			** PUBLIC DISCLOSURE COPY * Return of Organization Exempt From		OMB No. 1545-0047
For	9	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code		¹⁵⁾ 2022
		of the Treasury	Do not enter social security numbers on this form as it may	-	Open to Public
Interr	nal Reve	nue Service	Go to www.irs.gov/Form990 for instructions and the late ar year, or tax year beginning JUL 1 , 2022 and ending		Inspection
_					action number
	Check if pplicabl	a.	organization FRANCISCO STATE UNIVERSITY	D Employer identifie	cation number
	Addre		DATION		
	Name		usiness as	26-11697	17
	Initial return		and street (or P.O. box if mail is not delivered to street address) Room/s		
	 Final return	1600	HOLLOWAY AVE., ADM 151	41533817	
	termir ated		own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	134,785,398.
	Amen return		FRANCISCO, CA 94132	H(a) Is this a group re	eturn
	Applic tion		nd address of principal officer: JEFF JACKANICZ	for subordinates	? Yes X No
	pendi	SAME	AS C ABOVE	H(b) Are all subordinates in	icluded? Yes No
<u> </u>]	Tax-ex	empt status:		527 If "No," attach a	list. See instructions
	Nebsi		://SFSUFDN.SFSU.EDU	H(c) Group exemption	
			X Corporation Trust Association Other L	Year of formation: 2007	A State of legal domicile: CA
FC	art I	Summary			17 N/O T 7 T
é	1		e the organization's mission or most significant activities: <u>TO PROVI</u> TO ASSIST THE UNIVERSITY IN MEETING]		
anc					
Governance	2	Check this bo		ا م ا	34
ğ	4		ependent voting members of the governing body (Part VI, line Ta)		30
			of individuals employed in calendar year 2022 (Part V, line 2a)		0
Activities &			of volunteers (estimate if necessary)		37
ctiv					215,023.
Ă				7b	1,779.
				Prior Year	Current Year
đ	8	Contributions	and grants (Part VIII, line 1h)	3,023,984.	3,442,323.
ňué	9	Program servi	ce revenue (Part VIII, line 2g)	2,174,444.	1,824,647.
Revenue			come (Part VIII, column (A), lines 3, 4, and 7d)	4,246,288.	6,737,161.
щ	11	Other revenue	(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	234.	274.
			- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	9,444,950.	12,004,405.
			nilar amounts paid (Part IX, column (A), lines 1-3)	4,407,534.	9,694,102.
	14		to or for members (Part IX, column (A), line 4)	0.	<u> </u>
ses	15		compensation, employee benefits (Part IX, column (A), lines 5-10)	549,487.	<u>583,813.</u> 0.
Expenses	10a		undraising fees (Part IX, column (A), line 11e)	0.	0.
Щ Ц Ц	р 17		ng expenses (Part IX, column (D), line 25) 0.	5,596,312.	3,852,929.
			s: (Part IX, column (A), lines 11a-11d, 11f-24e) s. Add lines 13-17 (must equal Part IX, column (A), line 25)	10,553,333.	14,130,844.
	19		expenses. Subtract line 18 from line 12	-1,108,383.	-2,126,439.
JC N				Beginning of Current Year	End of Year
t Assets or d Balances	20	Total assets (F	Part X, line 16)	160,331,638.	165,850,476.
Ass	21		(Part X, line 26)	214,444.	112,205.
Net		Net assets or	fund balances. Subtract line 21 from line 20	160,117,194.	165,738,271.
Pa	art II	Signature	Block		
			declare that I have examined this return, including accompanying schedules and sta		knowledge and belief, it is
true	, correc	ct, and complete.	Declaration of preparer (other than officer) is based on all information of which prep	arer has any knowledge.	
			<i>e</i>		
Sig	n	Signature of of	ficer	Date	

e .g				
Here	JEFF JACKANICZ, PRESIDE	ENT		
	Type or print name and title			
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN
Paid	DONITA JOSEPH	DONITA JOSEPH		/24 self-employed P00286656
Preparer	Firm's name WINDES, INC.			Firm's EIN 95-3001179
Use Only	Firm's address P.O. BOX 87			
	LONG BEACH, CA	90801		Phone no.562-435-1191
May the IF	RS discuss this return with the preparer show	n above? See instructions		X Yes No
232001 12-13	3-22 LHA For Paperwork Reduction Act	Notice, see the separate instructions.		Form 990 (2022)

	orm 990 (2022) SAN FRANCISCO STATE UNIVERSITY	26-1169717	Page 4
	Part III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
	THE FOUNDATION IS FORMED FOR THE FOLLOWING S		
	DEVELOP AND INCREASE THE FACILITIES OF SAN E		·х
	("SFSU") FOR BROADER EDUCATIONAL OPPORTUNIT		
	STUDENTS, ALUMNI, AND THE CITIZENS OF THE ST		
	prior Form 990 or 990-EZ? If "Yes." describe these new services on Schedule O.		
			XNo
	If "Yes," describe these changes on Schedule O.		
		lest program services, as measured by expenses	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grant		
	revenue, if any, for each program service reported.		
	10 000 000 0	694,102.) (Revenue \$ 1,824,	647.
	THE FOUNDATION'S MAIN PROGRAM IS MANAGING EN		
	FOUNDATION MANAGES OVER \$150,000,000 IN ENDO	OWMENTS.	
	A FEW OF THE ENDOWMENTS:		
	G&J MARCUS AWARDS FUND FOR EXCELLENCE IN FAC		н,
	THIS ENDOWMENT PROVIDED \$281,000 FINANCIAL \$	SUPPORT FOR STUDENTS AND	
	FACULTY RESEARCH AND CREATIVE PROJECTS.		
	MARCUS ENDOWED CHAIR IN CINEMA#2, THIS ENDOW		
	SECOND ENDOWED CHAIR IN CINEMA#2, INIS ENDOW SECOND ENDOWED CHAIR IN CINEMA AND PROVIDES		K A
	ENDEAVORS. SUPPORT OF \$161,000 WAS PROVIDES		
10) (nevenue ¢	
4.			
4c	4c (Code:) (Expenses \$ including grants of \$) (Revenue \$	
4d			
	(Expenses \$ including grants of \$) (Revenue \$)	
	(Expenses \$ including grants of \$		9 90 יבחפו
4e	(Expenses \$ including grants of \$	Form	990 (202;

FOUNDATION

Part IV Checklist of Required Schedules

Form 990 (2022)

26-1169717 Page		(ļ	l		Ì					i			į												Ì	Ì	į	ļ	ļ	į											l	ļ	ļ
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1 the organization described in section 501(c)(0 or 4947(c)(1) (other than a private foundation)? 1 X 2 the organization equipre in tector indice topication (org 20 selentaturinos) 2 X 2 the organization equipre in tector indice topication (org 20 selentaturinos) 2 X 3 X 2 X 4 Section 50(c)(2) organization. Di the organization angage in tabbing activities, or have a section 50(t) election in effect 4 X 5 S. 5 X 4 X 5 It to organization asotican 50(t) (other than a private) controls or avoint in the trackers membership dues, assessments, or assessments, or assessments or and and and or avoint indice or avoint indin avoint indin avoint indice avoin avoint indice or avoint indice				Yes	No
2 Is the organization required to complete Schedule () Schedule of Combutors? See instructions 2 X 3 Did the organization required to complete Schedule () Part I 3 X 4 Section 501(b)(3) organizations. Did the organization require in lobbying activities on behalf of or in opposition to candidates for animum amount of the organization requires to the organization requires to the organization activities of the organization activity of through a related organization, hold activities activities of the organization activity of through a related organization is newer to any of the tolowing questions is Yes," then complete Schedule D, Part V 10 X 10 Did the organization activity of through a related organization is newer to any of the tolowing questions is Yes, "then complete Schedule D, Part V, U, UI, U, U, V, X, as applicable. 10 X	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
3 Did the ergenization engage in direct political campaign activities on behalt of or in opposition to candidates for public office? If Yrey, complete Schedule C, Part II 3 X 4 Sections 01(kg) ergenizations. 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 Did the organization enscina and official campaign activities, or have a section 501(h) election in effect during the tax year? If Yes, 'complete Schedule C, Part II 4 X 6 Did the organization environs and diabation or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts on takes, or inbidic structures? If Yes, 'complete Schedule D, Part II 6 X 9 Did the organization maintan collections of works of at, historical treasures, or other similar assets? If Yes, 'complete Schedule D, Part II 7 X 9 Did the organization active assets? If Yes, 'complete Schedule D, Part IV 9 X 10 DX 10 X 10 X 10 X 10 X 10 X 10 Did the organization report an amount for induce instructures in Part X, line 12, the 15 SY or more of its total asset reported in Part X, line 12, Wes, 'c		If "Yes," complete Schedule A			
a Section 501(# 1/Yes," complete Schedule C, Part I 3 X 4 during the tax year? If "Yes," complete Schedule C, Part II 4 X 5 is the organization as defined in Net Proc. 591(9) "Yes," complete Schedule C, Part II 5 X 6 Uth organization as defined in Net Proc. 591(9) "Yes," complete Schedule C, Part II 5 X 7 Uth organization association on investment of amounts in such tax do accounts for which donors have the right to provide active on the distribution or investment of amounts in such tax do accounts in which donors have the right to the organization matrix and whore of anounts in such tax do accounts for which donors have the right to the organization metave or hold a conservation essements to preserve open space, the environment, historical transmittaria cultures II "Yes," complete Schedule D, Part II 7 X 8 Did the organization report an amount in Part X, line 21, for serow or custodial account tability, serve as a custodian for amounts not listed in Part X, provide credit conservation endowments or in duasi endowments? II "Yes," complete Schedule D, Part II 10 X 9 Did the organization, export an amount for land, buildings, and equipment in Part X, line 10, I'res," complete Schedule D, Part VI 10 X 11 If the organization export an amount for land, buildings, and equipment in Part X, line 10; I'res," complete Schedule D, Part X 10 X 12 Uth the organization report an amount for land, buildings, and equipment in Part X, line 10; I'res," compl	2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(n) election in effect during the tax year? <i>H</i> "vs," complete Schedule <i>C</i> , Part <i>H</i> . 4 X 5 Is the organization a section 501(c)(4), 501(c)(6), or 501(c)(8) corplete Schedule <i>C</i> , Part <i>H</i> . 5 X 6 Did the organization marking and yoor adviced indice 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? <i>H</i> "Yes," complete Schedule <i>D</i> , Part <i>H</i> . 6 X 7 X 8 Did the organization marking and yoor adviced in casement, including assements to preserve open space, the environment, instoric tand areas, or historic structures? <i>H</i> "Yes," complete Schedule <i>D</i> , Part <i>H</i> . 7 X 9 Did the organization and arount in Part X, ine 21, for serve or custodial account liability, serve as a custodian for or in quasi endowments? <i>H</i> "Yes," complete Schedule <i>D</i> , Part V. 8 X 9 Did the organization and anount for investments - other securities in Part X, line 10? <i>H</i> "Yes," complete Schedule <i>D</i> , <i>Part V</i> . 10 X 11 If the organization report an amount for investments - other securities in Part X, line 10? <i>H</i> "Yes," complete Schedule <i>D</i> , <i>Part V</i> . 10 X 12 If the organization report an amount for investments - other securities in Part X, line 10? <i>H</i> "Yes," compl	3				
during the tax yea? "Yes," complete Schedule C, Part II 4 X is the organization a section S(H(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4), 501(4),			3		<u> </u>
5 Is the organization a section S01(c)(4), S01(c)(5), or S01(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98/197 (**ves, "complete Schedule C, Part II. S X 6 Did the organization marked and an organized funds or any similar tinds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? (**ves, "complete Schedule D, Part II. C X 7 X Did the organization marked no factors within the assemet, in clutifical essematis to prove as a custodian for a mount in Part X, in Part X, "complete Schedule D, Part II. 7 X 9 Did the organization marked no factors within the assemet, in clutifical researces on pace, it is a solution or investigation and the assemet in clutifical essematis to account liability, serve as a custodian for amounts not listed in Part X, ine 21, for escow or custodial account liability, serve as a custodian for a mount in Part X, ine 21, for escow or custodial account liability, serve as a custodian for a mount in clutifical pace in the organization and the mark of the organization and the mark of the asset in pontent is pace in the asset in pontent is pace in amount for investments - other securities in Part X. Ine 107. If 'Yes, "complete Schedule D, Part V 10 X 10 Did the organization export an amount for investments - other securities in Part X, line 12, It has 5% or more of its total assets reported in Part X, line 167. If 'Yes, "complete Schedule D, Part V. 10 X 10 Did the organiz	4				
similar amounts as defined in Rev. Proc. 88-197 (ff 'Yes, ' complete Schedule Q, Part II 5 X 6 Did the organization maintain any door 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 for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes, ' complete Schedule D, Part II 6 X 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes, ' complete Schedule D, Part V. 8 X 9 Did the organization directly or through a related organization, hold assets in donor-restricted endowments 9 X 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 107 II' Yes, ' complete Schedule D, Part V 10 X 11 If the organization report an amount for investments - other securities in Part X, line 107 II' Yes, ' complete Schedule D, Part VI 11a X 12 Did the organization report an amount for investments - other securities in Part X, line 107 II' Yes, ' complete Schedule D, Part VI 11a X 13 Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 107 II' Ye	_		4		<u> </u>
6 Did the organization maintain any denor advised funds or any similar funds or accounts for which donors have thight to provide advise on the distribution or investment of amount is nearby funds. Image: Complete Schedule D, Part I 7 Did the organization receive or hold a conservation assement, including assemants to preserve open space, the environment, historic land areas, or historic structures? If "res," complete Schedule D, Part II. Image: Complete Schedule D, Part II. 8 Did the organization receive or hold a conservation assement, including assemants to preserve open space, the environment, historic land areas, or historic structures? If "res," complete Schedule D, Part II. Image: Complete Schedule D, Part II. 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for any other following questions is "Yes," then complete Schedule D, Part V. Image: Complete Schedule D, Part V. 10 Did the organization report an amount for investments - other securities in Part X, line 107. If "Yes," complete Schedule D, Part V. Image: Complete Schedule D, Part V. 11 If the organization report an amount for investments - order securities in Part X, line 107. If "Yes," complete Schedule D, Part V. Image: Complete Schedule D, Part V. 12 Did the organization report an amount for investments - program related francial statements for the tax year? Image: Complete Schedule D, Part V. 13 X Image: Complete Schedule D, Part V. Image: Complete Schedule	5		_		v
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? II "Yes," complete Schedule D, Part II 7 X 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts no listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 8 X 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments 10 X 11 the organization identity or through a related organization, hold assets in donor-restricted endowments 10 X 12 Did the organization report an amount for lawstements - organize flags. 10 X 13 Bit de organization report an amount for investments - organize flags. 11 X 14 Did the organization report an amount for investments - organize flags. 11 X 14 Did the organization report an amount for investments - organize flags. 11 X 15 Did the organization report an amount for investments -	~		5		
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8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part VI a 9 Did the organization report an amount in Part X, line 21, for escrew 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? 9 X 10 Did the organization is parts X, or provide credit counseling, debt management, credit repair, or debt negotiation services? 9 X 11 If the organization is answer to any of the following questions is "Yes," then complete Schedule D, Part VI, VII, VII, IX, or X, as applicable. 10 X 12 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI 111 X 13 Did the organization report an amount for investments - order securities in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VI 111 X 14 Did the organization report an amount for other assets in Part X, line 25? If 'Yes,' complete Schedule D, Part X 111 X 13 Did the organization solution suber TH kall (MS C ATO)? If 'Yes,' complete Schedule D, Part X 114 X 14 X Did the organization solution suber TH kall (MS C ATO)? If 'Yes,' complete Schedule D, Part X	'		7		x
Schedule D, Part III 8 X 9 Did the organization report an amount in Part X, line 21, increasing, debt management, credit repair, or debt negotiation services? 8 X 9 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If 'Yes,' complete Schedule D, Part V 9 X 11 If the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If 'Yes,' complete Schedule D, Part V 10 X 11 If the organization report an amount for land, buildings, and equipment in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 167 If 'Yes,' complete Schedule D, Part VI 11a X 11 Did the organization report an amount for investments - other securities in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 167 If 'Yes,' complete Schedule D, Part VI 11a X 11 Did the organization report an amount for investments - program related in Part X, line 167 If 'Yes,' complete Schedule D, Part XI 11a X 11 Did the organization is bability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X 11a X 12 Did the organization included in consolidated, independent audited financial statements for the tax year? 114 X <	0				- 23
9 Did the organization report an amount in Part X, line 21, for escrew 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 neopdiation services? 9 X 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? 10 X 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V 10 X 12 Did the organization report an amount for investments - other securities in Part X, line 12, Itat is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part V 11a X 13 Did the organization report an amount for investments - other securities in Part X, line 13, Itat is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X 11a X 14 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 X 11d X 11a X Did the organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part X 11d X 11d X Did the organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part X 11d	0		8		x
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 b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If</i> "Yes," <i>complete Schedule F, Parts I and IV</i> 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i> 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? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i> 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? <i>If</i> "Yes," <i>complete Schedule G, Part II</i>. 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> 18 Did the organization orport more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," <i>20a X</i> 20a X 20b 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? <i>If</i> "Yes," <i>complete Schedule H</i>. 20b 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? <i>If</i> "Yes," <i>complete Schedule I</i>. 					
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domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II			20b		
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Part IV Checklist of Required Schedules (continued)

Form 990 (2022)

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			Yes	No
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 through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	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		
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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
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			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			<u>-</u> -
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			v
~	"Yes," complete Schedule L, Part IV	28c	X	X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29	~	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	30		x
24	contributions? If "Yes," complete Schedule M	30		X
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>	31		- 23
32		32		x
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
00	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			
5.	Part V, line 1	34	x	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	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 related organization?			
-	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			X
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
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Form	990 (2022) FOUNDATION 26-11	69717	Р	age 5
Par	TV Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
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	0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	Х	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
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 (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	<u>6a</u>		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the pay	or? 7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	N/	A
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-0	C? 7h	N/	A
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year? N/A	. 8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966? N/A	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders N/A 11a			
	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?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the yearN/A 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? N/A	13a		
	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 the			
	organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities		1	
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953? N/A	17		1
	If "Yes," complete Form 6069.			
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SAN FRANCISCO STATE UNIVERSITY FOUNDATION

Form 990 (2022)

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 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 on Schedule O. See instructions.

