## **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Inspection

AF	or tn	e 201	7 calendar year, or tax year beginning $0.7/01$ , 2017, and end	aing		06/30	), <b>20</b> 18			
<b>B</b> cr	eck if ap	oplicable:	C Name of organization THE UNIVERSITY CORPORATION, SAN FRANCISCO STATE		D Employer ide	entification	n number			
	Addre		Doing Business As		94-1384	645				
	1 1	change	Number and street (or P.O. box if mail is not delivered to street address) Room/suit	е	E Telephone nu	ımber				
	Initial	return	1600 HOLLOWAY AVE ADMIN BLDG RM 361		(415) 338-7123					
	Termi	nated	City or town, state or province, country, and ZIP or foreign postal code							
	Amen		SAN FRANCISCO, CA 94132		G Gross receipt	s \$	25,588	,543.		
	return Applic pendii	cation	F Name and address of principal officer: JASON PORTH		H(a) Is this a grou		Yes	X No		
	_ pendii	rig	1600 HOLLOWAY AVE ADMIN 361 SAN FRANCISCO, CA 941	32	subordinates' <b>H(b)</b> Are all subordi		Yes	No		
ī ·	Tax-ex	empt st	tatus: X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or	527	If "No," attac					
J	Websi	te: ►	HTTP://UCORP.SFSU.EDU		H(c) Group exemp	tion number	•			
				r of format	ion: 1946 <b>M</b>			CA		
	rt I	<u> </u>	mmary		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		9			
			y describe the organization's mission or most significant activities: UNIVERSITY (	CORPOR	ATION SER	VES				
ø	-		AN AUXILIARY ORGANIZATION OF SAN FRANCISCO STATE UNI							
auc										
ern	2	Check	k this box if the organization discontinued its operations or disposed of more	 than 25%	of its net assets	 :				
Governance			per of voting members of the governing body (Part VI, line 1a)			3		17.		
			per of independent voting members of the governing body (Part VI, line 1b)			4		5.		
ies			number of individuals employed in calendar year 2017 (Part V, line 1a)			5		232.		
Activities &						6		69		
Act			number of volunteers (estimate if necessary) unrelated business revenue from Part VIII, column (C), line 12			7a		0		
			nrelated business taxable income from Form 990-T, line 34			7b	1	,670		
		ivet u	in clated business taxable income from Form 550-1, line 54		Prior Year	7.5	Current Ye			
	8	Contr	ibutions and grants (Part VIII, line 1h)	_ —	11,645,61	7.	6,854			
an l	9	Drogr	copy FOR		6,120,42		6,149			
Revenue	10	Invoc	am service revenue (Part VIII, line 2g)  tment income (Part VIII, column (A) lines 3, 4, and 7d)  PUBLIC INSPECTIO	N -	1,683,31			,797		
Re	10	IIIVESI	timent income (rant viii, column (A), lines 3, 4, and 7d)	<b>┙</b> ┝──	780,89		1,256			
			revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		20,230,24		14,879			
			revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,240,40		3,105			
			s and similar amounts paid (Part IX, column (A), lines 1-3)		2,240,40	0.	3,103	,001		
			fits paid to or for members (Part IX, column (A), line 4)		3,484,47		3,881	454		
Expenses			ies, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.		3,001	0		
Sen l	тоа	Prores	ssional fundraising fees (Part IX, column (A), line 11e)	-	0.					
Ä			fundraising expenses (Part IX, column (D), line 25) ▶0.		8,695,04	0	8,956	9.40		
			expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		14,419,92		15,943			
			expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		5,810,31		-1,064			
۳ω	19	Rever	nue less expenses. Subtract line 18 from line 12				End of Yea			
ts o			(7) (1) (1)	Begin	ning of Current Y 34,949,15		35,576			
Net Assets or Fund Balances			assets (Part X, line 16)	•	3,065,62		33,370			
nd A			liabilities (Part X, line 26)	•	31,883,53		31,751			
			ssets or fund balances. Subtract line 21 from line 20	.	31,003,33	۷.	31,731	,431		
Pa			gnature Block					11-6 16 1-		
true	er per , corre	ect, and	of perjury, I declare that I have examined this return, including accompanying schedules and sta complete. Declaration of preparer (other than officer) is based on all information of which preparer	itements, a has any kr	and to the best of nowledge.	my knowi	leage and be	eller, it is		
Sig	n		Signature of officer		Date					
Her			Signature of officer		Date					
	_		Tone or spirit name and title							
			Type or print name and title			DTIN				
Paid			/Type preparer's name Preparer's signature Date	13/19	Check	if PTIN	2504122			
Prep		DAN	ROPE INC	T 7 / T 2	Toon omploy		0504182			
•	Only		s name F GRANT THORNTON LLP		,	36-605				
			s address > 101 CALIFORNIA STREET, SUITE 2700 SAN FRANCISCO, CA 94111		Phone no.		36-3900			
<u> </u>			scuss this return with the preparer shown above? (see instructions)			[ ]	Yes	No		
For	Paper	rwork	Reduction Act Notice, see the separate instructions.				Form <b>990</b>	(2017)		

