE PARTY OF THE P		country)	Yes No			(Form 1065)	-
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The state of the s				-			-

Schedule R (Form 990) 2009