 Check if Schedule O contains a response or note to any line in this Part VI
 X

	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion 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	1a		34		
	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 on Schedule 0.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b		30		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	any other			
	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, trustees, or key employees to a management company or other person?			. 3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 was	s filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point c	one or			
	more members of the governing body?			. 7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st					
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea					
а	The governing body?	5	0	8a	X	
b	Each committee with authority to act on behalf of the governing body?				Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read					
-	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re					1
		icnuc (0000./		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such ch			. 104		
D.				10b		
112	Has the organization provided a complete copy of this Form 990 to all members of its governing body		a filing the form?			
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	Delon		114		
				12a	x	
	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>					
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				- 23	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? // "Y	,		10-	x	
40	on Schedule O how this was done				X	
13	Did the organization have a written whistleblower policy?				X	
14	Did the organization have a written document retention and destruction policy?			14		
15	Did the process for determining compensation of the following persons include a review and approva		lependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					v
	The organization's CEO, Executive Director, or top management official					X
b	Other officers or key employees of the organization			. <u>15b</u>		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent wi	th a			
	taxable entity during the year?			. <u>16a</u>		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat		-			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	ization	's			
	exempt status with respect to such arrangements?			. 16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed <u>CA</u>					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	ld 990-	T (section 501(c)	(3)s only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.					
	X Own website Another's website X Upon request Other (explain	on Sc	hedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	nflict o	f interest policy,	and finar	icial	
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks and	l records			
	JEFF JACKANICZ - 4153381706					
	1600 HOLLOWAY AVE., ADM 151, SAN FRANCISCO, CA 941	.32				
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FOUN	IDATION		

Part VII	Compensation	of Officers, Directors,	Trustees, Key Employe	ees, Highest Compensated	
	Employees, and	d Independent Contra	ctors		

Check if Schedule O contains a response or note to any line in this Part VII

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

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

	The any related	<u>u gu</u>	mzu		0011	ipen	Juit	d any canon chies, a		
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do	not ch		ition		ne	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	son i	s both	an	compensation	compensation	amount of
	week		cer an	aaa	recto	r/trus	ee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the
	related	ustee	trust		æ	suadu		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization
	organizations below	ual tr	tional		voldu	t con /ee		1099-INEC)		and related organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) LYNN MAHONEY	3.00									
EX-OFFICIO (VOTING)	37.00	Х						0.	472,970.	117,269.
(2) JEFF WILSON	1.00									
EX-OFFICIO (VOTING)	39.00	Х						0.	279,802.	105,051.
(3) JEFF JACKANICZ	21.00									
BOARD PRESIDENT	19.00	Х		Х				0.	279,979.	66,875.
(4) AMY SUEYOSHI	1.00									
DIRECTOR	39.00	Х						0.	253,733.	88,163.
(5) VENESIA THOMPSON	19.00									
SECRETARY (NON-VOTING)	21.00			Х				0.	172,129.	78,736.
(6) KARINA ZAMORA	1.00									
STUDENT DIRECTOR	20.00	Х						0.	15,919.	0.
(7) KIMBERLY BRANDON	2.00									
IMMEDIATE PAST CHAIR		Х		Х				0.	0.	0.
(8) MARY HUSS	1.00									
BOARD VICE-CHAIR		Х		Х				0.	0.	0.
(9) AMY CHAN	1.00									
DIRECTOR		Х						0.	0.	0.
(10) CAMILLA SMITH	1.00									
DIRECTOR		Х						0.	0.	0.
(11) CORAETTA SMITH	1.00									
DIRECTOR		Х						0.	0.	0.
(12) DANA CORVIN	1.00									
DIRECTOR		Х						0.	0.	0.
(13) DAVID LUCIEN SIMON	1.00									
DIRECTOR (THRU 01/23)		Х						0.	0.	0.
(14) DAVID SERRANO SEWELL	1.00									
DIRECTOR		Х						0.	0.	0.
(15) DEBRA PLOUSHA MOORE	1.00									
DIRECTOR		Х						0.	0.	0.
(16) DENNIS O'DONNELL	1.00									
DIRECTOR (THRU 12/22)		Х						0.	0.	0.
(17) DON ENDO	1.00									
DIRECTOR		Х						0.	0.	0.
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FOUNDATION

Form 990 (2022) FOUNDATIO)N								26-1169	717 Page 8		
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
(A) (B) (C) (D) (E)									· ,	(F)		
Name and title	Average Position							Reportable	Reportable	Estimated		
Name and the	hours per	(do not check more than one box, unless person is both an						compensation	compensation	amount of		
	week		cer and					from	from related	other		
	(list any	or						the	organizations	compensation		
	hours for	lirect				-		organization	(W-2/1099-MISC/	from the		
	related	e or c	tee			satec		(W-2/1099-MISC/	1099-NEC)	organization		
	organizations	uste	trus		8	uben		1099-NEC)	1033-1120)	and related		
	below	ual tr	ional		ploy	t con /ee		1033-1120)		organizations		
	line)	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations		
(18) DON NASSER	1.00	_		-	×	τa	<u> </u>					
DIRECTOR		х						0.	0.	0.		
(19) DOTTIE SIMMONS	1.00							••	•••			
DIRECTOR		х						0.	0.	0.		
(20) GREG COSKO	1.00			_					0.	0.		
DIRECTOR	1.00	х						0.	0.	0.		
(21) HERB MYERS	1.00	Δ		_	-			0.	0.	0.		
	1.00	77						0	0			
DIRECTOR (THRU 12/22)	1 0 0	Х		_	_			0.	0.	0.		
(22) JOHN GUMAS	1.00	37						0	0			
DIRECTOR	1 0 0	X			_			0.	0.	0.		
(23) TAYLOR SAFFORD	1.00								•			
DIRECTOR		Х			_			0.	0.	0.		
(24) JUDY MARCUS	1.00								_			
DIRECTOR		Х						0.	0.	0.		
(25) LEONA BRIDGES	1.00											
DIRECTOR		Х						0.	0.	0.		
(26) LISA WHITE	1.00											
DIRECTOR		Х						0.	0.	0.		
1b Subtotal								0.	1,474,532.	456,094.		
c Total from continuation sheets to Part VI								0.	0.	0.		
d Total (add lines 1b and 1c)								0.	1,474,532.	456,094.		
2 Total number of individuals (including but n										10070910		
compensation from the organization		030	IISLEU	1 00	000)	vvii				0		
compensation norm the organization										Yes No		
3 Did the organization list any former officer,	diractor truct			mole		. or	hia	hast componented ampl	0,000 00			
c i	-		-	•	•			• •		3 X		
line 1a? If "Yes," complete Schedule J for s										3 X		
4 For any individual listed on line 1a, is the su										4 X		
and related organizations greater than \$150										4 X		
5 Did any person listed on line 1a receive or a	-				•		late	ed organization or individ	lual for services			
rendered to the organization? If "Yes." com	plete Schedule	e J fo	or suc	ch p	ersc	on.				5 X		
Section B. Independent Contractors												
1 Complete this table for your five highest con										tion from		
the organization. Report compensation for t	he calendar ye	ear e	nding	g wi	th o	r wit	hin:		ear.			
(A)	addraaa							(B)		(C)		
Name and business	address	NC	ONE				_	Description of s	ervices (Compensation		
							_					
							_					
2 Total number of independent contractors (ir	ncluding but no	ot lin	nited	to t	hose	e list	ted	above) who received mo	ore than			
\$100,000 of compensation from the organiz					0							
SEE PART VII, SECTION	A CONT	IN	ŪAJ	ΓIŌ	2N	SI	ΗE	ETS		Form 990 (2022)		

SEE PART VII, SECTION A CONTINUATION SHEETS 232008 12-13-22 8

Form 990 FOUNDAT			-	011			01		26-116	9717
Part VII Section A. Officers, Directors, T	rustees, Key Er	nplo	yee	s, ar	nd H	lighe	est (Compensated Employ	ees (continued)	
(A)	(B)	(B) (C)						(D)	(E)	(F)
Name and title	Average							Reportable	Reportable	Estimated
	hours	(cl	heck	all t	that	app	ly)	compensation	compensation	amount of
	per week					e.		from the	from related organizations	other compensation
	(list any	tor				ploye		organization	(W-2/1099-MISC)	from the
	hours for	r direc				ed err		(W-2/1099-MISC)	(organization
	related	stee o	ustee			ensat				and related
	organizations	al trus	onal ti		ployee	comp				organizations
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) MARSHA ROSENBAUM	1.00	-	=	0	×	Ŧ	ű.			
DIRECTOR	1.00	x						0.	0.	0.
(28) SHELDON GEN	1.00									
DIRECTOR		x						0.	0.	0.
(29) NANCY FUDEM	1.00									
DIRECTOR (THRU 12/22)		x						0.	0.	0.
(30) PATRICIA SIGUENZA	1.00									
DIRECTOR		x						0.	0.	0.
(31) RUSS STANLEY	1.00									
DIRECTOR		Х						0.	0.	0.
(32) TED GRIGGS	1.00									
DIRECTOR	1 0 0	X						0.	0.	0.
(33) TERI JACKSON	1.00									0
DIRECTOR	1 0 0	Х						0.	0.	0.
(34) VINCE ANICETTI DIRECTOR	1.00	x						0.	0.	0.
(35) WILLIE L. BROWN, JR.	1.00	^						0.	0.	0.
DIRECTOR	1.00	x						0.	0.	0.
(36) GULSHAN KUMAR	1.00									
DIRECTOR		x						0.	0.	0.
(37) DANA NEUMANN	1.00									
DIRECTOR		Х						0.	0.	0.
(38) NEDA NOBARI	2.00									
DIRECTOR		Х						0.	0.	0.
(39) IESE ESERA	1.00									-
DIRECTOR	21.00	Х						0.	0.	0.
		1								
		•								
		╞								
			_		_					
Total to Part VII, Section A, line 1c										

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11100515 794084 02058.TAX

SAN FRANCISCO STATE UNIVERSITY FOUNDATION

Form	99	0 (2	FOUNDATION				26-1169	717 Page 9
Pa	rt V	/111	Statement of Revenue					
			Check if Schedule O contains a response of	or note to any line		(P)	(0)	
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
s s	1	2	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	'		Membership dues 1b					
D D			Fundraising events					
ifts, Ir A			Related organizations 11	346,365.				
nila nila			Government grants (contributions)					
Sig			All other contributions, gifts, grants, and					
but			similar amounts not included above 1f	3,095,958.				
d Oi		g	Noncash contributions included in lines 1a-1f	27,899.				
a C		h	Total. Add lines 1a-1f		3,442,323.			
				Business Code				
e	2	а	ADMINISTRATIVE FEES	611710	1,824,647.	1,824,647.		
Program Service Revenue		b						
enu Se		С						
ran Sevi		d						
ро Ц		е						
ā			All other program service revenue					
_			Total. Add lines 2a-2f		1,824,647.			
	3		Investment income (including dividends, intere	st, and	001 000		100.070	011 011
			other similar amounts)		991,320.		180,279.	811,041.
	4		Income from investment of tax-exempt bond p	roceeds				
	5		Royalties	(ii) Personal				
	6	_		(II) Feisonai				
			Gross rents <u>6a</u> Less: rental expenses 6b					
			Less: rental expenses 6b Rental income or (loss) 6c					
			Net rental income or (loss)					
	7		Gross amount from sales of (i) Securities	(ii) Other				
	'	a	assets other than inventory 7a 128, 526, 834.					
		h	Less: cost or other basis					
e		~	and sales expenses					
evenue		с	Gain or (loss) 7c 5,745,841.					
Rev			Net gain or (loss)		5,745,841.		34,744.	5711097.
er F	8		Gross income from fundraising events (not		· ·			
Other			including \$ of					
			contributions reported on line 1c). See					
			Part IV, line 18 8a					
		b	Less: direct expenses 8b					
		с	Net income or (loss) from fundraising events					
	9	а	Gross income from gaming activities. See					
			Part IV, line 19 9a					
			Less: direct expenses 9b					
			Net income or (loss) from gaming activities					
	10	а	Gross sales of inventory, less returns					
			and allowances 10a					
			Less: cost of goods sold10b					
		С	Net income or (loss) from sales of inventory	Duala a c				
s		-	OTHER REVENUE	Business Code 900099	274.			274.
ieoi Ne	11			300033	2/4.			2/4.
Miscellaneous Revenue		b						
Sce		c c						
Ξ			All other revenue		274.			
	12		Total revenue. See instructions		12,004,405.	1,824,647.	215,023.	6522412.
232009				I	, , ,	. , , ,	. , ,	Form 990 (2022)

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(D) Fundraising expenses

Form	SAN FRANCISC 990 (2022) FOUNDATION	CO STATE UNIV	ERSITY	26-11
	rt IX Statement of Functional Expense			
Secti	on 501(c)(3) and 501(c)(4) organizations must comp			
	Check if Schedule O contains a respon	ise or note to any line in t (A)	his Part IX (B)	(C)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	9,694,102.	9,694,102.	
2	Grants and other assistance to domestic individuals. See Part IV, line 22			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16			
4	Benefits paid to or for members			
5	Compensation of current officers, directors, trustees, and key employees			
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)			
7	Other salaries and wages	391,155.		391,155.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)			
9	Other employee benefits	192,658.		192,658.
10	Payroll taxes			
11	Fees for services (nonemployees):			
а	Management			
b	Legal	36,941.		36,941.
	•	205 21/		205 21/

	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	391,155.		391,155.	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	192,658.		192,658.	
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management				
b	Legal	36,941.		36,941.	
с	Accounting	385,314.		385,314.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	1,263,337.	1,263,337.		
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	140,381.		140,381.	
12	Advertising and promotion				
13	Office expenses	10,318.		10,318.	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	7,628.		7,628.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	101,510.		101,510.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	6,540.		6,540.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)	1 004 647	1 994 647		
a		1,824,647.	1,824,647.	12 1 11	
b	OTHER EXPENSE	43,141.		43,141.	
С	HOSPITALITY	33,172.		33,172.	
d					
е	All other expenses	14 120 044	10 700 000	1 240 750	0
25	Total functional expenses. Add lines 1 through 24e	14,130,844.	12,782,086.	1,348,758.	0
26	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 12-13-22				Form 990 (202)

Form 990 (2022	FOUNDATION

Pa	rt 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	754,970.	1	170,633.
	2	Savings and temporary cash investments		2	4,542,893.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	9,200,014.
	5	Loans and other receivables from any current or former offic			
		trustee, key employee, creator or founder, substantial contri	butor, or 35%		
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons	(as defined		
		under section 4958(f)(1)), and persons described in section 4	1958(c)(3)(B)	6	
S	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Äŝ	9		57,595.	9	52,580.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities	21,182,939.	11	23,317,501.
	12	Investments - other securities. See Part IV, line 11	137,409,863.	12	128,566,855.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)		16	165,850,476.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Sc		21	
es	22	Loans and other payables to any current or former officer, d			
Liabilities		trustee, key employee, creator or founder, substantial contri	butor, or 35%		
iab.		controlled entity or family member of any of these persons		22	
_	23	Secured mortgages and notes payable to unrelated third pa		23	
	24	Unsecured notes and loans payable to unrelated third partie		24	
	25	Other liabilities (including federal income tax, payables to re			
		parties, and other liabilities not included on lines 17-24). Cor	166 020		112 205
		of Schedule D	<u>166,038.</u> 214,444.		112,205.
	26	Total liabilities. Add lines 17 through 25	X	26	112,205.
Ś		Organizations that follow FASB ASC 958, check here			
nce	07	and complete lines 27, 28, 32, and 33.	7,296,126.	07	8,264,932.
alaı	27	Net assets without donor restrictions			157,473,339.
ЧB	28	Net assets with donor restrictions		28	137,473,339.
5		Organizations that do not follow FASB ASC 958, check h			
P.	00	and complete lines 29 through 33.		20	
ets	29		ad	29 30	
SSE	30	Paid-in or capital surplus, or land, building, or equipment fur Retained earnings, endowment, accumulated income, or oth		30	
Net Assets or Fund Balances	31			32	165,738,271.
Ž	32 33	Total net assets or fund balances			165,850,476.
	00	Tota habilitios and not assets/fully balances	1 200,002,000.	00	Form 990 (2022)

Form 990 (2022)

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Form	990 (2022) FOUNDATION	<u> 26</u> -	-1169	7 <u>1</u> 7	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>	<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,004		
2	Total expenses (must equal Part IX, column (A), line 25)	2		.,130		
3	Revenue less expenses. Subtract line 2 from line 1	3		126		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	160) <u>,117</u>	7,19	94.
5	Net unrealized gains (losses) on investments	5	7	<u>,747</u>	7,51	16.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	165	i,738	3,2'	71.
Pa	rt XII Financial Statements and Reporting					
	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 on Schedule	О.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	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?			2b	Х	
	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:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the					1
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule C).			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					I
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red aud	it			1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		

Form **990** (2022)

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SCHEDULE A	Public Cha	rity Status an	d Pub	olic Su	ipport		OMB No. 1545-0047	
(Form 990)	• •	ization is a section 501			or a section		2022	
Department of the Treasury		4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.						
Internal Revenue Service		Form990 for instruction		latest inf	ormation.		Inspection	
Name of the organization	SAN FRANCISCO S FOUNDATION	STATE UNIVERS	SITY				identification number $6-1169717$	
Part I Reason for I	Public Charity Status.	All organizations must o	omplete th	nis part) S	ee instruction	<u>ے</u>	0-1109/1/	
	ate foundation because it is: (F					0.		
ř.	tion of churches, or associatio	•		,)(A)(i).			
	d in section 170(b)(1)(A)(ii). (A							
3 A hospital or a coo	operative hospital service orga	nization described in se	ection 170	(b)(1)(A)(ii	i).			
4 A medical researc	h organization operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,	
city, and state:								
	perated for the benefit of a col	lege or university owned	or operate	ed by a go	vernmental u	nit describe	ed in	
	(A)(iv). (Complete Part II.)				<i>,</i> ,			
	r local government or government						while described in	
	at normally receives a substar (A)(vi). (Complete Part II.)	itial part of its support in	on a gove	mmenta		ie general p		
	t described in section 170(b)(1)(A)(vi), (Complete Part	· II.)					
	earch organization described			ed in conju	inction with a	land-grant	college	
-	non-land-grant college of agric			-		-	-	
university:								
10 An organization th	at normally receives (1) more	than 33 1/3% of its supp	ort from co	ontributior	ns, membersh	ip fees, and	d gross receipts from	
	o its exempt functions, subjec	-					-	
	ated business taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	fter June 30, 1975.	
· · · · ·	a)(2). (Complete Part III.)	volute test for public cof	atu Caa	nontion F(O(a)(A)			
Ē Š	ganized and operated exclusi ganized and operated exclusi	•	•			rny out the	nurnoses of one or	
0	ported organizations describe	-	-			•		
	12d that describes the type of							
	rting organization operated, su		-			-	giving	
the supported o	rganization(s) the power to reg	gularly appoint or elect a	majority o	f the direc	tors or truste	es of the su	ipporting	
organization. Yo	ou must complete Part IV, Se	ctions A and B.						
b Type II. A suppo	orting organization supervised	or controlled in connect	ion with its	s supporte	d organizatio	n(s), by hav	ing	
	gement of the supporting orga		ime persoi	ns that co	ntrol or manag	ge the supp	ported	
	You must complete Part IV,							
	nally integrated. A supporting ganization(s) (see instructions)					ly integrate	a with,	
	nctionally integrated. A supp	•				ted organiz	ration(s)	
	ionally integrated. The organiz	0 0 1				0	()	
	e instructions). You must con							
e Check this box i	f the organization received a v	written determination from	n the IRS	that it is a	Туре I, Туре	II, Type III		
functionally integ	grated, or Type III non-functior	nally integrated supportir	ng organiza	ation.				
f Enter the number of su	pported organizations							
g Provide the following in (i) Name of supported	formation about the supporte (ii) EIN	d organization(s). (iii) Type of organization	(iv) Is the orga	inization listed	(v) Amount of	monetany	(vi) Amount of other	
organization		(described on lines 1-10	in your governi Yes	ng document? No	support (see ir	-	support (see instructions)	
		above (see instructions))	103					
Total								