Form **8868** 

(Rev. January 2017)

Department of the Treasury Internal Revenue Service

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

► File a separate application for each return.
► Information about Form 8868 and its instructions is at www.irs.gov/form8868.

OMB No. 1545-1709

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

9	,		,						
Automatic	6-Month Extension of Time. Only subm	it original	(no copies needed).						
All corporati	ons required to file an income tax return other	er than Fori	m 990-T (including 1120	O-C filers), partnerships,	RE	MICs,	and trusts		
nust use Fo	orm 7004 to request an extension of time to t	file income	tax returns.						
	T.			Enter filer's identifyin	ıg nu	mber, s	ee instructions		
Typo or	Name of exempt organization or other filer, see in			Employer identification nu	ımbe	r (EIN)	or		
Type or	THE UNIVERSITY CORPORATION, S	AN FRANC	CISCO						
orint	STATE			94-138464	34645				
ile by the lue date for	Number, street, and room or suite no. If a P.O. bo	ox, see instru	ctions.	Social security number (S	SN)				
ling your	1600 HOLLOWAY AVE, ADMIN BLDG	ROOM 36	51						
eturn. See nstructions.	City, town or post office, state, and ZIP code. For	r a foreign ad	dress, see instructions.						
istructions.	SAN FRANCISCO, CA 94132								
ntar tha Re	eturn Code for the return that this application	is for (file	a sanarata annlication fo	r each return)			0 1		
-inter the ixt	eturn Gode for the return that this application	is ioi (ille	a separate application to	reach return)					
Application		Return	Application				Return		
s For		Code	Is For				Code		
orm 990 o	r Form 990-EZ	01	Form 990-T (corporation	on)			07		
orm 990-B		02	Form 1041-A	- /			08		
	(individual)	03	Form 4720 (other than	n individual)			09		
orm 990-P	· · · · · · · · · · · · · · · · · · ·	04	Form 5227	,			10		
	(sec. 401(a) or 408(a) trust)	05	Form 6069	11					
	(trust other than above)	06	Form 8870				12		
01111 000 1	TAMMIE RIDGELL	00	1 01111 0070						
The book	as are in the care of ► 1600 HOLLOWAY A	VENIIE :	ADM 361 SAN FRANC	TTSCO CZ 94132					
THE BOOK		VEROE, 2							
Tolophon	e No. ▶ _ 415_338-1706		Eav No.						
	anization does not have an office or place of	 huoinaga ir	Fax No. ►	L this hav			_		
							hio io		
	or a Group Return, enter the organization's fo								
	e group, check this box			nis box ▶ [		and at	tach		
	e names and EINs of all members the extens			0					
	est an automatic 6-month extension of time u			$\frac{9}{2}$ , to file the exempt	org	anızat	ion return		
for the	organization named above. The extension is	for the org	anization's return for:						
<b>&gt;</b>	calendar year 20 or								
$\triangleright [X]$	tax year beginning 07/0	)1, 20_1	$\frac{7}{2}$ _, and ending	06/30_,	20_	18			
	ax year entered in line 1 is for less than 12 m	nonths, ched	ck reason: Initial re	turn Final returi	n				
	Change in accounting period								
3a If this	application is for Forms 990-BL, 990-PF, 9	90-T, 4720	), or 6069, enter the t	entative tax, less any					
nonref	undable credits. See instructions.				3a	\$	0.		
<b>b</b> If this	application is for Forms 990-PF, 990-T	, 4720, o	r 6069, enter any re	fundable credits and					
estima	ted tax payments made. Include any prior yea	ar overpayn	nent allowed as a credit.		3b	\$	0.		
c Balanc	ce due. Subtract line 3b from line 3a. Include	your paym	ent with this form, if red	uired, by using EFTPS					
(Electr	onic Federal Tax Payment System). See instru	ictions.			3с	\$	0.		
aution. If yo	u are going to make an electronic funds withdrawa	al (direct deb	it) with this Form 8868, se	e Form 8453-EO and Form	า 88	79-EO 1	or payment		
nstructions.									
or Privacy A	Act and Paperwork Reduction Act Notice, see inst	ructions.			Forn	8868	Rev. 1-2017)		