SAN FRANCISCO STATE UNIVERSITY FOUNDATION

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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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	46527396.	7066836.	8642626.	3023984.	3442323.	68703165.
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 \dots						
4	Total. Add lines 1 through 3	46527396.	7066836.	8642626.	3023984.	3442323.	68703165.
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)						41410054.
	Public support. Subtract line 5 from line 4.						27293111.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	46527396.	7066836.	8642626.	3023984.	3442323.	68703165.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots	2300147.	1464815.	1022255.	802,974.	811,041.	6401232.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on	183,373.			90,180.	75,224.	348,777.
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)			322.	234.	274.	830.
11	Total support. Add lines 7 through 10						75454004.
12	Gross receipts from related activities,	, etc. (see instructio	ons)			12 12	,062,762.
13	First 5 years. If the Form 990 is for the	he organization's fir	rst, second, third, f	ourth, or fifth tax y	vear as a section 5	01(c)(3)	
_	organization, check this box and sto	phere					
	ction C. Computation of Publ					<u>г г</u>	
14	Public support percentage for 2022 (line 6, column (f), d	ivided by line 11, c	olumn (f))		14	36.17 %
	Public support percentage from 2021					15	37.22 %
16a	33 1/3% support test - 2022. If the	organization did no	t check the box or	n line 13, and line ⁻	14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies		-				
b	33 1/3% support test - 2021. If the	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qua						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact	ts-and-circumstance	es test, check this	box and stop he	r e. Explain in Part	VI how the organiz	zation
	meets the facts-and-circumstances te	-		• • • •			
b	10% -facts-and-circumstances test						10% or
	more, and if the organization meets the						
	organization meets the facts-and-circ		•				
18	Private foundation. If the organization	on did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a		
							(Form 990) 2022

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Schedule A (Form 990) 2022

Part II

Schedule A (Form 990) 2022 FOUNDATION Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Pl	ublic Support						
Calendar year (or	fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	2 (f) Total
1 Gifts, grants	s, contributions, and						
membership	o fees received. (Do not						
include any	"unusual grants.")						
merchandis formed, or f any activity	pts from admissions, e sold or services per- acilities furnished in that is related to the n's tax-exempt purpose						
-	pts from activities that						
are not an u	Inrelated trade or bus- section 513						
	es levied for the organ-						
ization's ber	nefit and either paid to d on its behalf						
5 The value of	f services or facilities						
furnished by	y a governmental unit to						
the organiza	ation without charge						
6 Total. Add	lines 1 through 5						
	cluded on lines 1, 2, and						
3 received f	rom disqualified persons						
from other than exceed the grea	ed on lines 2 and 3 received disqualified persons that ter of \$5,000 or 1% of the 13 for the year						
	a and 7b						
	oort. (Subtract line 7c from line 6.)						
Section B. To	otal Support				_	_	
Calendar year (or	fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	2 (f) Total
9 Amounts fro	om line 6						
securities lo	ne from interest, payments received on pans, rents, royalties, from similar sources						
	siness taxable income						
(less section	511 taxes) from businesses						
acquired after	r June 30, 1975						
c Add lines 10	Da and 10b						
11 Net income activities no	from unrelated business t included on line 10b, not the business is						
or loss from	ne. Do not include gain the sale of capital lain in Part VI.)						
	. (Add lines 9, 10c, 11, and 12.)						
14 First 5 year	s. If the Form 990 is for th	ne organization's fir	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) orgar	ization,
Section C. C	omputation of Publi	ic Support Per	centage				
15 Public supp	ort percentage for 2022 (I	ine 8, column (f), d	livided by line 13,	column (f))		15	%
16 Public supp	ort percentage from 2021	Schedule A, Part	III, line 15			16	%
Section D. C	omputation of Inves	stment Income	e Percentage				
17 Investment	income percentage for 20)22 (line 10c, colur	nn (f), divided by l	ine 13, column (f))		17	%
18 Investment	income percentage from	2021 Schedule A,	Part III, line 17			18	%
19a 33 1/3% su	pport tests - 2022. If the	organization did n	not check the box	on line 14, and lin	e 15 is more than 3	33 1/3%, and I	ine 17 is not
more than 3	33 1/3%, check this box a	nd stop here. The	organization qual	ifies as a publicly s	supported organiza	ation	
b 33 1/3% su	pport tests - 2021. If the	organization did n	ot check a box or	n line 14 or line 19	a, and line 16 is mo	ore than 33 1/3	3%, and
line 18 is no	ot more than 33 1/3%, che	ck this box and st	op here. The orga	anization qualifies	as a publicly suppo	orted organiza	tion
20 Private fou	ndation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check t	his box and see ins	structions	<u></u>
232023 12-09-22						Sched	lule A (Form 990) 2022
			16				

SAN FRANCISCO STATE UNIVERSITY FOUNDATION

Schedule A (Form 990) 2022 FOUI Part IV Supporting Organizations

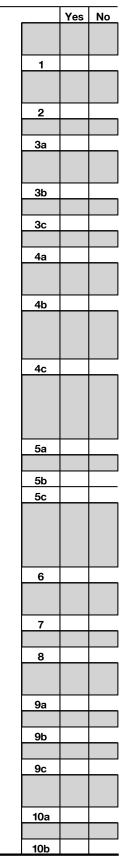
(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Schedule A (Form 990) 2022

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		SAN FRANCISCO STATE UNIVERSITI		_	
		(Form 990) 2022 FOUNDATION	26-116971	'/ Pa	ge 5
Par	t IV	Supporting Organizations (continued)			
				Yes	No
11	Has t	he organization accepted a gift or contribution from any of the following persons?			
а		son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
		elow, the governing body of a supported organization?	11a		
b		nily member of a person described on line 11a above?	11b		
		% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
•		in Part VI.	11c		
Sec	tion I	B. Type I Supporting Organizations		II	
				Yes	No
		in the standard state of the second in the state officer and the institution official second in the second state of the		res	
1		ne governing body, members of the governing body, officers acting in their official capacity, or membership of supported organizations have the power to regularly appoint or elect at least a majority of the organization's o			
		tors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)	moors,		
		tively operated, supervised, or controlled the organization's activities. If the organization had more than one sup	ported		
		nization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated amon			
		orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		ne organization operate for the benefit of any supported organization other than the supported			
	orgar	nization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part	$ extsf{VI}$ how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	super	vised, or controlled the supporting organization.	2		
Sec	tion	C. Type II Supporting Organizations			
				Yes	No
1	Were	a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or tru	stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or ma	nagement of the supporting organization was vested in the same persons that controlled or managed			
	the si	upported organization(s).	1		
Sec	tion	D. All Type III Supporting Organizations			
				Yes	No
1	Did th	ne organization provide to each of its supported organizations, by the last day of the fifth month of the			
		nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	•	(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
		ization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	•	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
-		nization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
			2		
3		rganization maintained a close and continuous working relationship with the supported organization(s). ason of the relationship described on line 2, above, did the organization's supported organizations have a	2		
0		icant voice in the organization's investment policies and in directing the use of the organization's			
	-				
		ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	3		
Sec	<u>supp</u> tion	orted organizations played in this regard. E. Type III Functionally Integrated Supporting Organizations	პ		

- Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). 1
- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. b

с		The organization supported a	governmental entity.	Describe in Part VI how	vou supported a governm	ental entity (see instructions).
---	--	------------------------------	----------------------	-------------------------	-------------------------	----------------------------------

- Activities Test. Answer lines 2a and 2b below. 2
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.

3b Schedule A (Form 990) 2022

2a

2b

3a

Yes No

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Sche	edule A (Form 990) 2022 FOUNDATION			26-1169717 Page 6
Ра	rt V Type III Non-Functionally Integrated 509(a)(3) Supportir	ng Orgar	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyir	ng trust on	Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus			
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
_1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
_				

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see 7 instructions).

Schedule A (Form 990) 2022

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SAN FRANCISCO STATE UNIVERSITY FOIINDATION

	dule A (Form 990) 2022 FOUNDATION			2	6-1169717 Page 7
Par	t V Type III Non-Functionally Integrated 509	a)(3) Supporting Orga	nizations _{(continue}	ed)	
Secti	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations		3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	e organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution: Pre-2022	S	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
a	From 2017				
b	From 2018				
c	From 2019				
d	From 2020				
e	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2018				
b	Excess from 2019				
C	Excess from 2020				
d	Excess from 2021				
е	Excess from 2022				

Schedule A (Form 990) 2022

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	e A (Form 990) 2			FOUN	DATIC	N	STATE						L16971	7 Page 8
Part V	Part IV, See line 1; Part	ction A, IV, Sect lines 5, (lines 1, 2 ion D, lir	2, 3b, 3c 1es 2 an	, 4b, 4c, 5 d 3; Part I	5a, 6, 9a, V, Sectio	9b, 9c, 11a	11b, and , 2a, 2b, 3	11c; Parl a, and 3t	t IV, Secti o; Part V,	on B, lines line 1; Par	: 1 and 2; P: t V, Section	t III, line 12; art IV, Sectio B, line 1e; F nation.	on C, Part V,
SCHEI	DULE A, I	PART	II,	LIN	E 10,	EXPL	ANATIC	N FOR	ОТН	ER IN	COME :			
IISC	ELLANEOU	S IN	COME											
2020	AMOUNT:	\$	322	•										
2021	AMOUNT:	\$	234	•										
2022	AMOUNT:	\$	274	•										
32028 12-							21						lule A (Form	
0515	5 794084	0205	58.TA	АX			2022.	05090	\mathbf{SAN}	FRANC	CISCO	STATE	UNIVE	0205

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Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2022

Employer identification number

26-1169717

SAN FRANCISCO STATE UNIVERSITY FOUNDATION

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) 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), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled 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. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set in the set of the parts unless the set of the parts unless to this organization because it received *nonexclusively* set of the parts unless to the set of the parts unless to the set of the parts unless to the set of the parts unless the set of the parts unless to the set of the parts unless to the set of the parts unless the set of the parts unle

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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 its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2022)



Department of the Treasury Internal Revenue Service

Name of the organization

	B (Form 990) (2022)			Page 2
Name of or	rganization RANCISCO STATE UNIVERSITY		Employ	ver identification number
FOUNDA			26	-1169717
Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ons	(d) Type of contribution
<u>1</u>		\$ <u>500,0</u>		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ons	(d) Type of contribution
2		\$401,1 \$.50.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio		(d) Type of contribution
3		\$150,0		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ons	(d) Type of contribution
4		\$100,0	00.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ons	(d) Type of contribution
5		\$99,0	00.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ons	(d) Type of contribution
223452 11-15		\$		Person Payroll Payroll Payroll Payroll Payroll Part II for noncash contributions.)

Schedule B (Form 990) (2022)

	3 (Form 990) (2022)		Page 3
Name of or			Employer identification number
	RANCISCO STATE UNIVERSITY		0.0.11.00717
FOUND	ATION		26-1169717
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	additional space is needed	d.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	l listo rocolvod
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	Schedule B (Form 990) (2022)

24

Schedule I	B (Form 990) (2022)			Page					
	organization			Employer identification number					
	RANCISCO STATE UNIVERSI	ΓY							
FOUND				26-1169717					
Part III	from any one contributor. Complete columns (a)	through (e) and the following line entr	v. For organizations						
	completing Part III, enter the total of exclusively religious, c	charitable, etc., contributions of \$1,000 or I	ess for the year. (Enter this info.	once.) \$					
(a) No.	Use duplicate copies of Part III if additional s	space is needed.							
from	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held					
Part I									
		(e) Transfer of gif	t						
-	Transferee's name, address, a	nd ZIP + 4	Relationship of tr	ansferor to transferee					
(a) No.			() =						
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held					
-	(a) Transfor of sift								
	(e) Transfer of gift								
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee						
(a) No.									
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held					
Faili									
-									
	(e) Transfer of gift								
	Transferee's name, address, a		Relationship of tr	ansferor to transferee					
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held					
Part I				Scription of new girt is new					
	(e) Transfer of gift								
	Transferee's name, address, a	nd ZIP + 4	Relationship of tr	ansferor to transferee					
	·	[
		[
000454 61 67	L			Cabadula D (Farma 000) (2000					
223454 11-15	J-22	25		Schedule B (Form 990) (2022)					

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SCHEDULE C	Po	olitical Campaign	and Lobbyin	g Activities		OMB No. 1545-0047
(Form 990)		anizations Exempt From Incom	-	-		2022
5	-	if the organization is described		.,		Open to Public
Department of the Treasury Internal Revenue Service	Go	o to www.irs.gov/Form990 for i	nstructions and the la	test information.		Inspection
If the organization answ	wered "Yes," or	Form 990, Part IV, line 3, or Fo	orm 990-EZ, Part V, lin	e 46 (Political Cam	baign Acti	vities), then
		plete Parts I-A and B. Do not cor				
 Section 501(c) (other Section 527 organization 		01(c)(3)) organizations: Complete	Parts I-A and C below.	Do not complete Pa	t I-B.	
•		Form 990, Part IV, line 4, or Fo	rm 990-EZ. Part VI. lir	ne 47 (Lobbving Act	ivities). th	en
		nave filed Form 5768 (election un				
 Section 501(c)(3) org 	anizations that I	nave NOT filed Form 5768 (election	on under section 501(h)): Complete Part II-B	. Do not c	omplete Part II-A.
If the organization answ Tax) (See separate inst		Form 990, Part IV, line 5 (Proxy	y Tax) (See separate i	nstructions) or Form	n 990-EZ ,	Part V, line 35c (Proxy
		ions: Complete Part III.				
Name of organization	-	NCISCO STATE UNIV	/ERSITY		Employe	er identification number
	FOUNDAT					26-1169717
Part I-A Comple	ete if the org	anization is exempt unde	er section 501(c) o	or is a section 5	27 orgar	nization.
•	•	ation's direct and indirect politica			^	
2 Political campaign a3 Volunteer hours for		ures gn activities				
S Volunteer nours for	political campai				···· <u> </u>	
Part I-B Comple	ete if the org	anization is exempt unde	er section 501(c)(3	3).		
		incurred by the organization unde				
		incurred by organization manage				
		n 4955 tax, did it file Form 4720 f				
						Yes No
b If "Yes," describe in Part I-C Comple		anization is exempt unde	er section 501(c).	except section	501(c)(3)	_
		by the filing organization for sec		-		,
		ization's funds contributed to oth			····· • <u> </u>	
			-		\$	
		Add lines 1 and 2. Enter here ar				
		1120-POL for this year?				
		nployer identification number (EIN tion listed, enter the amount paid				
	-	omptly and directly delivered to a				-
	-	additional space is needed, provi			0000000	grogatoù tana et a
(a) Name	9	(b) Address	(c) EIN	(d) Amount paid	from	(e) Amount of political
				filing organizati	on's co	ontributions received and
				funds. If none, en		promptly and directly delivered to a separate
						political organization.
						If none, enter -0
			1	1		
				+		
For Paperwork Reducti	ion Act Notice,	see the Instructions for Form 9	90 or 990-EZ.		Sche	edule C (Form 990) 2022

uon ACT Notice, see For Pape LHA

232041 11-08-22

SAN	FRANCISCO	STATE	UNIVERSITY

Oshadula O (Fause 000) 2000	SAN FRANCIS	CO STATE UN.	LVERSTLA		160717
Schedule C (Form 990) 2022 Part II-A Complete if the org	FOUNDATION	nt under section	501(c)(3) and file	<u>∠</u> 6−⊥ d Form 5768 (ele	169717 Page 2
section 501(h)).					
A Check if the filing organiza	tion belongs to an affil	iated group (and list in	Part IV each affiliated	group member's name	e, address, EIN,
expenses, and sha	re of excess lobbying e	expenditures).			
B Check if the filing organiza	tion checked box A ar	nd "limited control" pro	visions apply.		
Limi	ts on Lobbying Exper ditures" means amou	nditures		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	uence public opinion (g	grassroots lobbying)			
b Total lobbying expenditures to influ	uence a legislative bod	y (direct lobbying)			
c Total lobbying expenditures (add li	nes 1a and 1b)				
d Other exempt purpose expenditure				12,782,086.	
e Total exempt purpose expenditure				12,782,086.	
f Lobbying nontaxable amount. Ente				789,104.	
If the amount on line 1e, column (a) of		bying nontaxable am			
Not over \$500,000		the amount on line 1e.			
Over \$500,000 but not over \$1,000		0 plus 15% of the exc			
Over \$1,000,000 but not over \$1,5		0 plus 10% of the exc	· · · · · · · · · · · · · · · · · · ·		
Over \$1,500,000 but not over \$17,		0 plus 5% of the exce			
Over \$17,000,000	\$1,000,0				
· - · + · · , ;	· · · · · · · · · · · · · · · · · · ·				
g Grassroots nontaxable amount (en	ter 25% of line 1f)			197,276.	
h Subtract line 1g from line 1a. If zer				0.	
i Subtract line 1f from line 1c. If zero				0.	
j If there is an amount other than ze	ro on either line 1h or l	ine 1i, did the organiza	ation file Form 4720		
reporting section 4911 tax for this	year?			[Yes No
	4-Year Ave	eraging Period Under	Section 501(h)		
(Some organizations t		D1(h) election do not l ate instructions for lir	-	of the five columns be	low.
	Lobbying Exper	nditures During 4-Yea	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
2a Lobbying nontaxable amount	597,127.	737,167.	623,181.	789,104.	2,746,579.
 b Lobbying ceiling amount (150% of line 2a, column(e)) 					4,119,869.

184,292.

155,795.

25,000.

149,282.

25,000.

Schedule C (Form 990) 2022

197,276.

25,000.

686,645.

25,000.

1,029,968.

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c Total lobbying expenditures

d Grassroots nontaxable amount e Grassroots ceiling amount

(150% of line 2d, column (e))

f Grassroots lobbying expenditures

	· /		~~~~
Schedule C	; (⊢orm	990)	2022

FOUNDATION Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 Part II-B (election under section 501(h)).