Page 2 Form 990 (2017)

P	art III	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	X
1	•	lescribe the organization's mission:	
		JRPOSE OF THE UNIVERSITY CORPORATION IS TO PROMOTE, ASSIST, AND	
		CE THE EDUCATIONAL MISSION OF SAN FRANCISCO STATE UNIVERSITY  H EDUCATIONAL PROJECTS, UNIVERSITY RESEARCH AND DEVELOPMENT	
		CTS, AND COMMUNITY OUTREACH.	
2		organization undertake any significant program services during the year which were not listed on the	
	prior Fo	rm 990 or 990-EZ?	Yes X N
3	services'	organization cease conducting, or make significant changes in how it conducts, any program?	Yes X N
4	Describe expense	describe these changes on Schedule O.  e the organization's program service accomplishments for each of its three largest program service  es. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and a  l expenses, and revenue, if any, for each program service reported.	
4a		) (Expenses \$ 713,989. including grants of \$ 584,185. ) (Revenue \$ JARDIAN SCHOLARS PROGRAM PROVIDES TUITION, HOUSING, LIVING	726,026.
		SES, AND COUNSELING SERVICES TO FORMER FOSTER YOUTH ENROLLED  N FRANCISCO STATE UNIVERSITY.	
	AI DAI	TRANCIDEO DIATE UNIVERDITI.	
	THE GU	JARDIAN SCHOLARS PROGRAM PROVIDES TUITION, HOUSING, LIVING	
		SES, AND COUNSELING SERVICES TO FORMER FOSTER YOUTH ENROLLED	
	AT SAN	N FRANCISCO STATE UNIVERSITY.	
_	<b>'</b> 0 .		
4b	(Code:	) (Expenses \$ 580,976. including grants of \$ 0. ) (Revenue \$ COMMENCEMENT - TO PROVIDE FUNDING FOR THE PLANNING AND	650,105.
		ISTRATION OF THE UNIVERSITY'S ANNUAL COMMENCEMENT, HELD AT	
		PARK. COMMENCEMENT IS HELD FOR APPROXIMATELY 7,000 GRADUATES	
	AND TH	HEIR FAMILIES.	
4c	(Code: _	) (Expenses \$573,832. including grants of \$0. ) (Revenue \$9 OF ADVANCEMENT FUND PROVIDES FINANCIAL SUPPORT FOR A	557,100.
		ARRAY OF CAMPUS NEEDS. THIS PAST YEAR, THE VP OF	
		CEMENT FUND PROVIDED \$500,000 IN FUNDING FOR THE REMODEL OF	
	THE ET	INE ARTS GALLERY AT SAN FRANCISCO STATE UNIVERSITY.	
4d	Other pr	rogram services (Describe in Schedule O.) ATTACHMENT 1	
	(Expens	, , ,	
4e		ogram service expenses ► 11,121,729.	- 000
	020 1.000	9LB 700W	Form <b>990</b> (201
	4/1:		

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Part	Checklist of Required Schedules			
			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	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V.	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"		3.7	
	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more		3.7	
	, , , , , , , , , , , , , , , , , , , ,	11b	Х	
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			3.5
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			v
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Λ	
T	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			Х
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Λ
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-	Х	
	Schedule D, Parts XI and XII	12a	- 1	
D	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12h	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13	21	Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	174		
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	140		
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			•
. •	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
. •	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
-	If "Yes," complete Schedule G, Part III	19		Х

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Part	Checklist of Required Schedules (continued)			
			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, 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 Schedule J	23	Х	
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			3.7
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25-		Х
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
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?	25b		Х
26	If "Yes," complete Schedule L, Part I	230		
26	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	20		
21	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i>	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L. Part IV.	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV.			X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34	X	37
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			Х
0.7	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Λ
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	37		Х
20	Part VI	31		
38	19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	Х	

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Part V Statements Regarding Other IRS Filings and Tax Compliance Yes Nο 264 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . . . . . 1a 0. **b** Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. . . . . . . . . <u>1b</u> c Did the organization comply with backup withholding rules for reportable payments to vendors and X 1c reportable gaming (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. . 2a Χ 2b b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b **b** If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial X 4a **b** If "Yes," enter the name of the foreign country: ▶ \_ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts Χ **5a** Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?...... Χ b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the Χ 6a organization solicit any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or 6b Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods Χ 7a Х **b** If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . . . . . . . . . c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was Χ 7с X e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Χ 7f f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . 7g g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.. Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 Sponsoring organizations maintaining donor advised funds. 9a b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?...... Section 501(c)(7) organizations. Enter: 10 10a a Initiation fees and capital contributions included on Part VIII, line 12 . . . . . . . . . . . . . b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. . . . . 10b Section 501(c)(12) organizations. Enter: b Gross income from other sources (Do not net amounts due or paid to other sources 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? Section 501(c)(29) qualified nonprofit health insurance issuers. 13a a Is the organization licensed to issue qualified health plans in more than one state?........ Note. See the instructions for additional information the organization must report on Schedule O. **b** Enter the amount of reserves the organization is required to maintain by the states in which 