For e	or each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description		(a)		(b)	
	e lobbying activity.	Yes	Νο	Amo	ount	
1 a	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?					
d	Mailings to members, legislators, or the public? Publications, or published or broadcast statements?					
g	Grants to other organizations for lobbying purposes?					
i	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
2a	Total. Add lines 1c through 1i Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
с	If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
Par	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	n 501(c)(5)	, or sec	tion		
				Yes	No	
1	Were substantially all (90% or more) dues received nondeductible by members?					
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?					
3 Par	Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes."	n 501(c)(5)			3, is	
1	Dues, assessments and similar amounts from members		. 1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid).					
а	Current year		. 2a			
b	Carryover from last year		2b			
	Total					
3						
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce	ess				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po	olitical				
	expenditures next year?		. 4			
5	Taxable amount of lobbying and political expenditures. See instructions	·····	. 5			
Par	t IV Supplemental Information					
Provi	de the descriptions required for Part LA, line 1: Part LB, line 4: Part LC, line 5: Part ILA (affiliated aroun	lict): Dort II A	lines 1 a	ad 2 (Soo		

vide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Schedule C (Form 990) 2022

232043 11-08-22

	HEDULE D	Complete if the org	al Financial State	Form 990,		OMB No. 15	45-0047 77
•	nent of the Treasury), 11a, 11b, 11c, 11d, 11e, 11 Attach to Form 990.	f, 12a, or 12b.		Open to	
Interna	Revenue Service		90 for instructions and the lat	test information.		Inspecti	
Nam	e of the organizati	FOUNDATION	E UNIVERSIII			identification 5-11697	
Par	t I Organiza	ations Maintaining Donor Advise	ed Funds or Other Simil	lar Funds or Ac			
	organizatio	n answered "Yes" on Form 990, Part IV, li					
			(a) Donor advised fur	nds (k) Funds and	l other accou	nts
1		nd of year					
2 3		f contributions to (during year)					
4		f grants from (during year) t end of year					
5		on inform all donors and donor advisors in		donor advised funds	6		
	-	on's property, subject to the organization's	-			Yes	No No
6	Did the organization	on inform all grantees, donors, and donor	advisors in writing that grant fu	unds can be used on	ly		
		ooses and not for the benefit of the donor			•	_	
Par	impermissible priv	ate benefit? ation Easements. Complete if the o	······································			Yes	No
1		servation easements held by the organizat		1 Form 990, Part IV, I	ine 7.		
		of land for public use (for example, recre	· · · · · · · · · · · · · · · · · · ·	eservation of a histor	rically import	ant land area	
		f natural habitat	· _	eservation of a certifi			
		n of open space					
2		through 2d if the organization held a qual	ified conservation contribution	in the form of a con	servation ea	sement on th	e last
	day of the tax year	r.			Held a	t the End of th	e Tax Year
а	Total number of co	onservation easements			2a		
b	•			Г	2b		
С		vation easements on a certified historic st			2c		
d		vation easements included in (c) acquired					
2		isted in the National Register			2d	the tex	
3	year	vation easements modified, transferred, re	leased, extinguished, or termin	nated by the organiz	ation during	the tax	
4		where property subject to conservation ea	sement is located				
5		tion have a written policy regarding the pe		handling of			
	•	orcement of the conservation easements				Yes	No
6	Staff and voluntee	r hours devoted to monitoring, inspecting	, handling of violations, and en	forcing conservation	easements	during the ye	ear
7	Amount of expens	es incurred in monitoring, inspecting, han	dling of violations, and enforcing	ng conservation ease	ements durir	ng the year	
8		vation easement reported on line 2(d) abo	• •				
0	and section 170(h))(4)(B)(ii)? be how the organization reports conservat				Yes	└── No
9		d include, if applicable, the text of the foot		-		ho	
		ounting for conservation easements.	note to the organization s final				
Par		ations Maintaining Collections o	f Art, Historical Treasu	res, or Other Si	milar Ass	ets.	
	Complete if	f the organization answered "Yes" on Forr	n 990, Part IV, line 8.				
1a	If the organization	elected, as permitted under FASB ASC 9	58, not to report in its revenue	statement and balar	nce sheet wo	orks	
	of art, historical tre	easures, or other similar assets held for pu	blic exhibition, education, or re	esearch in furtherand	ce of public		
	service, provide in	Part XIII the text of the footnote to its fina	ncial statements that describe	es these items.			
b	-	elected, as permitted under FASB ASC 9					
		sures, or other similar assets held for publi	c exhibition, education, or rese	earch in furtherance	of public ser	vice,	
	-	ing amounts relating to these items:			•		
		ded on Form 990, Part VIII, line 1					
2	.,	ed in Form 990, Part X received or held works of art, historical tro	asures or other similar assets		⊅ rovido		
2		unts required to be reported under FASB			UVICE		
а	-	on Form 990, Part VIII, line 1	-		\$		
	Assets included in				•		
		eduction Act Notice, see the Instruction				lule D (Form	990) 2022
	09-01-22					- (,
			29				

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b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance It d Additions during the year It e Distributions during the year It 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Ves b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Ves Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IX, line 10. It 1a Beginning of year balance 152, 821, 068, 168, 158, 346, 138, 362, 903, 135, 857, 609, 90, 016, 6 b Contributions 152, 821, 068, 168, 158, 346, 138, 362, 903, 135, 857, 602, 464, 64, 540, 130, 3223, 288, 4, 464, 03 c Other expenditures for facilities and programs 1, 776, 426, 1, 953, 233, 3, 016, 3, 714, 291, 5, 453, 931, 3, 512, 21 e Other expenditures for facilities and programs 1, 776, 426, 1, 953, 233, 3, 407, 376, 2, 339, 966, 2, 032, 88 g End of year balance 157, 473, 339, 152, 221, 068, 168, 158, 346, 138, 362, 903, 135, 857, 82 2 Provide the estimated percentage of the current year end balance (line 19, column (a), held as: a Board designated or quasi-endowment 2, 0000, % </th <th></th> <th></th> <th>NCISCO STAT</th> <th>E UNIVERS</th> <th>LTY</th> <th></th> <th></th>			NCISCO STAT	E UNIVERS	LTY		
3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply): a Debits cohlibition Check all that apply: a Debits cohlibition Check all that apply: <					<u>.</u>		
collection items (check all that apply): a	Par	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or Othe	r Similar Asset	s (continued)
b Groberty research e Other c Preservation for future generations e Other d Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be solid to raise funds rather than to be maintained as part of the organization scalection? Yes Part IV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part X, line 21. Ia Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on form 990, Part X, line 21. Yes Ia I Is the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes Ia 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes Ia 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes Ia 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes Ia 3 Did the organization include an amount on Form 990, Part X, line 21, 1256, 614, 4, 577, 344, 71, 666, 602, 462,	3		on, and other records	s, check any of the f	ollowing that make s	ignificant use of its	
b Gotolary research e Other	а	Public exhibition	d	Loan or exc	hange program		
c Preservation for future generations 4 Provide a description of the organization solic or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization sollection? Yes PartIV Excrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 980, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Yes Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an anogent, trustee, custodial or other intermediary for contributions or other assets not included on Form 990, Part X? Yes Image: Complete if the organization is culture intermediary for contributions or other assets not included on form 990, Part X? Yes Image: Complete if the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes c Beginning balance Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Image: Complete if the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes d In the organization include an amount on Form 990, Part X, line 21, for escrow or genes take (d) Fuer years back (d) Fuer years b	b	Scholarly research	е				
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, ald the organization solicit or receive donations of at, historical ressures, or other similar assets to be solid to raise funds rather than to be maintained as part of the organization answered "Yes" on Form 980, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? If 'Yes,'' explain the arrangement in Part XIII and complete the following table: If 'Yes,'' explain the arrangement in Part XIII and complete the following table: If 'Yes,'' explain the arrangement in Part XIII and complete the following table: If 'Yes,'' explain the arrangement in Part XIII and complete the following table: If 'Yes,'' explain the arrangement in Part XIII. Comblete (If the organization answerd 'Yes' on Form 900, Part X, line 21, for escrew or custodial account liability? Je If 'Yes,'' explain the arrangement in Part XIII. Comblete (If the organization answerd 'Yes' on Form 900, Part X, line 21, for escrew or custodial account liability? Je To 'Yes' explain the arrangement in Part XIII. Comblete (If the organization answerd 'Yes' on Form 900, Part X, line 21, for escrew or custodial account liability? Je If 'Yes,'' explain the arrangement in Part XIII. Comblete (If the organization answerd 'Yes' on Form 900, Part X, line 21, for escrew or custodial account liability? Je Contributions Jes, 25(20, 166, 165, 158, 346, 133, 352, 903, 133, 567, 903, 90, 016, 6 Contributions Jes, 25(20, 166, 166, 158, 346, 138, 362, 903, 135, 567, 90, 90, 016, 6 Contributions Jes, 25(20, 166, 162, 158, 346, 138, 362, 903, 135, 57, 803, 90, 016, 6 Contributions Jes, 25(20, 166, 162, 155, 234, 22, 24, 24, 1 Administrative expenses Jes, 710, 100, 1	с						
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a Board designated or quasi-endowment 2.0000 % b Permanent endowment 69.0000 % c Term endowment 29.0000 % c Term endowment funds not in the possession of the organization that are held and administered for the organization by: (i) (i) Unrelated organizations 3a(i) (ii) Related organizations 3a(ii) (ii) Related organizations 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other depreciation b Buildings basis (investment) basis (other) (c) Accumulated depreciation					•	100,002,000	200,007,007
b Permanent endowment 69.0000 % c Term endowment 29.0000 % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Cost or other related organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Part VI Land Land							
c Term endowment 29.0000 % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (ii) Related organizations (ii) Related organizations (ii) Related organizations (iii) Related organization set (ii) Related as required on Schedule R? (iii) Cost or ther funds. (iii) Cost or other funds. (iii) Cost or other	b						
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (ii) Related organizations (ii) Related organizations (ii) Related organizations (iii) Related organizations (ii) Related organizations (iii) Related organizations (ii) Related organizations (iii) Related organization's endowment funds. (a) Cost or other function (b) Cost or other function (c) Accumulated depreciation (d) Book value basis (investment) (b) Soci or other function (c) Accumulated depreciation (d) Book value function 	c	00 0000					
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (ii) Related organizations (ii) Related organizations (iii) Related organizations (ii) Related organizations (iii) Related organizations (iiii) Related organizations (iiii) Related organizations (iii) Related organizations (iiii) Related organizations (iiii) Related organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (c) Accumulated depreciation (d) Book value basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value basis (other) (d) Book value basis (other)	•						
organization by: Yes (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) b Buildings 1a Land b Buildings	3a	1 6		tion that are held ar	nd administered for t	ne	
(i) Unrelated organizations 3a(i) (ii) Related organizations 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) b Buildings 1a Land b Buildings		•	5				Yes No
(ii) Related organizations 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. 3b Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (c) Accumulated depreciation depreciation 1a Land Image: Complete I complete		c					3a(i) X
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings 1a Land b Buildings							
4 Describe in Part XII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings	b	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	ed on Schedule R?			. 3b
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land							
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land b Buildings	Par	t VI Land, Buildings, and Equipm	ent.				
basis (investment) basis (other) depreciation 1a Land		Complete if the organization answere	d "Yes" on Form 990	, Part IV, line 11a. S	ee Form 990, Part X	line 10.	
b Buildings		Description of property	1	• •			(d) Book value
b Buildings	1a	Land					
		Leasehold improvements					
d Equipment							
e Other	e						
Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B). line 10c.)	Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990. Part >	K. column (B). line 1	0c.)		0.

Schedule D (Form 990) 2022

232052 09-01-22

Schedule D	(Form 990) 2022	FOUNDATION	
Part VII	Investments	 Other Securities. 	

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) ALTERNATIVE INVESTMENTS	115,205,681.	END-OF-YEAR MARKET VALUE
(B) LOCAL AGENCY INVEST. FUND	8,254,380.	END-OF-YEAR MARKET VALUE
(C) MUNICIPAL SECURITIES	1,505,916.	END-OF-YEAR MARKET VALUE
(D) CORPORATE DEBT SECURITIES	3,600,878.	END-OF-YEAR MARKET VALUE
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	128,566,855.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990. Part X. col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
otal. (Column (b) must equal Form 990. Part X. col. (B) line 15.)	
Part X Other Liabilities.	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) RELATED PARTY PAYABLE	104,828.
(3) OTHER LIABILITIES	7,377.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	112,205.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... X

Schedule D (Form 990) 2022

232053 09-01-22

	SAN FRANCISCO STATE UNIVER	SITY				
Sche	dule D (Form 990) 2022 FOUNDATION	26-	1169717 _{Рад} е	e 4		
Par	t XI Reconciliation of Revenue per Audited Financial Stateme	nts Wit	h Revenue per Re	turn.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total revenue, gains, and other support per audited financial statements	1	18,488,584	<u>4.</u>		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	. 2a	7,747,516.			
b	Donated services and use of facilities					
с	Recoveries of prior year grants					
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d		2e	7,747,516		
3	Subtract line 2e from line 1	3	10,741,068	8.		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a	1,263,337.			
b	Other (Describe in Part XIII.)	4b				
с	Add lines 4a and 4b			4c	1,263,337	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)	5	12,004,405	5.		
Pa	t XII Reconciliation of Expenses per Audited Financial Stateme	Retur	n.			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total expenses and losses per audited financial statements			1	12,867,507	7.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a				
b	Prior year adjustments	2b				
с	Other losses	2c				
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e		0.
3	Subtract line 2e from line 1			3	12,867,507	7.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a	1,263,337.			
b	Other (Describe in Part XIII.)					
	Add lines 4a and 4b			4c	1,263,337	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)			5	14,130,844	4.
Pa	t XIII Supplemental Information.					

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, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:

DURING FISCAL YEAR 2022-2023, SAN FRANCISCO STATE UNIVERSITY FOUNDATION
PROVIDED THE UNIVERSITY CORPORATION, SAN FRANCISCO STATE (AN AUXILIARY
ORGANIZATION OF SFSU) WITH APPROXIMATELY \$8.9 MILLION IN FUNDING. THE
FUNDS WERE USED FOR THE FOLLOWING PRIMARY PURPOSES: (A) APPROXIMATELY 23%
OF THE FUNDING WENT TO DIRECT STUDENT SUPPORT IN THE FORM OF SCHOLARSHIPS
AND STIPENDS; (B) 77% WENT TO REIMBURSING SFSU FOR FACULTY TIME. MOST OF
THIS WAS FOR DIRECT INSTRUCTION OF STUDENTS, HOWEVER, ABOUT 4.5% WAS FOR
THE RESEARCH AND TRAVEL; SUPPORT ENDOWED CHAIRS; (D) THE REMAINING FUNDS
WERE USED FOR A VARIETY OF PURPOSES INCLUDING, BUT NOT LIMITED TO,
TECHNOLOGY, VISITING PROFESSORS AND LECTURES, SPECIAL PROJECTS, FURNITURE
AND EQUIPMENT, AND GENERAL ACADEMIC NEEDS.
232054 09-01-22 Schedule D (Form 990) 2022 32

PART X, LINE 2:

FIN 48:

THE FOUNDATION IS A NOT-FOR-PROFIT FOUNDATION 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 FOUNDATION MIGHT GENERATE INCOME, WHICH IS TAXABLE. THE

FOUNDATION PAID \$5,093 AND \$51,054 FOR UNRELATED BUSINESS INCOME IN FISCAL

YEAR 2023 AND 2022, RESPECTIVELY, DUE TO FOUNDATION'S ALTERNATIVE

INVESTMENTS. THE STATUTE OF LIMITATIONS FOR FEDERAL AND CALIFORNIA STATE

PURPOSES IS GENERALLY THREE AND FOUR YEARS, RESPECTIVELY.

Schedule D (Form 990) 2022

232055 09-01-22

SCHEDULE F	Stateme	OMB No. 1545-0047					
(Form 990)	Complete if the	e organization a	nswered "Yes" on Form 990, Part IV,	line 14b, 15, o	or 16.	2022	
Department of the Treasury	Attach to Form 990. ternal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.						
Name of the organization	00107/	ww.ii3.govii olii			Employer	Inspection identification number	
SAN FRANCISCO S	STATE UNI	VERSITY					
FOUNDATION Part I General Info	rmation on A	ativitiaa Qut	side the United States. Comple		26-116		
Form 990, Part			side the Onited States. Comple	ete if the organ	ization answ	ered "Yes" on	
		n maintain record	ds to substantiate the amount of its gra	nts and other	assistance,		
-	-		he selection criteria used to award the			Yes No	
2 For grantmakers. Des United States.	cribe in Part V the	e organization's	procedures for monitoring the use of its	grants and ot	her assistand	e outside the	
			n be duplicated if additional space is n				
(a) Region	(b) Number of offices	(c) Number of employees, agents, and	(d) Activities conducted in the region (by type) (such as, fundraising, pro-		vity listed in (gram service		
	in the region	I independent	gram services, investments, grants to	describe	e specific typ	e for and	
		contractors in the region	recipients located in the region)	of service	(s) in the regi	ion in the region	
EUROPE (INCLUDING							
ICELAND & GREENLAND)							
- ALBANIA, ANDORRA,							
AUSTRIA, BELGIUM EAST ASIA AND THE	0	0	INVESTMENTS			23,055,258.	
PACIFIC - AUSTRALIA,							
BRUNEI, BURMA,							
CAMBODIA,	0	0	INVESTMENTS			2,016,382.	
3 a Subtotal	0	0				25,071,640.	
b Total from continuation	0	0				0.	
sheets to Part I c Totals (add lines 3a						0.	
and 3b)	0	0				25,071,640.	