JSA 7E1040 1.000

Х

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

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

sect	ion A. Governing Body and Management				
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	<b>1a</b> 17			
	If there are material differences in voting rights among members of the governing body, or				
	if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	<b>1b</b> 5			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship.	ationship with			
2	any other officer, director, trustee, or key employee?		2		Х
•	Did the organization delegate control over management duties customarily performed by or un				
3			3		Х
	supervision of officers, directors, or trustees, or key employees to a management company or othe	-	4		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was fill				X
5	Did the organization become aware during the year of a significant diversion of the organization's a		5		X
6	Did the organization have members or stockholders?		6		
7a	Did the organization have members, stockholders, or other persons who had the power to ele		_	3.7	
	one or more members of the governing body?		7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval I	y) members,			
	stockholders, or persons other than the governing body?		7b	X	
8	Did the organization contemporaneously document the meetings held or written actions under	rtaken 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	Χ	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot				
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		X
Secti	on B. Policies (This Section B requests information about policies not required by the Inte	rnal Revenue	Code	.)	
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of s				
D	affiliates, and branches to ensure their operations are consistent with the organization's exempt pu	· · · · · · · · · · · · · · · · · · ·	10b		
112	Has the organization provided a complete copy of this Form 990 to all members of its governing body before fil	-	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	ing the forms.			
			12a	Х	
	Did the organization have a written conflict of interest policy? If "No," go to line 13		124		
D	Were officers, directors, or trustees, and key employees required to disclose annually interests the second state of the second	_	12b	Х	
	rise to conflicts?		120		
С	Did the organization regularly and consistently monitor and enforce compliance with the po	•	120	Х	
	describe in Schedule O how this was done		12c	X	
13	Did the organization have a written whistleblower policy?		13	X	
14	Did the organization have a written document retention and destruction policy?		14	Λ	
15	Did the process for determining compensation of the following persons include a review an	d approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation	and decision?			
а	The organization's CEO, Executive Director, or top management official		15a		X
b	Other officers or key employees of the organization		15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar	arrangement			
	with a taxable entity during the year?		16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization t	o evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to				
	organization's exempt status with respect to such arrangements?		16b		
Secti	on C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed ▶ CA,				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and	990-T (Section	501(c	:)(3)s	only)
-	available for public inspection. Indicate how you made these available. Check all that apply.	, , , , , , , , , , , , , , , , , , , ,	(0	, ( - , -	)
	X Own website Another's website X Upon request Other (explain in Sch	edule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing document	s, conflict of inte	erest i	oolicy	, and
	financial statements available to the public during the tax year.	-, 50or or into		- JJ	,
20		ooks and record	s· 🕨		
-0	State the name, address, and telephone number of the person who possesses the organization's b TAMMIE RIDGELL 1600 HOLLOWAY AVENUE, ADM 361 SAN FRANCISCO, CA 94132 415-338-1706	oons and record	J. 📂		

## 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.
- 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, if any. 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.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per	age (do not check more than one per box, unless person is both an					an	(D) Reportable compensation	(E)  Reportable compensation from	<b>(F)</b> Estimated amount of other
	week (list any hours for related organizations below dotted line)	Individua or direct	Institutional trustee	Officer		Highest compensated employee	<del>–</del>	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1)TREVOR GETZ	1.00									
CHAIR	40.00	Х		Х				0.	147,750.	64,278.
(2)ALISON SANDERS	1.00									
VICE CHAIR	40.00	Х		Х				0.	165,656.	54,358.
(3)JASON PORTH	20.00									
EXECUTIVE DIRECTOR	20.00	Х		Х				0.	169,970.	77,562.
(4)BRIAN BEATTY	1.00									
DIRECTOR	40.00	Х						0.	170,851.	69,011.
(5)GENE CHELBERG	1.00									
DIRECTOR	40.00	Х						0.	136,681.	55,370.
(6)NEIL COHEN	1.00									
DIRECTOR	0.	Х						0.	11,255.	0.
(7)KATHY O'DONNELL	1.00									
DIRECTOR	40.00	Х						0.	136,049.	39,922.
(8)HRAG KALEBJIAN	1.00									
DIRECTOR	0.	X						0.	0.	0.
(9) JAY ORENDORFF	1.00									
VP/CFO'S DESIGNEE	40.00	X		Х				0.	154,283.	50,449.
(10)KAL SALAMA	1.00									
DIRECTOR	0.	X						0.	0.	0.
(11)ROB STRONG	1.00									
DIRECTOR	40.00	X						0.	11,267.	0.
(12)BONNIE LI VICTORINO	1.00									
SECRETARY OF THE BOARD	40.00	X		Х				0.	84,326.	33,277.
(13)ANOSHUA CHAUDHURI	1.00									
FACULTY REPRESENTATIVE	0.	Х						0.	123,273.	57,063.
(14)MAUREEN CAREW	1.00									
STUDENT REPRESENTATIVE	0.	X						0.	0.	0.
										Form <b>990</b> (2017)