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

232071 10-17-22

Schedule F (Form 990) 2022

Page 2		stion (i) Method of sh valuation (book, FMV, ce appraisal, other)					
	the United States. Complete if the organization additional space is needed.	(h) Description of noncash assistance					
26-1169717		(g) Amount of noncash assistance					
		(f) Manner of cash disbursement					recognized as a tax uivalency letter
		(e) Amount of cash grant					foreign country, i tion 501(c)(3) equ
Schedule F (Form 990) 2022 FOUNDATION		(d) Purpose of grant					Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization 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
	Grants and Other Assistance to Organizations or Entities Outside recipient who received more than \$5,000. Part II can be duplicated if	(c) Region					listed above that are r for which the grantee of entities
	• Assistance to Organi sived more than \$5,000	(b) IRS code section and EIN (if applicable)					Enter total number of recipient organizations listed a exempt 501(c)(3) organization by the IRS, or for whi Enter total number of other organizations or entities
	Part II Grants and Othe recipient who rec	1 (a) Name of organization					 2 Enter total number of r exempt 501(c)(3) orgar 3 Enter total number of c

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35

Page 3		(h) Method of valuation (book, FMV, appraisal, other)					Schedule F (Form 990) 2022
26-1169717	V, line 16.	(g) Description of noncash assistance					Schedu
	n Form 990, Part I	(f) Amount of noncash assistance					
	Complete if the organization answered "Yes" on Form 990, Part IV, line 16.	(e) Manner of cash disbursement					
		(d) Amount of cash grant					
	e the United Stat I.	(c) Number of recipients					
FOUNDATION	e to Individuals Outside Iditional space is needec	(b) Region					
Schedule F (Form 990) 2022 \mathbf{F}^{\dagger}	Part III Grants and Other Assistance to Individuals Outside the United States. Part III can be duplicated if additional space is needed.	(a) Type of grant or assistance					

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SAN FRANCISCO STATE UNIVERSITY

FOUNDATION

Schedule F (Form 990) 2022

Part	IV	Foreign Forms		
1	Was	s the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes,"		
	the	organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign		
	Corp	poration (see Instructions for Form 926)	Yes	X No
2	Did	the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may		
	be r	equired to separately file Form 3520. Annual Return To Report Transactions With Foreign Trusts and		
	Rec	eipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a		
		. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did	the organization have an ownership interest in a foreign corporation during the tax year? If "Yes."		
Ũ		organization may be required to file Form 5471. Information Return of U.S. Persons With Respect to		
		tain Foreign Corporations (see Instructions for Form 5471)	Yes	XNo
	Gen			
4	Was	s the organization a direct or indirect shareholder of a passive foreign investment company or a		
	qua	lified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621,		
	Info	rmation Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing		
	Fun	d (see Instructions for Form 8621)	Yes	X No
5	Did	the organization have an ownership interest in a foreign partnership during the tax year? If "Yes."		
	the	organization may be required to file Form 8865. Return of U.S. Persons With Respect to Certain		
		eign Partnerships (see Instructions for Form 8865)	Yes	XNo
6	Did	the organization have any operations in or related to any boycotting countries during the tax year? If		
	"Yes	s," the organization may be required to separately file Form 5713, International Boycott Report (see		
	Insti	ructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2022

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SAN	FRANCISCO	STATE	UNIVERSITY
FOUN	DATION		

Schedule F (Form 990) 2022 FOUNDATI Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 3:

THE INVESTMENTS FOR EACH REGION ARE RECORDED USING THE ACCRUAL METHOD OF

ACCOUNTING.

Schedule F (Form 990) 2022

11100515 794084 02058.TAX

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Schedule I (Form 990) 2022 FOUNDATION					26-1169717 Page 2
Part III Grants and Other Assistance to Domestic Individuals. Part III can be duplicated if additional space is needed.		organization answe	Complete if the organization answered "Yes" on Form 990, Part IV, line 22.	30, Part IV, line 22.	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	uired in Part I, line	e 2; Part III, column	(b); and any other ad	ditional information.	
PART I, LINE 2:					
GRANTS ARE MADE EITHER DIRECTLY OR	TO SAN	FRANCISCO S	STATE UNIVERSITY	RSITY (WHICH	
THE SAN FRANCISCO STATE UNIVERSITY	FOUNDATION IS	AN	UXILIARY OI	AUXILIARY ORGANIZATION	
OF) OR THE UNIVERSITY CORPORATION,	SAN FRAN	FRANCISCO STATE	E (ANOTHER	AUXILIARY	
ORGANIZATION OF SFSU). SFSU CONTROLS	вотн	SAN FRANCISCO		STATE UNIVERSITY	
FOUNDATION AND THE UNIVERSITY CORPC	CORPORATION,	SAN FRANCI	SAN FRANCISCO STATE VIA THE	/IA THE	
POWER TO APPROVE MEMBERS OF EACH OF	THE	ORGANIZATION'S BOARD.		GRANT FUNDS	
ARE USED SOLELY TO ADVANCE THE MISS	MISSION OF S	SFSU AND AR	ARE MONITORED	D TO ENSURE	
THEY ARE USED FOR PROPER PURPOSES V	VIA COMMO	COMMON CONTROL.			
232102 10-31-22					Schedule I (Form 990) 2022

SAN FRANCISCO STATE UNIVERSITY

SCH		OMB No. 1	545-004	47			
(For	m 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest	Ē	20	22)	
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.	L	<u> </u>		•	
Depart	ment of the Treasury	Attach to Form 990.		Open to		ic	
Interna	Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe			
Nam	e of the organization			identificatio		nber	
Pa	t L Question	FOUNDATION s Regarding Compensation	20-1	L16971	/		
Га		s negaraling compensation			Vee		
10	Chaok the oppropri	ate box(es) if the organization provided any of the following to or for a person listed on Form	000		Yes	No	
		line 1a. Complete Part III to provide any relevant information regarding these items.	990,				
	First-class or c		naluco				
	Travel for com						
		ation and gross-up payments Health or social club dues or initiation fee:					
		spending account					
b	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or					
reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain							
	2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,						
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?						
trustees, and onicers, including the CEO/Executive Director, regarding the items checked on line 12?							
3	Indicate which, if ar	ny, of the following the organization used to establish the compensation of the organization's					
	CEO/Executive Dire	ctor. Check all that apply. Do not check any boxes for methods used by a related organization	on to				
	establish compensa	ation of the CEO/Executive Director, but explain in Part III.					
	Compensatior	committee Written employment contract					
	Independent c	ompensation consultant Compensation survey or study					
	Form 990 of o	ther organizations Approval by the board or compensation c	ommittee				
4	During the year, dic	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing					
	organization or a re	lated organization:					
		e payment or change-of-control payment?		4a		X	
		eive payment from a supplemental nonqualified retirement plan?		4b		X	
		eive payment from an equity-based compensation arrangement?		4c		X	
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.							
	• •)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.					
	-	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n				
	contingent on the r			5-		x	
		ation?				X	
		ation? vr 5b, describe in Part III.		50			
		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	'n				
	contingent on the n						
				6a		x	
		ation?				x	
		r 6b, describe in Part III.					
		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments					
		les 5 and 6? If "Yes," describe in Part III		7		x	
		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to th					
	-			8		x	
		id the organization also follow the rebuttable presumption procedure described in					
	Regulations section			9			
		eduction Act Notice, see the Instructions for Form 990.		ule J (Forn	n 990)	2022	

Schedule J (Form 990) 2022 FOUNDATION	AT AT	ION		4	26-1169717	717		Page 2
s, Trustee	oldm	yees, and Highest C	compensated Empl		Use duplicate copies if additional space is needed	pace is needed.		
For each individual whose compensation must be reported on 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 aren't listed on Form 990, Part VII.	orm S	ported on Schedule J 390, Part VII.	, report compensati	on from the organize	ttion on row (i) and fror	n related organizations	s, described in the instr	uctions, on row (ii).
Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual	ed inc	dividual must equal th	ie total amount of Fo	orm 990, Part VII, Se	ction A, line 1a, applic	able column (D) and (E) amounts for that indi	vidual.
		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation	-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) LYNN MAHONEY	Ξ	• 0	.0	.0	0.	.0	.0	.0
EX-OFFICIO (VOTING)		400,970.	• 0	72,000.	92,336.	24,933.	590,239.	•0
(2) JEFF WILSON	Ξ		.0	•0	• 0			.0
EX-OFFICIO (VOTING)	(ii)	276,164.	3,500.	138.	84,	20,509.	384,853.	• 0
(3) JEFF JACKANICZ	(i)		0.					•0
BOARD FRESIDENT	(ii)	269,441.	0.	10,538.	39,53	27,340.	346,854.	•0
(4) AMY SUEYOSHI	(i)		0.	.0				•0
DIRECTOR	(ii)	253,733.	0.	.0	77,872.	10,291.	341,896.	• 0
(5) VENESIA THOMPSON	(i)	• 0	• 0	• 0	• 0			• 0
SECRETARY (NON-VOTING)	(ii)	171,991.	0.	138.	53,460.	25,276.	250,865.	.0
	(i)							
	(ii)							
	Ξ							
	(ii)							
	Ξ							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(<u>ii</u>)							
	Ξ							
	(ii)							
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	(ii)							
							Schedu	Schedule J (Form 990) 2022

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232112 10-18-22

Schedule J (Form 990) 2022 FOUNDATION	26-1169717 Page 3
ormation lanation, c	
PART I, LINE 3:	
THE PRESIDENT OF SAN FRANCISCO STATE UNIVERSITY FOUNDATION IS COMPENSATED	
BY SAN FRANCISCO STATE UNIVERSITY ("SFSU"), A RELATED ORGANIZATION. SFSU	
UTILIZES THE FOLLOWING METHODS TO DETERMINE COMPENSATION FOR THE SFSU	
FOUNDATION PRESIDENT: COMPENSATION SURVEY OR STUDY, CSU CLASSIFICATION	
SCHEDULE, FROM 990 OF OTHER ORGANIZATIONS, AND CSU BOARD OR COMMITTEE	
APPROVAL.	
	Schedule J (Form 990) 2022

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the	Treasury

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

30.	LULL
	Open to Public
	Inspection
Employer	identification numb

Internal Revenue Service	
Name of the organization	ſ

1

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2

SAN FRANCISCO STATE UNIVERSITY

26-1169717

FOUNDATION Part I Types of

t I Types of Property	,			
	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
Art - Works of art				
Art - Historical treasures				
Art - Fractional interests				
Books and publications				
Clothing and household goods				
Cars and other vehicles				

5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X	2	27,899.	FAIR MARKET VALUE
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or				
	trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution -				
	Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ()				
26	Other ()				
27	Other ()				
28	Other (
29	Number of Forms 8283 received by the organiz	zation during	g the tax year for co	ntributions	
	for which the organization completed Form 828	83, Part V, D	onee Acknowledge	ement 29	

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it			
	must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for			
	exempt purposes for the entire holding period?	30a		X
b	If "Yes," describe the arrangement in Part II.			
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	31	Х	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash			
	contributions?	32a		X
b	If "Yes," describe in Part II.			
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,			
	describe in Part II.			

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2022

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SAN FRANCISCO	STATE	UNIVERSITY
FOUNDATION		

26-1169717 Page 2

Schedule M (Form 990) 2022 Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization Part II is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

THE NUMBER IN COLUMN (B) REPRESENTS THE NUMBER OF CONTRIBUTIONS.

Schedule M (Form 990) 2022

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SCHEDULE O (Form 990)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. OMB No. 1545-0047

Employer identification number

26 - 1169717

Internal Revenue Service Name of the organization Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information. SAN FRANCISCO STATE UNIVERSITY

FOUNDATION

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

ENCOURAGING GIFTS TO SFSU OF MONEY, PROPERTY, WORKS OF ART, HISTORICAL

PAPERS AND DOCUMENTS, MUSEUM SPECIMENS OF EDUCATIONAL, ARTISTIC OR

HISTORICAL VALUE AND ANY OTHER ASSETS OF VALUE OF ANY DESCRIPTION; (B)

TO PROVIDE FUNDING FOR SCIENTIFIC, ECONOMIC, AND OTHER TYPES OF

RESEARCH AT SF STATE; (C) TO PROVIDE FUNDING FOR THE ESTABLISHMENT OF

SCHOLARSHIPS AND OTHER STUDENT ASSISTANCE PROGRAMS TO SFSU FROM SOURCES

OTHER THAN THOSE FROM WHICH THE STATE OF CALIFORNIA ORDINARILY MAKES

APPROPRIATIONS TO SFSU; AND (D) TO PROVIDE ADVISORY COUNCIL AND

ASSISTANCE TO THE PRESIDENT OF SFSU.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

RICHARD AND RHODA GOLDMAN CHAIR ISRAEL STUDIES PROVIDED \$144,000 IN

FUNDING TO PROVIDE SALARY SUPPORT AND TRAVEL.

THE FOUNDATION WAS ABLE TO MEET DONOR INTENT BY PROVIDING \$5.8 MILLION

IN SCHOLARSHIPS AND COLLEGE DEPARTMENT SUPPORT IN FY 2022-2023.

FORM 990, PART V, LINE 2A AND PART IX, LINES 7 & 9

THE FOUNDATION DOES NOT HAVE ANY DIRECT EMPLOYEES. THE EMPLOYEES

WORKING FOR THE FOUNDATION ARE PAID BY SFSU. THE FOUNDATION REIMBURSES

SFSU FOR THE COST OF UNIVERSITY STAFF WORKING FOR THE FOUNDATION.

FORM 990, PART VI, SECTION A, LINE 7A:

DESCRIBE THE PERSONS WHO HAD THE POWER TO ELECT OR APPOINT ONE OR MORE

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990) 2022

 232211
 10-28-22

Schedule O (Form 990) 202	22	Page 2
Name of the organization	SAN FRANCISCO STATE UNIVERSITY FOUNDATION	Employer identification number 26-1169717
MEMBERS OF THE	E GOVERNING BODY.	

THE PRESIDENT AND VICE PRESIDENT OF SAN FRANCISCO UNIVERSITY EACH HAVE AUTHORITY TO SERVE ON THE BOARD OF DIRECTORS OR APPOINT A DESIGNEE TO DO SO ON THEIR BEHALF.

FORM 990, PART VI, SECTION B, LINE 11B:

DESCRIBE THE PROCESS THE ORGANIZATION USES FOR REVIEW OF THE FORM 990. AUDITORS FORWARDS THE COMPLETED FORM 990 TO THE DIRECTOR OF FINANCE AND ADMINISTRATION OF UNIVERSITY CORPORATION FOR REVIEW. UPON REVIEW, THE DIRECTOR OF FINANCE AND ADMINISTRATION OF THE UNIVERSITY CORPORATION, SAN FRANCISCO STATE FORWARDS THE FORM 990 TO THE TREASURER OF THE FOUNDATION FOR REVIEW. THE TREASURER THEN REVIEWS AND FORWARDS THE FORM 990 TO THE EXECUTIVE COMMITTEE OF THE FOUNDATION BOARD FOR ITS REVIEW PRIOR TO FILING. BOARD MEMBERS ARE ENCOURAGED TO REVIEW THE FORM 990 AND TO FORWARD ANY QUESTIONS TO THE TREASURER.

FORM 990, PART VI, SECTION B, LINE 12C:

DESCRIBE HOW THE ORGANIZATION MONITORS AND ENFORCES COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY.

AT THE ANNUAL MEETING OF THE BOARD, DIRECTORS REVIEW THE FOUNDATION'S CONFLICT OF INTEREST (COI) POLICY AND SIGN THE POLICY STATEMENT. ALL MEMBERS OF THE BOARD, INCLUDING UNIVERSITY EMPLOYEES SITTING ON THE BOARD, ARE REQUIRED TO SUBMIT A COMPLETED COI STATEMENT. AN ANNUAL COMPLIANCE REPORT IS PROVIDED TO THE UNIVERSITY'S CFO. ANY POTENTIAL CONFLICTS ARE BROUGHT TO THE ATTENTION OF THE FOUNDATION'S PRESIDENT AND FOUNDATION GENERAL COUNSEL FOR ADVICE. IF A CONFLICT IS DEEMED TO EXIST, THE AUDIT COMMITTEE PLACES THE MATTER ON THE REGULAR BOARD MEETING FOR AN OPEN SESSION DISCUSSION FOR THE DIRECTOR, WHOSE CONDUCT IS AT ISSUE TO EXPLAIN. 232212 10-28-22 Schedule O (Form 990) 2022 47

11100515 794084 02058.TAX

2022.05090 SAN FRANCISCO STATE UNIVE 02058.T1

Schedule O (Form 990) 2022	Page 2
Name of the organization SAN FRANCISCO STATE UNIVERSITY FOUNDATION	Employer identification number $26 - 1169717$
THE BOARD WILL VOTE ON THE MATTER AND THE BOARD MEMBER HAV	ING THE CONFLICT
MUST RECUSE HIM/HERSELF FROM ANY VOTING OR DECISION-MAKING	THAT INVOLVES
SAID BOARD MEMBER. POSSIBLE ACTIONS TO RECTIFY THE SITUATION	ON INCLUDE, BUT
NOT LIMITED TO, VALIDATION OF THE TRANSACTION, VALIDATION	OF THE
TRANSACTION WITH CONDITIONS, CENSURE OR REMOVAL OF THE DIR	ECTOR, OR
RESCISSION OF THE TRANSACTION.	

FORM 990, PART VI, SECTION B, LINE 15:

DESCRIBE THE PROCESS FOR DETERMINING COMPENSATION OF THE ORGANIZATION'S

OFFICERS OR KEY EMPLOYEES.

THE ORGANIZATION DOES NOT PROVIDE ANY COMPENSATION TO THE INDIVIDUALS LISTED ON PART VII OF THE FORM 990. ALL COMPENSATION PAID TO THESE INDIVIDUALS IS PAID BY A RELATED ORGANIZATION, SAN FRANCISCO STATE UNIVERSITY (SFSU). THE PROCESS USED TO DETERMINE COMPENSATION FOR THESE INDIVIDUALS IS DETERMINED BY SFSU.

FORM 990, PART VI, SECTION C, LINE 19:

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DESCRIBE HOW THE ORGANIZATION MAKE ITS GOVERNING DOCUMENTS, CONFLICT OF
INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC.
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST
POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC ON THE
ORGANIZATION'S WEBSITE AND UPON REQUEST FOR THE SAME PERIOD OF THE TIME SET
FORTH IN I.R.C. SECTION 6104(D). THE FOUNDATION'S FORM 990 IS ALSO
AVAILABLE ON GUIDESTAR.ORG, A THIRD-PARTY WEBSITE.
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232212 10-28-22

SCHEDULE R (Form 990) Department of the Treasury Internal Reviewing Service	Related Organizations and Unrelated Partnerships Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990. Go to www irs gov/Form990 for instructions and the latest information	ons and Unrelated Pa ed "Yes" on Form 990, Part IV, lir Attach to Form 990.	tnerships e 33, 34, 35b, 36, information	or 37.	° °	OMB No. 1545-0047 2022 Open to Public Inspection
Name of the organization SAN FRANCISCO FOUNDATION	STATE UNIVERSITY				Employer identification number 26–1169717	ication number 71.7
Part I Identification of Disregarded Entities. Complete if the organization	ete if the organization answered "Yes'	answered "Yes" on Form 990, Part IV, line 33.				
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	r Total income	me End-of-year assets		(f) Direct controlling entity
Part II Identification of Related Tax-Exempt Organizations. organizations during the tax year.		Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt	, Part IV, line 34, t	ecause it had one	or more related tax-exe	mpt
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes No
SAN FRANCISCO STATE UNIVERSITY - 93-1137247 1600 HOLLOWAY AVENUE SAN FRANCISCO, CA 94132	EDUCATION	CALIFORNIA	115	LINE 2	A/A	
UNIVERSITY CORPORATION, SFSU - 94-1384645 1600 HOLLOWAY AVENUE, ADM 361 SAN FRANCISCO, CA 94132	SUPPORT SFSU	CALIFORNIA	501(C)(3)	LINE 5	SFSU	X
ASSOCIATED STUDENTS INC. OF SFSU - 94-1170352, 1650 HOLLOWAY AVE., SAN FRANCISCO, CA 94132	SUPPORT SFSU	CALIFORNIA	501(C)(3)		SFSU	Х
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	ns for Form 990.				Schedule R	Schedule R (Form 990) 2022

Schedule R (Form 990) 2022 FOUN	SAN FRANCISCO S FOUNDATION)	V. T. T. S. Y. J. V. N. N.						26-11	26-1169717	Page 2
Part III Identification of Related Organizations Taxable as a Partnership organizations treated as a partnership during the tax year.	ganizations Taxable a	as a Partne tx year.		the organiza	Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related	es" on Form 990	, Part IV, line	34, because	it had one or m	ore relatec	_
(a)	(q)	(c)	(p)	(e)	(i	(J)	(ĝ)	(y)	9	9	(k)
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)		Share of total income e	Share of end-of-year assets	Disproportionate allocations?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner? Yes No	Percentage ownership
☐	ganizations Taxable (as a Corpo	or Trust.	omplete if the	Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related	swered "Yes" on	Form 990, Pa	art IV, line 34	, because it had	one or mo	ire related
	rporation or trust durir	ng the tax y	ear.			-	-	-	-		
(a)			(q)	(c)	(q)				(B)	(મ)	(i)
Name, address, and EIN of related organization	Zuc	Prim	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Type of entity (C corp, S corp, or trust)	/ Share of total p, income		Share of P end-of-year c assets	Percentage ownership	512(b)(13) controlled entity?
								_			_
232162 09-14-22				C L					Schedu	ıle R (Forr	Schedule R (Form 990) 2022

SAN FRANCISCO STATE UNIVERSITY FOUNDATION

SAN FRANCISCO STATE UNIVERSITY FOUNDATION Schedule R (Form 990) 2022

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

					ľ	
Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				-	Yes	٥N
1 During the tax year, did the organization engage in any of the following transactions	s with one or more rel	transactions with one or more related organizations listed in Parts II-IV?	in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1 a		×
b Gift. grant. or capital contribution to related organization(s)				1b	Х	
Gift. grant. or capital contribution from related organization(s)				ب	×	
				7		×
				2		4 4
				<u>0</u>		4
						₽
f Dividends from related organization(s)				₽		×
g Sale of assets to related organization(s)				19		×
h Purchase of assets from related organization(s)				1h		Х
				÷		×
i lease of facilities equipment or other assets to related organization(s)				÷	×	
				-		
k Lease of facilities. equipment, or other assets from related organization(s)				¥	×	
	aization(e)			Ŧ	×	
	nizauon(s) itic-(c)			=	4 ⊳	
				Ξ	4 1	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	on(s) (s)			÷	×	
o Sharing of paid employees with related organization(s)				1 0	×	
b Reimbursement paid to related organization(s) for expenses				ę	×	
Beimbursement naid hv related organization(s) for expenses				5	×	
				2		
r Other transfer of cash or property to related organization(s)				÷	×	
				, t	×	
	idt stalmanes to one of	a line in a line in a line	alationahina and tuanaastian thurah ala's	2		
2 If the answer to any of the above is "Yes," see the instructions for information on wi	ho must complete thi	s line, including covered I	mation on who must complete this line, including covered relationships and transaction thresholds.			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	volved		
(1)						
(2)						
(3)						
(4)						
(5)						
232163 09-14-22			Schedule R (Form 990) 2022	R (Form	(066	2022

Schedule R (Form 990) 2022

Schedule R (Form 990) 2022 FOUNDATION	ATION	1	1					26-1169717	9717	Page 4
Part VI Unrelated Organizations Taxable as a Partnership. Complete if th	ble as a Partnership. Co	mplete if the organ	ie organization answered "Yes" on Form 990, Part IV, line 37.	" on Form	990, Part IV, line (37.				
Provide the following information for each entity taxed as a partnership through which the organization cond that was not a related organization. See instructions regarding exclusion for certain investment partnerships.	entity taxed as a partnersh structions regarding exclus	ip through which the sion for certain inve	which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) tain investment partnerships.	cted more	than five percent	of its activities (me	asured by	total assets or g	ross rev	enue)
(a)	(q)	(c)		(e)	(£)	(a)	(4)	0	0)	(k)
Name, address, and EIN of entity	Primary activity	micile oreion	t income related,	Are all partners sec. 501(c)(3)	Share of total	Share of end-of-vear	55	Code	General or managing	General or Percentage managing ownership
(country)	excluded from tax under sections 512-514)	Yes No	income	assets	Yes No	of Schedule K-1 (Form 1065)	Yes No	
							_			
							_			
								Schedule	R (Forn	Schedule R (Form 990) 2022
										/

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chedule	R(Form	990)	2022

SAN FRANCISCO STATE UNIVERSITY FOUNDATION

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Schedule R (Form 990) 2022

232165 09-14-22

	EXTENDED TO MAY 15, 2024		
Form 990-T	Exempt Organization Business Income Tax Retur	n	OMB No. 1545-0047
	(and proxy tax under section 6033(e))		
	For calendar year 2022 or other tax year beginning JUL 1, 2022 , and ending JUN 30, 20	23	2022
Department of the Treasury	Go to www.irs.gov/Form990T for instructions and the latest information.		
Internal Revenue Service	Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).		Open to Public Inspection for 501(c)(3) Organizations Only
A Check box if	Name of organization (Check box if name changed and see instructions.)	DEmp	loyer identification number
address changed.	SAN FRANCISCO STATE UNIVERSITY		
B Exempt under section	Print FOUNDATION		<u> 6-1169717</u>
X 501(C)(3)	or Number, street, and room or suite no. If a P.O. box, see instructions.		p exemption number instructions)
408(e) 220(e)	1600 HOLLOWAY AVE., ADM 151	_	
408A 530(a)	City or town, state or province, country, and ZIP or foreign postal code		
529(a) 529A	SAN FRANCISCO, CA 94132	_F ∟	Check box if
	C Book value of all assets at end of year 165,850,476.		an amended return.
G Check organization		State	college/university
H Check if filing only to			
-	organization filing a consolidated return with a 501(c)(2) titleholding corporation		<u></u>
	attached Schedules A (Form 990-T)		
	was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?		Yes X No
	ame and identifying number of the parent corporation.	41 5 3	201706
L The books are in car Part I Total Uni	re of JEFF JACKANICZ Telephone number	4100	381706
			T
	business taxable income computed from all unrelated trades or businesses (see		2,979.
• December 1		1	2,979.
		2	2,979.
3 Add lines 1 and 2	utions (see instructions for limitation rules) STMT 1 STMT 2 STMT	3 4	2,979.
	siness taxable income before net operating losses. Subtract line 4 from line 3		2,779.
		6	2,115.
	operating loss. See instructions	0	
Subtract line 6 fro		7	2,779.
	m line 5 n (generally \$1,000, but see instructions for exceptions)		1,000.
	Openerally \$1,000, but see instructions for exceptions/ Openerally \$1,000, but see instructions	9	
	. Add lines 8 and 9	10	1,000.
	ss taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7,		_,,
enter zero		11	1,779.
Part II Tax Com	putation		
1 Organizations tax	able as corporations. Multiply Part I, line 11 by 21% (0.21)	1	374.
	trust rates. See instructions for tax computation. Income tax on the amount on		
Part I, line 11 from		2	
3 Proxy tax. See ins		3	
4 Other tax amounts		4	
5 Alternative minimu		5	
	liant facility income. See instructions	6	
7 Total. Add lines 3	through 6 to line 1 or 2, whichever applies	7	374.
	Paduction Act Notice see instructions		Form 990-T (2022)

LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-T** (2022)

223701 01-16-23

Form 9	90-T (2022)			Page 2
Part	III Tax and Payments			
1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)			
b	Other credits (see instructions) 1b			
с	General business credit. Attach Form 3800 (see instructions)			
d	Credit for prior year minimum tax (attach Form 8801 or 8827)			
е	Total credits. Add lines 1a through 1d	1e		
2	Subtract line 1e from Part II, line 7	2		374.
3	Other amounts due. Check if from: Form 4255 Form 8611 Form 8697 Form 8866			
	Other (attach statement)	3		
4	Total tax. Add lines 2 and 3 (see instructions).			
	section 1294. Enter tax amount here	4		374.
5	Current net 965 tax liability paid from Form 965-A, Part II, column (k)	5		0.
6a	Payments: A 2021 overpayment credited to 2022 6a 48,909.			
b	2022 estimated tax payments. Check if section 643(g) election applies			
с	Tax deposited with Form 8868 6			
d	Foreign organizations: Tax paid or withheld at source (see instructions)			
е	Backup withholding (see instructions) 6e			
f	Credit for small employer health insurance premiums (attach Form 8941)			
g	Other credits, adjustments, and payments: Form 2439			
	Form 4136 Other Total _ 6g			
7	Total payments. Add lines 6a through 6g	7	48,	909.
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached	8		
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9		
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10	48,	535.
11	Enter the amount of line 10 you want: Credited to 2023 estimated tax 48,535. Refunded	11		0.
Part	IV Statements Regarding Certain Activities and Other Information (see instructions)			
1	At any time during the 2022 calendar year, did the organization have an interest in or a signature or other authority		Ye	s No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file			
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country			
	here			X
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a			
	foreign trust?			X
	If "Yes," see instructions for other forms the organization may have to file.			
3	Enter the amount of tax-exempt interest received or accrued during the tax year \$			
4	Enter available pre-2018 NOL carryovers here \$ Do not include any post-2017 NOL car	ryover		
	shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part	I, line 6.		
5	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce			
	the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.			
	Business Activity Code Available post-2017 NOL c	arryover		
	\$			
	\$			
6a				X
	Did the organization change its method of accounting? (see instructions)			
b	Did the organization change its method of accounting? (see instructions) If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No,"			
b				

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions. **STATEMENT** 4

Sign		ury, I declare that I have examine Declaration of preparer (other tha					wledge	and belief, it is true,
Here	_			PRESI	DENT			the IRS discuss this return with reparer shown below (see
	Signature of officer	ſ	Date	Date Title			instructions)? X Yes	
	Print/Type prep	Print/Type preparer's name			Date	Check	if	PTIN
Paid						self- employ	self- employed	
Prepare	. DONITA J	JOSEPH	DONITA JOSE	EPH	05/15/24			P00286656
Use Only		WINDES, INC.						95-3001179
		P.O. BOX 8	37					
	Firm's address	LONG BEACE	H, CA 90801			Phone no.	56	2-435-1191
223711 01-16-	23							Form 990-T (2022)
			C	55				

2022.05090 SAN FRANCISCO STATE UNIVE 02058.T1

FORM 990-T	CONTRIBUTIONS	STATEMENT 1	
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT	
THE UNIVERSITY CORPORATION, SF STATE	N/A	9,694,102.	
CHARITABLE CONTRIBUTIONS - ACCOLADE PARTNERS VII, L.P.	N/A	8.	
CHARITABLE CONTRIBUTIONS - DOVER STREET X L.P.	N/A	1.	
100% DISASTER CHARITABLE CONTRIBUTIONS - DOVER STREET X	N/A		
L.P.		2.	
TOTAL TO FORM 990-T, PART I, LI	INE 4	9,694,113.	

26-1169717

FORM 990-T CONTRIBUTIONS SUMMARY		STATEMENT 2
QUALIFIED CONTRIBUTIONS SUBJECT TO 100% LIMIT QUALIFIED CONTRIBUTIONS SUBJECT TO 25% LIMIT	2	
CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS FOR TAX YEAR 2017 1,721,100 FOR TAX YEAR 2018 2,737,001 FOR TAX YEAR 2019 5,453,931 FOR TAX YEAR 2020 6,098,830 FOR TAX YEAR 2021 4,404,909		
TOTAL CARRYOVER TOTAL CURRENT YEAR 10% CONTRIBUTIONS	20,415,771 9,694,111	
TOTAL CONTRIBUTIONS AVAILABLE TAXABLE INCOME LIMITATION AS ADJUSTED	30,109,884 200	_
EXCESS CONTRIBUTIONS EXCESS 100% CONTRIBUTIONS TOTAL EXCESS CONTRIBUTIONS	30,109,684 0 30,109,684	_
ALLOWABLE CONTRIBUTIONS DEDUCTION		200
TOTAL CONTRIBUTION DEDUCTION		200

FORM 990-T	CONTRIBUTION L	CONTRIBUTION LIMITATIONS				
	CONTRIBUTIONS SUBJECT TO THE 10% LIMIT	QUALIFIED DISASTER RELIEF CONTRIBUTIONS	TOTAL CONTRIBUTIONS			
TOTAL CONTRIBUTION		2.	9,694,113.			
10% TAXABLE INCOME CURRENT YEAR AMOUN		2.	200.			

FORM 990-T	PART V -	SUPPLEMENTAL	INFORMATION	STATEMENT 4

PART II, 20 - THE SPECIAL DISASTER RELIEF CONTRIBUTIONS ARE FROM THE DOVER STREET X L.P. 2022 K-1.

SCHEDULE A (Form 990-T)

Department of the Treasury

Internal Revenue Service

Ε

Unrelated Business Taxable Income From an Unrelated Trade or Business

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

OMB No. 1545-0047

1

2022

1

Open to Public Inspection for 501(c)(3) Organizations Only

1

of

D Sequence:

A	Name of the organization	 FRANCISCO	STATE	UNIVERSITY	в	Employer identification number 26-1169717

C Unrelated business activity code (see instructions) 900001

Describe the unrelated trade or business UBI FROM QUALIFYING PARTNERSHIP INTERESTS

Pa	t I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net	
1a	Gross receipts or sales				
b	Less returns and allowances c Balance	1c			
2	Cost of goods sold (Part III, line 8)	2			
3	Gross profit. Subtract line 2 from line 1c	3			
4a	Capital gain net income (attach Schedule D (Form 1041 or Form				
	1120)). See instructions	4a	34,744.		34,744.
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b			
с	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach				
	statement) STATEMENT 5	5	110,900.		110,900.
6	Rent income (Part IV)	6			
7	Unrelated debt-financed income (Part V)	7			
8	Interest, annuities, royalties, and rents from a controlled				
	organization (Part VI)	8			
9	Investment income of section 501(c)(7), (9), or (17)				
	organizations (Part VII)	9			
10	Exploited exempt activity income (Part VIII)	10			
11	Advertising income (Part IX)	11			
12	Other income (see instructions; attach statement)	12			
13	Total. Combine lines 3 through 12	13	145,644.		145,644.

Part II Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

1	Compensation of officers, directors, and trustees (Part X)	1	
2			
3	Salaries and wages	3	
4	Bad debts	4	
5	Interest (attach statement). See instructions SEE STATEMENT 6	5	12,970.
6	Taxes and licenses		
7	Depreciation (attach Form 4562). See instructions 7		
8	Less depreciation claimed in Part III and elsewhere on return 8a	8b	
9	Depletion	. 9	
10	Contributions to deferred compensation plans		
11	Employee benefit programs		
12	Excess exempt expenses (Part VIII)		
13	Excess readership costs (Part IX)	13	
14	Other deductions (attach statement) SEE STATEMENT	14	129,695.
15	Total deductions. Add lines 1 through 14	15	142,665.
16	Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13,		
	column (C)		2,979.
17	Deduction for net operating loss. See instructions		0.
18	Unrelated business taxable income. Subtract line 17 from line 16		2,979.
LHA	For Paperwork Reduction Act Notice, see instructions.	Schedu	ile A (Form 990-T) 2022

223741 01-16-23

Schod	ulo A (Form 990 T) 2022				1 Page 2
Part	ule A (Form 990-T) 2022 III Cost of Goods Sold Enter meth	nod of inventory valua	tion		Page 4
1	Inventory at beginning of year			1	
2	Purchases				
3	Cost of labor			3	
4	Additional section 263A costs (attach statement)				
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5				
7	Inventory at end of year				
8	Cost of goods sold. Subtract line 7 from line 6. Enter h	nere and in Part I, line	2		
9	Do the rules of section 263A (with respect to property p				Yes No
Part			-		
1	Description of property (property street address, city, st	tate, ZIP code). Check	if a dual-use. See instr	uctions.	
	B				
	D				
		Α	В	с	D
2	Rent received or accrued	<u> </u>	5		D
a	From personal property (if the percentage of				
u	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the				
	percentage of rent for personal property exceeds				
	50% or if the rent is based on profit or income)				
с	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D				
4 <u>5</u> Part 1	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. En Unrelated Debt-Financed Income (see Description of debt-financed property (street address, c A B	ee instructions)			0.
	c 🗌				
	D				
		Α	В	С	D
2	Gross income from or allocable to debt-financed				
	property				
3	Deductions directly connected with or allocable				
	to debt-financed property				
a	Straight line depreciation (attach statement)				
b	Other deductions (attach statement) Total deductions (add lines 3a and 3b,				
С					
4	columns A through D) Amount of average acquisition debt on or allocable				
-	to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
5	financed property (attach statement)				
6	Divide line 4 by line 5	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,	,,,	
8	Total gross income (add line 7, columns A through D).	Enter here and on Pa	.rt I, line 7, column (A)		0.
			, , , , , , , , , , , , , , , , , , ,		
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns A three	ough D. Enter here an	d on Part I, line 7, colur	nn (B)	0.
_11	Total dividends-received deductions included in line	10			0.
223721 (01-16-23	60		Schedule A	A (Form 990-T) 2022