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	(A)	<b>(-)</b>											
	(A) Name and title	(B) Average hours per week (list any hours for	ge Position Reportable compensation officer and a director/trustee Reportable the compensation officer and a director/trustee the						(E) Reportable compensation from related organizations	am	(F) stimated nount of other pensation		
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	org: and	om the anization d related anization	ł
15)	MONICA DILULLO	1.00											_
1 ( )	STUDENT REPRESENTATIVE	0.	X						0.	0.			0
	AUGGIE MELENDEZ STUDENT REPRESENTATIVE	$\frac{1.00}{0.}$	X						0.	0.			0
17)	NANCY GERBER	1.00	Λ						0.	0.			
	DIRECTOR	0.	Х						0.	118,146.		29,3	35.
1b	Sub-total							$\blacktriangleright$	0.	1,311,361.		01,2	
	Total from continuation sheets to Part VII, Se							<b>&gt;</b>	0.	118,146.		29,3	
	Total (add lines 1b and 1c)							<u> </u>	0.	1,429,507.	5	30,6	25.
2	Total number of individuals (including but not I reportable compensation from the organization		nose 0.		d al	DOV	e) who	o re	eceived more than	\$100,000 of			
												Yes	No
3	Did the organization list any former office employee on line 1a? If "Yes," complete Schedu										3		Х
4	For any individual listed on line 1a, is the sorganization and related organizations greated individual	eater than	\$15	0,0	00?	' If	"Yes	5,"			4	Х	
5	Did any person listed on line 1a receive or for services rendered to the organization? If "Ye	accrue co	mpen	sati	on f	fron	n any	un			5		Х
Se	ction B. Independent Contractors												
1	Complete this table for your five highest comcompensation from the organization. Report covear.												

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 0.

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### Part VIII Statement of Revenue

		Check if Schedule O contains	a respo	nse or note to ar	ny line in this Part VI	II		
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
t s	1a	Federated campaigns	_ 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues		73,309.				
S, G	C	Fundraising events		111,492.				
iar Iar	d	Related organizations		2,938,767.				
ns,	е	Government grants (contributions)		840,640.				
e gi	f	All other contributions, gifts, grants,						
를 돌		and similar amounts not included above	. 1f	2,890,400.				
ng	g	Noncash contributions included in lines	a-1f: \$	39,161.				
	h	Total. Add lines 1a-1f		<u> </u>	6,854,608.			
n e				Business Code				
eve	2a	PROJECT REVENUE		611710	2,839,561.	2,839,561.		
ě	b	FACILITIES RENTAL		611710	2,052,876.	2,052,876.		
Program Service Revenue	С	COMMISIONS EARNED		611710	766,900.	766,900.		
Se	d	REGISTRATION FEES		611710	489,945.	489,945.		
ran	е							
o g	f	All other program service revenue						
	g	Total. Add lines 2a-2f			6,149,282.			
	3	Investment income (including			655 151			655 151
		and other similar amounts)			655,151.			655,151.
	4   5	Income from investment of tax-exe Royalties		•	0.			
			) Real	(ii) Personal	0.			
				.,				
	6a	Gross rents						
	b	Less: rental expenses  Rental income or (loss)						
	d	` ,			0.			
	7a		ecurities	(ii) Other				
		assets other than inventory 9	611,178.					
	b	Less: cost or other basis						
	_		647,532.					
	С	Gain or (loss)	-36,354.					
	d	Net gain or (loss)			-36,354.			-36,354.
a	8a	Gross income from fundraising						
Other Revenue		events (not including \$111,4	92.					
Še		of contributions reported on line 1c)						
ē		See Part IV, line 18	a	94,371.				
₹	b	Less: direct expenses	b	181,450.				
	С	Net income or (loss) from fundraisi	ng events	. <u></u>	-87,079.			-87,079.
	9a	Gross income from gaming activit						
		See Part IV, line 19						
	b	Less: direct expenses						
	C	Net income or (loss) from gaming		<del>-</del>	0.			
	10a	Gross sales of inventory,		1,780,933.				
		returns and allowances		000 101				
	b	Less: cost of goods sold  Net income or (loss) from sales of ir	ventory		900,752.	900,752.		
		Miscellaneous Revenue	·- J∎	Business Code	,	,		
	11a	OTHER OPERATING REVENUE		611710	443,020.	443,020.		
	b							
	C							
	d	All other revenue						
	e	Total. Add lines 11a-11d		<del> </del>	443,020.			
	12	Total revenue. See instructions			14,879,380.	7,493,054.		531,718.