⁶⁰ 2022.05090 SAN FRANCISCO STATE UNIVE 02058.T1

											1
Sched	ule A (Form 990-T) 2022 VI Interest, Annu	uities Roy	valtice and D	ante fron	n Control	lad Or	agnization	B (a)			Page 3
Part			alles, allu no				Exempt Contro	,	ee instruct	,	
	1. Name of controlled	d	2. Employer	3. Net	unrelated		al of specified	1	art of colu		6. Deductions directly
	organization		identification		ne (loss)		nents made		s included olling orga		connected with
			number	(see ins	structions)				s gross inc		income in column 5
<u>(1)</u>											
(2)											
(3)				-							
<u>(4)</u>			Nic	novomnt (Controlled Or	aonizati	ono				
7	. Taxable Income	8 Ne	et unrelated		Controlled On tal of specif	-	10. Part o	of colu	mn 9	11	Deductions directly
'			ome (loss)		yments mad		that is inc	luded	in the		connected with
			nstructions)				controlling aross	organi: incom		ind	come in column 10
(1)							J				
(2)											
(3)											
<u>(4)</u>											
							Add colum Enter here				d columns 6 and 11. er here and on Part I,
							line 8, c		,		line 8, column (B)
Totals									0.		0.
Part		Income o	f a Section 50	1(c)(7), (9), or (17)	Orga	hization (s	ee inst	ructions)		
		cription of in			2. Amou		3. Deductio		,	asides	5. Total deductions
					incor	ne	directly conn (attach stater		(attach st	tatemer	nt) and set-asides (add cols 3 and 4)
(1)											
(2)											
(3)											
(4)					Add amou	unto in					Add amounts in
					column 2						column 5. Enter
					here and o						here and on Part I,
Totals					line 9, colu	. (A) וווות 0					line 9, column (B) 0 •
Part		xempt Ac	tivity Income	. Other T	han Adve	•••	a Income	(see in:	structions)		
1	Description of exploite		,								
2	Gross unrelated busin		from trade or busi	ness. Enter	r here and o	n Part I,	line 10, colum	n (A)		2	
3											
	line 10, column (B)								3		
4	· · · · · · · · · · · · · · · · · · ·										
_	lines 5 through 7 5 Gross income from activity that is not unrelated business income									4	
5										5	
6 7	Expenses attributable									6	
7	Excess exempt expense 4. Enter here and on P		_							7	
			<u></u>								

Schedule A (Form 990-T) 2022

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Sched	ule A	(Form 990-T) 2022					Page 4
Part	IX	Advertising Income					
1	Nam	ne(s) of periodical(s). Check box if reporti	ng two or n	nore periodicals on	a consolidated basis	S.	
	a [
	в						
	с [
	D [
Enter a	amour	nts for each periodical listed above in the	correspon	ding column.			
			Γ	Α	В	С	D
2	Gros	ss advertising income					
	Add	columns A through D. Enter here and or	n Part I, line	11, column (A)			0.
а							
3	Dire	ct advertising costs by periodical					
а	Add	columns A through D. Enter here and or	n Part I, line	11, column (B)			0.
			_				
4	Adv	ertising gain (loss). Subtract line 3 from li	ine				
	2. Fo	or any column in line 4 showing a gain,					
	com	plete lines 5 through 8. For any column	in				
	line	4 showing a loss or zero, do not comple	te				
	lines	s 5 through 7, and enter zero on line 8 $_{\odot}$					
5	Rea	dership costs					
6		ulation income					
7		ess readership costs. If line 6 is less thar					
	line	5, subtract line 6 from line 5. If line 5 is le	ess				
	than	line 6, enter zero					
8		ess readership costs allowed as a					
	ded	uction. For each column showing a gain	on				
	line	4, enter the lesser of line 4 or line 7					
а	Add	line 8, columns A through D. Enter the g	greater of th	e line 8a, columns t	total or zero here an	d on	
	Part	II, line 13					0.
Part	X	Compensation of Officers, Di	rectors,	and Trustees	(see instructions)		
						3. Percentage	4. Compensation
		1. Name		2. Title		of time devoted	attributable to
						to business	unrelated business
<u>(1)</u>						%	
(2)						%	
(3)						%	
(4)						%	
							_
		r here and on Part II, line 1					0.
Part	XI	Supplemental Information (s	ee instructi	ons)			

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FORM 990-T (A) INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 5
	NET INCOME
DESCRIPTION	OR (LOSS)
ACCOLADE PARTNERS VII, L.P ORDINARY BUSINESS INCOME	
(LOSS)	-788
ACCOLADE PARTNERS VII, L.P INTEREST INCOME	301
ACCOLADE PARTNERS VII, L.P DIVIDEND INCOME	1
ACCOLADE PARTNERS VII, L.P OTHER PORTFOLIO INCOME	
(LOSS)	4
ACCOLADE PARTNERS VII, L.P OTHER INCOME (LOSS)	-8,990
DOVER STREET X L.P ORDINARY BUSINESS INCOME (LOSS)	-986
DOVER STREET X L.P INTEREST INCOME	1,352
DOVER STREET X L.P DIVIDEND INCOME	4,969
DOVER STREET X L.P ROYALTIES DOVER STREET X L.P OTHER PORTFOLIO INCOME (LOSS)	6 551
DOVER STREET X L.P OTHER PORTFOLIO INCOME (LOSS) DOVER STREET X L.P OTHER INCOME (LOSS)	-4,459
SUSTAINABLE ASSET FUND II, LP - ORDINARY BUSINESS INCOME	-4,405
(LOSS)	-8,119
ACCOLADE PARTNERS VIII, LP - ORDINARY BUSINESS INCOME	-0,113
(LOSS)	-116
ACCOLADE PARTNERS VIII, LP - INTEREST INCOME	84
ACCOLADE PARTNERS VIII, LP - DIVIDEND INCOME	1
ACCOLADE PARTNERS VIII, LP - OTHER INCOME (LOSS)	-3,913
STEPSTONE VC GLOBAL PARTNERS IX-B, LP - ORDINARY BUSINESS	0,010
INCOME (LOSS)	-32
STEPSTONE VC GLOBAL PARTNERS IX-B, LP - OTHER INCOME	-
(LOSS)	-170
ILLUMEN CAPITAL II, LP - ORDINARY BUSINESS INCOME (LOSS)	- 4
MARCH CAPITAL BAY AREA OPPORTUNITY FUND II, LP - ORDINARY	
BUSINESS INCOME (L	255,335
MARCH CAPITAL FUND II LEGACY, LLC - ORDINARY BUSINESS	
INCOME (LOSS)	-54,615
STEPSTONE VC IMPACT I, LP - ORDINARY BUSINESS INCOME	
(LOSS)	- 9
STEPSTONE VC IMPACT I, LP - OTHER INCOME (LOSS)	-20
STEPSTONE VC GLOBAL PARTNERS X-B, LP - ORDINARY BUSINESS	
INCOME (LOSS)	-104
SUSTAINABLE ASSET FUND III, LP - ORDINARY BUSINESS INCOME	
(LOSS)	-69,379
FOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5	110,900
FORM 990-T (A) INTEREST PAID	STATEMENT 6

DESCRIPTION	AMOUNT
INVESTMENT INTEREST EXPENSE	12,970.
TOTAL TO SCHEDULE A, PART II, LINE 5	12,970.

STATEMENT(S) 5, 6

11100515 794084 02058.TAX

FORM 990-T (A)	OTHER DEDUCTIONS	STATEMENT 7
DESCRIPTION		AMOUNT
OTHER DEDUCTIONS FROM PASSTHROUG INVESTMENT FEES TAX PREP FEES OTHER DEDUCTIONS - PORTFOLIO FRO		11. 125,404. 4,275. 5.
TOTAL TO SCHEDULE A, PART II, L		129,695.

Department of the Treasury Internal Revenue Service

Name

Capital Gains and Losses 1

OMB No. 1545-0123

/

Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L	,
120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990	Ď-Т.
Go to www.irs.gov/Form1120 for instructions and the latest information.	

Employer identification number

/

26-1169717

Yes 🚺 No

SAN FRANCISCO	STATE	UNIVERSITY
FOUNDATION		

Did the corporation dispose of any investme	ent(s) in a qualified opportun	ty fund during the tax y	ear?		Yes X No
If "Yes," attach Form 8949 and see its instru-		1 0,	0		
Part I Short-Term Capital Ga	ains and Losses - Ass	ets Held One Year	or Less		
See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to ga or loss from Form(s) 89 Part I, line 2, column	49,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b 					
1b Totals for all transactions reported on					
Form(s) 8949 with Box A checked					
2 Totals for all transactions reported on Form(s) 8949 with Box B checked					
3 Totals for all transactions reported on					
Form(s) 8949 with Box C checked					106.
4 Short-term capital gain from installment sale	s from Form 6252 line 26 or 27			4	1000
5 Short-term capital gain or (loss) from like-kii				5	
6 Unused capital loss carryover (attach compu				6	
7 Net short-term capital gain or (loss). Combi				7	106.
Part II Long-Term Capital Ga	ins and Losses - Asse	ts Held More Tha	n One Year	1	1 100.
See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to ga or loss from Form(s) 89 Part II, line 2, column	49,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b					
8b Totals for all transactions reported on					
Form(s) 8949 with Box D checked					
9 Totals for all transactions reported on					
Form(s) 8949 with Box E checked					
10 Totals for all transactions reported on					
Form(s) 8949 with Box F checked					34,629.
				11	9.
12 Long-term capital gain from installment sale	s from Form 6252, line 26 or 37			12	
13 Long-term capital gain or (loss) from like-ki	nd exchanges from Form 8824			13	
				14	
15 Net long-term capital gain or (loss). Combin		۱ <u> h</u>		15	34,638.
Part III Summary of Parts I an					
16 Enter excess of net short-term capital gain (I				16	106.
17 Net capital gain. Enter excess of net long-ter				17	34,638.
18 Add lines 16 and 17. Enter here and on Form	n 1120, page 1, line 8, or the app	licable line on other return	s	18	34,744.
Note: If losses exceed gains, see Capital Lo	sses in the instructions.				

LHA

For Paperwork Reduction Act Notice, see the Instructions for Form 1120.

Schedule D (Form 1120) 2022

221051 12-16-22

Sa Sa	les and O	ther Disp	ositions	of Capital	Asset	S OMB	No. 1545-0074
Form 8949		-		-		2	2022
epartment of the Treasury				d the latest inforn 2, 3, 8b, 9, and 10 c		D. Atta	chment uence No. 12A
lame(s) shown on return SAN FRANCISCO							urity number or dentification no.
FOUNDATION	SIALE UN.	IVERSIII					169717
Before you check Box A, B, or C be tatement will have the same inform	low, see whether ation as Form 109	you received any 99-B. Either will s	/ Form(s) 1099-B (show whether you	or substitute stater r basis (usually you	nent(s) from r cost) was	your broker. A su reported to the IF	Ibstitute IS by your
roker and may even tell you which Part I Short-Term. Transac transactions, see page 2. Note: You may aggregate a	tions involving capit Il short-term transac	tions reported on	Form(s) 1099-B show	ving basis was reporte	ed to the IRS	and for which no a	ljustments or
codes are required. Enter th ou must check Box A, B, or C below. you have more short-term transactions than w (A) Short-term transactions re	Check only one bo ill fit on this page for on	bx. If more than one be or more of the boxes	ox applies for your shor s, complete as many for	t-term transactions, comp ms with the same box che	olete a separate cked as you ne	e Form 8949, page 1, for eed.	
(B) Short-term transactions re		-	-	eported to the IRS			
(C) Short-term transactions n (a) Description of property (Example: 100 sh. XYZ Co.)	(b) (b) Date acquired (Mo., day, yr.)	(C) Date sold or disposed of (Mo., day, yr.)	3 Proceeds (sales price)	(e) Cost or other basis. See the Note below and see <i>Column</i> (e) in the instructions	loss. If yo in column column (f)	t, if any, to gain or ou enter an amount (g), enter a code in . See instructions. (g) Amount of	(h) Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g)
CCOLADE PARTNERS						adjustment	with column (g)
II, L.P.							335.
OVER STREET X							
.P. CCOLADE PARTNERS							-228.
III, LP							-1.
	mno (d) (a) (-)	nd (b) (au bit a c'					
Totals. Add the amounts in colu							
negative amounts). Enter each to Schedule D, line 1b (if Box A ab	ove is checked),	line 2 (if Box B					106
above is checked), or line 3 (if E ote: If you checked Box A above				<u> </u>			106.

thar Dianaaitiana of Canital Acasta

Form 8949 (2022)				Attachm	ent Sequer	nce No. 12A	Page 2
Name(s) shown on return. Name and	d SSN or taxpaye	er identification n	o. not required if			Social secur	ity number or
SAN FRANCISCO	STATE UN	IVERSITY					ntification no.
FOUNDATION							169717
Before you check Box D, E, or F belo statement will have the same informa broker and may even tell you which b	pox to check.		•			•	
Part II Long-Term. Transaction	ons involving capita	al assets you held n	nore than 1 year are	generally long-term (s	ee instructior	ns). For short-term ti	ransactions,
Note: You may aggregate al codes are required. Enter the You must check Box D, E, or F below. (e totals directly on §	Schedule D, line 8a	; you aren't required	to report these trans	actions on Fo	rm 8949 (see instru	ctions).
If you have more long-term transactions than will	fit on this page for one	or more of the boxes,	complete as many forr	ns with the same box chec	ked as you nee	d.	
(D) Long-term transactions rep	orted on Form(s)) 1099-B showing	g basis wasn't re		Note abov	/e)	
X (F) Long-term transactions not					Adjustment	, if any, to gain or	(1)
1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds (sales price)	(e) Cost or other basis. See the	loss. If you in column (g), enter an amount	(h) Gain or (loss). Subtract column (e)
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(00.00 p00)	Note below and	()	See instructions.	from column (d) &
		(1010., day, yr.)		see Column (e) in the instructions	(f) Code(s)	(g) Amount of	combine the result with column (g)
ACCOLADE PARTNERS						adjustment	
VII, L.P.							7,341.
DOVER STREET X							
L.P.							27,016.
ACCOLADE PARTNERS							
VIII, LP							272.
				1			<u> </u>
2 Totals. Add the amounts in colur	mns (d), (e), (g), a	nd (h) (subtract					
negative amounts). Enter each to	tal here and inclu	ude on your					
Schedule D, line 8b (if Box D abo							
above is checked), or line 10 (if E					hasis		34,629.
Note: If you checked Box D above b adjustment in column (g) to correct t							

223012 10-24-22

Form 4	797
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Sales of Business Property (Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))

Attach to your tax return.

OMB No. 1545-0184
2022

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form4797 for instructions and the latest information. Name(s) shown on return

SAN	FRANCISCO	STATE	UNIVERSITY	
FOIN	IDATTON			

	Attachment Sequence No.	27
Ide	ntifying number	

SAN FRANCISCO STATE UNIVERSITY		
FOUNDATION		26-1169717
1a Enter the gross proceeds from sales or exchanges reported to you for 2022 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20	1a	
b Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of MACRS assets	1b	
c Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS assets	1c	

Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft-Most Property Held More Than 1 Year (see instructions) Part I

2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(C) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or othe basis, plus improvements a expense of sa	and	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
ACO	COLADE PARTNERS							
VI	I, L.P.							5.
70D	/ER STREET X L.P.							4.
3	Gain, if any, from Form 4684, line 39						З	
4	Section 1231 gain from installment sa	ales from Form 6	252, line 26 or 3	37		Γ	4	
	Section 1231 gain or (loss) from like-k						5	
	Gain, if any, from line 32, from other t						6	
7	Combine lines 2 through 6. Enter the	gain or (loss) her					7	9.
	Partnerships and S corporations. F line 10, or Form 1120-S, Schedule K,		· / ·					
	Individuals, partners, S corporation from line 7 on line 11 below and skip 1231 losses, or they were recaptured the Schedule D filed with your return	lines 8 and 9. If I in an earlier yea	ine 7 is a gain a r, enter the gain	nd you didn't have from line 7 as a lo	any prior year sec	tion		
8	Nonrecaptured net section 1231 loss	es from prior vea	ars. See instruct	ions		Γ	8	
	Subtract line 8 from line 7. If zero or I	. ,						
	line 9 is more than zero, enter the am	ount from line 8	on line 12 below	v and enter the gai	n from line 9 as a lo	ong-term		
	capital gain on the Schedule D filed v	vith your return. S	See instructions				9	9.
Pa	rt II Ordinary Gains and I	OSSES (soo in	etructione)					
			structions					
10	Ordinary gains and losses not includ	led on lines 11 th	rough 16 (inclu	de property held 1	year or less):			
							11	()
12	Gain, if any, from line 7 or amount fro	m line 8, if applic	able				12	
13	Gain, if any, from line 31						13	
14	Net gain or (loss) from Form 4684, lin	es 31 and 38a					14	
15	Ordinary gain from installment sales f	rom Form 6252,	line 25 or 36				15	
16	Ordinary gain or (loss) from like-kind e	exchanges from F	orm 8824				16	
17	Combine lines 10 through 16						17	
18	For all except individual returns, ente	r the amount fror	m line 17 on the	appropriate line of	your return and sk	kip lines		
	a and b below. For individual returns,	complete lines a	a and b below.					
а	If the loss on line 11 includes a loss f	rom Form 4684,	line 35, column	(b)(ii), enter that pa	rt of the loss here.	Enter the		
	loss from income-producing property	on Schedule A (Form 1040), line	e 16. (Do not includ	e any loss on prop	erty used		
	as an employee.) Identify as from "Fo	orm 4797, line 18a	a." See instructi	ons		L	18a	
b	Redetermine the gain or (loss) on line	17 excluding the	e loss, if any, on	line 18a. Enter her	e and on Schedule	e 1		
	(Form 1040), Part I, line 4						18b	

LHA For Paperwork Reduction Act Notice, see separate instructions. 218011 12-12-22