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## Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a resp	onse or note to any line	e in this Part IX		
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	3,105,661.	3,105,661.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0.			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	0.			
4	Benefits paid to or for members	0.			
5	Compensation of current officers, directors, trustees, and key employees	0.			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7	Other salaries and wages	3,452,314.	3,386,883.	65,431.	
	Pension plan accruals and contributions (include				
•	section 401(k) and 403(b) employer contributions)	0.			
9		429,140.	371,750.	57,390.	
10	Payroll taxes	0.			
11	Fees for services (non-employees):				
а	Management	0.			
	Legal	63,291.		63,291.	
	Accounting	82,316.		82,316.	
d	Lobbying	0.			
	Professional fundraising services. See Part IV, line 17.	0.			
f	Investment management fees	0.			
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	335,367.	275,825.	59,542.	
12	Advertising and promotion	4,220.	4,220.		
13	Office expenses	865,524.	751,757.	113,767.	
14	Information technology	0.			
15	Royalties	0.	1 105 020	207 507	
	Occupancy	1,312,619.	1,105,032.	207,587.	
17	Travel	207,201.	194,135.	13,066.	
18	Payments of travel or entertainment expenses	0.			
	for any federal, state, or local public officials	25,797.	18,817.	6,980.	
	Conferences, conventions, and meetings	2,801.	2,801.	0,900.	
	Interest	2,801.	2,001.		
	Payments to affiliates	236,832.		236,832.	
	Depreciation, depletion, and amortization	34,587.	9,961.	24,626.	
	Other expenses. Itemize expenses not covered	3 = , 3 3	2,72221		
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	CONTRACTUAL SERVICES	3,826,312.	168,538.	3,657,774.	
b	HOSPITALITY	591,084.	585,894.	5,190.	
c	STIPENDS	282,729.	282,729.		
d	COST RECOVERY- EXPENSES	193,105.		193,105.	
е	All other expenses	893,055.	857,726.	35,329.	
	Total functional expenses. Add lines 1 through 24e	15,943,955.	11,121,729.	4,822,226.	
	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)	0.			