Form 4797 (2022) FOUNDATION

Page 2

Gross sales price (Note: See line 1a before completing.) 20 1 Cot or other basis plus expense of sale 21 1 Depreciation of depletion) allowed or allowable 22 1 Adjusted basis. Subtract line 23 from line 20. 24 1 Total cain, Subtract line 23 from line 20. 24 1 Depreciation allowed or allowable from line 22. 25a 1 Detrot the smaller of line 24 or 25a 25b 1 Detrot the smaller of line 24 or 25a 25b 1 Additional depreciation after 1975. See instructions was used, entre 106 as exis instructions subject to section 291. 25a Additional depreciation after 1975. See instructions solo and 26e 26e 1 Additional depreciation after 1975. See instructions solo and 26e 26e 1 Additional depreciation after 1975. See instructions solo and 26e 26e 1 Additional depreciation after 1975. See instructions solo and 26e 26e 1 Additional depreciation after 1976 and before 1976 26e 26e 1 Extert the smaller of line 24 or 27b 26e 26e 1 1 I hardito displet display before solo and 26e 26e 1 1	9 (a) Description of section 1245, 1250, 1252, 1254, o		(b) Date acquir (mo., day, yr.		(c) Date solo (mo., day, yr.			
C Image Control Property A Property A Property B Property C Property C These columns relate to the properties on lines 51A through 15D. 20 Property A Property C Property C Property C Cost or other basis pus expense of sale 21 20 22 21 22 Adjusted basis Subtract line 22 from line 21 23 24 24 24 Total cain. Subtract line 23 from line 20 24 25 25 25 If section 1250 property: 1 25 25 25 If section 1250 property: 1 25 25 25 Additional depreciation was used, enter 4 on line 26, group to a corporation subject to section 231. 25 25 If section 1250 property: 1 25 25 Additional depreciation after 1975. See instructions 26 26 C Subtract line 26a from line 26, group to a corporation subject to section 231. 26 26 Additional depreciation after 1975. See instructions 26 26 C Subtract line 26a from line 26, group to a corporation subject to section 231. 26 26 Additional depreciation after 1976. 26d 26d 26d C Subtract line 26a property: 26d 27 27 <t< th=""><th>A</th><th></th><th></th><th></th><th></th><th></th><th></th><th></th></t<>	A							
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These columns relate to the properties on lines 194 through 19D. Property A Property B Property C Property C Cost or other basis plus expense of sale 21	C							
Ines 194 through 190. Property A Property B Property C Property C Gross sales price (Note: See line ta bafore completing.) 20	D			.				
Cost or other basis plus expense of sale 21		_	Property A	Property	/ B	Property	c	Property
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b Enter the smaller of line 24 or 25a 25b 25b If section 1250 property: If straight line depredation was used, enter 0-on line 26g, except for a corporation subject to section 291. 26a a Additional depreciation after 1975. See instructions 26a 26a b Applicable precentage multiplied by the smaller of line 24 or line 24 in residential rental property or line 24 in time 26a, skip lines 25d and 25e. 26a c Subtract line 26a room line 2.4. Ir residential rental property or line 24 in time 26a, skip lines 25d and 26e 26d d Additional depreciation after 1969 and before 1976. 26d e Enter the smaller of line 26b, 26a, and 26f 26e f Section 1252 property: Skip this section if you didn't dispose of farmado or thits from is being completed for a partnership. 27a a Solt, water, and land clearing expenses 27a 27a b Line 27a multiplied by applicable percentage 27b 27a b Line 27a multiplied by applicable percentage 27b 27a a Applicable percentage or 27b 28a 28a b Enter the smaller of line 24 or 27a. 28a 28a b Enter the smaller of line 24 or 28a. 28b 28a b Enter the smaller of line 24 or 28a. 28a 28a b Enter the smaller of line 24								
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e Enter the smaller of line 26c or 26d 26e	property or line 24 isn't more than line 26a, skip	26c						
f Section 291 amount (corporations only) 26f 26g 26g g Add lines 26b, 26e, and 26f 26g 26g	d Additional depreciation after 1969 and before 1976	26d						
g Add lines 26b, 26e, and 26f 26g 26g If section 1252 property: Skip this section if you didn't dispose of familand or if this form is being completed for a partnership. 27a a Soil, water, and land clearing expenses 27a 27b	e Enter the smaller of line 26c or 26d	26e						
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dispose of farmland or if this form is being completed for a partnership. 27a 27a a Soil, water, and land clearing expenses 27b 27c b Line 27a multiplied by applicable percentage 27b 27c c Enter the smaller of line 24 or 27b 27c 27c if section 1254 property: a Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions 28a 28b b Enter the smaller of line 24 or 28a. 28b 29a 29a a Applicable percentage of payments excluded from income under section 126. See instructions 29a 29b 29b Jummary of Part III Gains. Complete property columns A through D through line 29b before going to line 30. 30 Total gains for all properties. Add property columns A through D, line 24 30 Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13 31 Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4797, line 6 32 'eart IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less (see instructions) (a) Section 179 expense deduction or depreciation allowable in prior years 33		26g						
b Line 27a multiplied by applicable percentage 27b	dispose of farmland or if this form is being completed for a partnership.	270						
c Enter the smaller of line 24 or 27b 27c if section 1254 property: a Intanjible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions 28a b Enter the smaller of line 24 or 28a 28b 28a if section 1255 property: 28a 28a a Applicable percentage of payments excluded from income under section 126. See instructions 29a 29a jummary of Part III Gains. Complete property columns A through D through line 29b before going to line 30. 30 o Total gains for all properties. Add property columns A through D, line 24 30 Add property columns A through D, line 24b, 26g, 27c, 28b, and 29b. Enter here and on line 13 31 Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion 32 31 Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion 32 32 if the Caspture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less (see instructions) 32 is section 179 expense deduction or depreciation allowable in prior years 33								
If section 1254 property: a Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions 28a attrangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions 28a attrangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions 28a attrangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions b Enter the smaller of line 24 or 28a 28b attrangible percentage of payments excluded from income under section 126. See instructions 29a attrangible drilling and development costs, expenditures for development of line 24 or 29a. See instructions 29a attrangible drilling and development costs, expenditures for development costs, expenditures for development of line 24 or 29a. See instructions 29a attrangible drilling and development costs, expenditures for development costs, expenditures for development costs, expenditures for development costs, and explicitable development costs, expenditures for development costs, expendite development costs, expenditures for development cos								
b Enter the smaller of line 24 or 28a 28b Image: construction of the section of	 If section 1254 property: a Intangible drilling and development costs, expenditures for development of mines and other natural deposits, 							
If section 1255 property: a Applicable percentage of payments excluded from income under section 126. See instructions 29a 29a b Enter the smaller of line 24 or 29a. See instructions 29b 29b 29b ummary of Part III Gains. Complete property columns A through D through line 29b before going to line 30. 30 Total gains for all properties. Add property columns A through D, line 24 30 Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13 31 Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion 32 Yart IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less (see instructions) (a) Section 179 expense deduction or depreciation allowable in prior years 33							-+	
b Enter the smaller of line 24 or 29a. See instructions 29b ummary of Part III Gains. Complete property columns A through D through line 29b before going to line 30. Total gains for all properties. Add property columns A through D, line 24 30 Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13 31 Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6 32 Yart IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less (see instructions) (a) Section 179 expense deduction or depreciation allowable in prior years 33	If section 1255 property:							
Immary of Part III Gains. Complete property columns A through D through line 29b before going to line 30. Total gains for all properties. Add property columns A through D, line 24 Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13 Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6 Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less (see instructions) (a) Section 179 expense deduction or depreciation allowable in prior years								
Total gains for all properties. Add property columns A through D, line 24 30 Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13 31 Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion 31 art IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less (see instructions) (a) Section 179 expense deduction or depreciation allowable in prior years 33			A through D through	line 29b before	aoina	to line 30		
Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13 Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6 art IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less (see instructions) (a) Section 179 280F(b)(33							20	
Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion 32 art IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less (see instructions) (a) Section 179 expense deduction or depreciation allowable in prior years 33	Total gains for all properties. Add property columns							
art IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less (see instructions) (a) Section 179 (b) Section 280F(b)(2) Section 179 expense deduction or depreciation allowable in prior years 33							31	
(see instructions) (a) Section 179 280F(b)(Section 179 expense deduction or depreciation allowable in prior years 33	from other than casualty or theft on Form 4797, line	e 6	·····	<u>.</u>				
(a) Section (b) Section 179 280F(b)(Section 179 expense deduction or depreciation allowable in prior years 33		ons 17	9 and 280F(b)(2)	When Busir	ness l	Jse Drops to	50% (or Less
								(b) Sectior 280F(b)(2)
	Section 179 expense deduction or depreciation allo	wable ii	n prior years		33			

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Department of the Treasury Internal Revenue Service

Name

Capital Gains and Losses Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T. Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

2022

Yes X No

Employer identification number

26-1169717

SAN	FRANCISCO	STATE	UNIVERSITY
FOUN	NDATION		

Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year?

If "Yes," attach Form 8949 and see its instru		1 0,	0		
Part I Short-Term Capital Ga	ins and Losses - Ass	sets Held One Year	or Less		
See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to ga or loss from Form(s) 89 Part I, line 2, column (49,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b 					
1b Totals for all transactions reported on Form(s) 8949 with Box A checked					
2 Totals for all transactions reported on Form(s) 8949 with Box B checked					
3 Totals for all transactions reported on Form(s) 8949 with Box C checked					106.
4 Short-term capital gain from installment sales	from Form 6252, line 26 or 3	7		4	
5 Short-term capital gain or (loss) from like-kin				5	
6 Unused capital loss carryover (attach compute				6	()
7 Net short-term capital gain or (loss). Combin	,			7	106.
Part II Long-Term Capital Gai	ns and Losses - Ass	ets Held More Thar	n One Year		
See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to ga or loss from Form(s) 89 Part II, line 2, column	49,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b					
8b Totals for all transactions reported on Form(s) 8949 with Box D checked					
9 Totals for all transactions reported on Form(s) 8949 with Box E checked					
10 Totals for all transactions reported on					
Form(s) 8949 with Box F checked					34,629.
11 Enter gain from Form 4797, line 7 or 9				11	9.
12 Long-term capital gain from installment sales				12	
13 Long-term capital gain or (loss) from like-kin				13	
				14	
15 Net long-term capital gain or (loss). Combine				15	34,638.
Part III Summary of Parts I and				10	01,0000
16 Enter excess of net short-term capital gain (lin		al loss (line 15)		16	106.
17 Net capital gain. Enter excess of net long-term				17	34,638.
18 Add lines 16 and 17. Enter here and on Form				18	34,744.
Note: If losses exceed gains, see Capital Los			I		· · · · · · · · · · · · · · · · · · ·

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 1120.

Schedule D (Form 1120) 2022

221051 12-16-22

Sa Sa	les and O	ther Disp	oositions (of Capital	Asset	S OMB	No. 1545-0074
-orm 8949		-		• d the latest inforn		2	2022
Department of the Treasury nternal Revenue Service File w				2, 3, 8b, 9, and 10 c		D. Atta Seq	^{chment} uence No. 12A
Name(s) shown on return	•	•	·				urity number or
SAN FRANCISCO	STATE UN	IVERSITY					dentification no.
FOUNDATION							169717
Before you check Box A, B, or C be statement will have the same inform proker and may even tell you which	low, see whether ation as Form 109 box to check.	you received any 99-B. Either will s	/ Form(s) 1099-B c show whether you	or substitute statem r basis (usually you	nent(s) fron r cost) was	n your broker. A su reported to the IR	bstitute S by your
Part I Short-Term. Transac transactions, see page 2. Note: You may aggregate a	tions involving capit						liustments or
codes are required. Enter th	e totals directly on S	Schedule D, line 1a	; you aren't required	to report these trans	actions on F	orm 8949 (see instru	ctions).
You must check Box A, B, or C below. you have more short-term transactions than w	ill fit on this page for on	bx. If more than one b ne or more of the boxes	oox applies for your shor s, complete as many forr	t-term transactions, comp ns with the same box che	olete a separa ecked as you r	eed.	each applicable box.
(A) Short-term transactions re		,	•		Note ab	ove)	
(B) Short-term transactions re	ported on Form(s	s) 1099-B showin	ig basis wasn't re	eported to the IRS			
X (C) Short-term transactions n	ot reported to you	u on Form 1099-I	B				
(a)	(b)	(c)	(d)	(e)	Adjustme	nt, if any, to gain or ou enter an amount	(h)
Description of property	Date acquired	Date sold or	Proceeds (sales price)	Cost or other basis. See the	in column	(g), enter a code in	Gain or (loss). Subtract column (e
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of	(Sales price)	Note below and	``````````````````````````````````````). See instructions.	from column (d) 8
		(Mo., day, yr.)		see Column (e) in	(f)	(g) Amount of	combine the result
				the instructions	Code(s)	adjustment	with column (g)
CCOLADE PARTNERS							
/II, L.P.							335.
OOVER STREET X							
P.							<228.
CCOLADE PARTNERS							
/III, LP							<1.
Totals. Add the amounts in colu							
negative amounts). Enter each te							
			1	1		1	1
Schedule D, line 1b (if Box A ab	ove is checked),	line 2 (if Box B					106.

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2022.05090 SAN FRANCISCO STATE UNIVE 02058.T1

Form 8949 (2022)				Attachm	nent Seque	nce No. 12A	Page 2
Name(s) shown on return. Name and SAN FRANCISCO			o. not required if			Social secur	ity number or ntification no.
FOUNDATION						26-1	169717
Before you check Box D, E, or F belo statement will have the same informa broker and may even tell you which b Part II Long-Term. Transaction	ation as Form 103 pox to check.	99-B. Either will s	show whether you	r basis (usually you	r cost) was	reported to the IR	S by your
see page 1. Note: You may aggregate all codes are required. Enter the	e totals directly on S	Schedule D, line 8a	; yoù aren't required	I to report these trans	actions on Fo	orm 8949 (see instru	ctions).
You must check Box D, E, or F below. O If you have more long-term transactions than will (D) Long-term transactions rep	fit on this page for one	or more of the boxes,	complete as many form	ns with the same box chec	ked as you ne	ed.	each applicable box.
(E) Long-term transactions rep (E) Long-term transactions rep (X) (F) Long-term transactions not	orted on Form(s)) 1099-B showing	g basis wasn't re		Note abo	ve)	
1 (a)	(b)	(c)	(d)	(e)		t, if any, to gain or	(h)
Description of property (Example: 100 sh. XYZ Co.)	Date acquired (Mo., day, yr.)	Date sold or disposed of	Proceeds (sales price)	Cost or other basis. See the	in column	(g), enter an amount (g), enter a code in . See instructions.	Gain or (loss). Subtract column (e)
		(Mo., day, yr.)		Note below and see Column (e) in the instructions	(f) Code(s)	(g) Amount of	from column (d) & combine the result with column (a)
ACCOLADE PARTNERS					. ,	adjustment	(g)
VII, L.P.							7,341.
DOVER STREET X							
L.P.							27,016.
ACCOLADE PARTNERS							
VIII, LP							272.
2 Totals. Add the amounts in colur negative amounts). Enter each to							
Schedule D, line 8b (if Box D abo	ove is checked),	line 9 (if Box E					
above is checked), or line 10 (if E				<u> </u>			34,629.
Note: If you checked Box D above b adjustment in column (g) to correct t						-	

223012 10-24-22

Form 47	797
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Sales of Business Property (Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))

Attach to your tax return.

OMB No. 1545-0184
2022

Attachment Sequence No. 27

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form4797 for instructions and the latest information.

Name(s) shown on return SAN FRANCISCO STATE UNIVERSITY	Ide	ntifying number
FOUNDATION		26-1169717
1a Enter the gross proceeds from sales or exchanges reported to you for 2022 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20	1a	
b Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of MACRS assets	1b	
c Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS assets	1c	

Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft-Most Property Held More Than 1 Year (see instructions) Part I

			· • , · · • · • · • · • · •			,	
2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(C) Date sold (mo., day, yr.)	(d) Gross sales price	(6) Depreciation allowed or allowable since acquisition	(†) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
AC	COLADE PARTNERS						
VI	I, L.P.						5.
DO	VER STREET X L.P.						4.
3	Gain, if any, from Form 4684, line 39					3	
4	Section 1231 gain from installment sa						
5	Section 1231 gain or (loss) from like-k						
6	Gain, if any, from line 32, from other t						
7	Combine lines 2 through 6. Enter the	gain or (loss) her				7	9.
	Partnerships and S corporations. R line 10, or Form 1120-S, Schedule K,				r Form 1065, Sche	edule K,	
	Individuals, partners, S corporation from line 7 on line 11 below and skip 1231 losses, or they were recaptured the Schedule D filed with your return	lines 8 and 9. If I in an earlier yea	ine 7 is a gain ar r, enter the gain	nd you didn't have from line 7 as a lor	any prior year sect	tion	
8	Nonrecaptured net section 1231 loss	es from prior yea	ars. See instructi	ons		8	
9	Subtract line 8 from line 7. If zero or le						
	line 9 is more than zero, enter the am	ount from line 8	on line 12 below	and enter the gair	n from line 9 as a lo	ong-term	
	capital gain on the Schedule D filed w	/ith your return.	See instructions				9.
Pa	rt II Ordinary Gains and L	-OSSES (see in	structions)				
_			,				
10	Ordinary gains and losses not includ	ed on lines 11 th	rough 16 (inclue	de property held 1	year or less):	I	
11							()
12	Gain, if any, from line 7 or amount fro						
13	Gain, if any, from line 31						
14	Net gain or (loss) from Form 4684, line						
15	Ordinary gain from installment sales f						
16	Ordinary gain or (loss) from like-kind e	exchanges from I	Form 8824				
17							
18	For all except individual returns, enter			appropriate line of	your return and sk	kip lines	
	a and b below. For individual returns,	•					
а	If the loss on line 11 includes a loss fr		-				
	loss from income-producing property						
	as an employee.) Identify as from "Fo						3
b	Redetermine the gain or (loss) on line	17 excluding the	e loss, if any, on	line 18a. Enter her	e and on Schedule		
	(Form 1040), Part I, line 4					18	Eorm 4707 (2022)

LHA For Paperwork Reduction Act Notice, see separate instructions. 218011 12-12-22

Form 4797 (2022) FOUNDATION

Page 2

(a) Description of section 1245, 1250, 1252, 1254,	or 1255	property:			(b) Date acquir (mo., day, yr		(c) Date sold (mo., day, yr.)
Α							
В							
c							
D							
These columns relate to the properties on							
lines 19A through 19D.		Property A	Property	в	Property	С	Property D
Gross sales price (Note: See line 1a before completing.)	20						
Cost or other basis plus expense of sale	21						
2 Depreciation (or depletion) allowed or allowable	22						
Adjusted basis. Subtract line 22 from line 21	23						
Total gain. Subtract line 23 from line 20	24						
6 If section 1245 property:							
a Depreciation allowed or allowable from line 22 \dots	25a						
b Enter the smaller of line 24 or 25a	25b						
If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.							
a Additional depreciation after 1975. See instructions	26a						
b Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions	26b						
c Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e	26c						
${\bf d}$ Additional depreciation after 1969 and before 1976 $\ldots\ldots$	26d						
e Enter the smaller of line 26c or 26d	26e						
f Section 291 amount (corporations only)	26f						
g Add lines 26b, 26e, and 26f	26g						
If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.							
a Soil, water, and land clearing expenses	27a						
b Line 27a multiplied by applicable percentage	27b						
c Enter the smaller of line 24 or 27b	27c						
 If section 1254 property: a Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions 	28a						
b Enter the smaller of line 24 or 28a	28b						
 If section 1255 property: a Applicable percentage of payments excluded from income under section 126. See instructions 	29a						
b Enter the smaller of line 24 or 29a. See instructions	29b						
ummary of Part III Gains. Complete property of			line OOk kefere		ta lina 00		
	Joiumna	A through D through		going	to line 30.		
Total gains for all properties. Add property columns	A throu	ugh D, line 24				30	
Add property columns A through D, lines 25b, 26g,	27c, 28	b, and 29b. Enter he	re and on line 13	3		31	
2 Subtract line 31 from line 30. Enter the portion from	n casual	ty or theft on Form 40	684, line 33. Ent	er the	portion		
from other than casualty or theft on Form 4797, line	e 6	A 1 AAA=4 1	· · · · · · · · · · · · · · · · · · ·			32	
Part IV Recapture Amounts Under Section (see instructions)	ons 17	9 and 280F(b)(2)	When Busir	less	Use Drops to	5 0 %	or Less
					(-) 0 "		
					(a) Sectior 179	1	(b) Section 280F(b)(2)
Section 179 expense deduction or depreciation allo	wahla i	n prior vears		33			
Decement of decementation Ore instructions				33			
		nstructions for where		35			

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Form 4797 (2022)

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