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## Part X Balance Sheet

	Check if Schedule O contains a response or note to any line in this Part X										
		·			(A) Beginning of year		(B) End of year				
	1	Cash - non-interest-bearing			661,098.	1	298,568.				
	2	Savings and temporary cash investments			268,068.	2	220,670.				
	3	Pledges and grants receivable, net			2,585,181.	3	1,557,010.				
	4	Accounts receivable, net			526,884.	4	1,097,455.				
	5	Loans and other receivables from current and t	forme	r officers, directors,							
		trustees, key employees, and highest co									
	_	Complete Part II of Schedule L Loans and other receivables from other disqualified personal support of the complete personal support	,		0.	5	0.				
	6	Loans and other receivables from other disqualified personal 4958(f)(1)), persons described in section 4958(c)(3)(B),									
		and sponsoring organizations of section $501(c)(9)$ volu			0						
Ś		organizations (see instructions). Complete Part II of Sche			0.	6	0.				
Assets	7	Notes and loans receivable, net			0.	7	0.				
Ą	8	Inventories for sale or use			0.	8	0.				
	9	Prepaid expenses and deferred charges			49,080.	9	36,250.				
	10 a	Land, buildings, and equipment: cost or	40.	4,204,915.							
	h		10a		1,124,590.	40-	1,149,000.				
		Less: accumulated depreciation			21,252,229.	10c 11	22,592,572.				
	11 12	Investments - publicly traded securities Investments - other securities. See Part IV, line 11			8,482,028.	12	8,624,868.				
	13	Investments - other securities. See Part IV, line 11 Investments - program-related. See Part IV, line 11			0,102,020.	13	0.				
	14	Intangible assets		0.	14	0.					
	15	Other assets. See Part IV, line 11		0.	15	0.					
	16	Total assets. Add lines 1 through 15 (must equal			34,949,158.	16	35,576,393.				
	17	Accounts payable and accrued expenses			1,178,553.	17	1,094,566.				
	18	Grants payable	0.	18	0.						
	19	Deferred revenue	27,563.	19	145,403.						
	20	Tax-exempt bond liabilities			0.	20	0.				
	21	Escrow or custodial account liability. Complete Pa	art IV o	of Schedule D	0.	21	0.				
es	22	Loans and other payables to current and for	rmer	officers, directors,							
Liabilities		trustees, key employees, highest compen-									
jabi		disqualified persons. Complete Part II of Schedule			0.	22	0.				
_	23	Secured mortgages and notes payable to unrelate			0.	23	0.				
	24	Unsecured notes and loans payable to unrelated to			0.	24	0.				
	25	Other liabilities (including federal income tax, p	-								
		parties, and other liabilities not included on lines			1 050 510		0 504 000				
		of Schedule D			1,859,510.	25	2,584,993. 3,824,962.				
_	26	Total liabilities. Add lines 17 through 25			3,003,020.	26	3,024,902.				
es		Organizations that follow SFAS 117 (ASC 958), complete lines 27 through 29, and lines 33 and		k here 🕨 💹 and							
anc	27	Unrestricted net assets				27					
Bal	28	Temporarily restricted net assets				28					
nd I	29	Permanently restricted net assets		<u></u> [		29					
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958) complete lines 30 through 34.	, chec	k here ► X and							
ts	30	Capital stock or trust principal, or current funds			9,414,788.	30	9,905,487.				
SSe	31	Paid-in or capital surplus, or land, building, or equ	iipmer	nt fund	1,091,600.	31	1,149,000.				
t A	32	Retained earnings, endowment, accumulated inco	ome,	or other funds	21,377,144.	32	20,696,944.				
Ne	33	Total net assets or fund balances			31,883,532.	33	31,751,431.				
_	34	Total liabilities and net assets/fund balances			34,949,158.	34	35,576,393.				

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	,					
Part						
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		14,8		
2	Total expenses (must equal Part IX, column (A), line 25)	2				
3	Revenue less expenses. Subtract line 2 from line 1	3				
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4				
5	Net unrealized gains (losses) on investments	5	932,474.		174.	
6	Donated services and use of facilities	6			0.	
7	Investment expenses	7			0.	
8	Prior period adjustments	8	0.		0.	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	9 0.		0.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10		31,7	51,4	131.
Part						
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
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	Were the organization's financial statements compiled or reviewed by an independent accountant?.		2a 2			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or					
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?					
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a					
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis X Both consolidated and separate basis					
С	"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 acc					
	If the organization changed either its oversight process or selection process during the tax year, explain in					
	Schedule O.	•				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as se	t forth	in in			
	the Single Audit Act and OMB Circular A-133?					X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo	lergo	the			
	guired audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.					

Name of the organization THE UNIVERSITY CORPORATION, SAN FR	Employer identification number				
STATE		94-1384645			
		ATTACHMENT 1			
FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICE	ES				
DESCRIPTION	GRANTS	EXPENSES	REVENUE		
OTHER PROGRAM SERVICES - SEE SCHEDULE O	2,521,476.	9,252,932.	5,559,823.		

2,521,476.

9,252,932.

5,559,823.

TOTALS