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Department of the Treasury Internal Revenue Service

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

Do not enter social security numbers on this form as it may be made public.
 Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

OMB No. 1545-0047

B       Check if applicable:       C       D       Employer identification number         Address change       Name change       San Diego State University Foundation       95-6042721         Name change       Initial return       San Diego, CA 92182-1947       E Telephone number         Amended return       Amended return       Amended return       G Gross receipts \$ 249, 366, 458.         Amended return       F Name and address of principal officer: Goetz, Michele       H(a) Is this a group return for subordinates:       Yes       X No         I       Tax-exempt status:       X 501(c)(3)       501(c) ( ) < (insert no.)       4947(a)(1) or       527         J       Website: ▶       www.foundation.sdsu.edu       H(c) Group exemption number ▶         K       Form of organization:       X [S01(c) corporation   Trust   Association   Other ▶       L Year of formation: 1943       M State of legal domicile: CA         Part         Summary         1       Briefly describe the organization's mission or most significant activities: Provide support to programs that are integral to research, educational and community service objectives of San Diego         2       Check this box ▶       if the organization discontinued its operations or disposed of more than 25% of its net assets.         3       17         4       Number of independent voting members of the governing body (P	Α	For t	he 2021 calen	dar year, or tax	year begin	ning 7/(	01	, 20	21, an	d endir	ng 6/	30	,	<b>20</b> 2022	
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and start start       San Diego, CK 9/18/2-1947         G Greas receives \$ 249,366,458, Same As C Above         and the first segrent met start starts         by Obstite * Www, foundation, sdsu,edu         by Obstite * Obsti			-												
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J       Website:	<del>.</del>	Тах	-evernnt status.			) <b>∢</b> (i	nsert no )	1917(a)(1)	or	527	lf "No,	" attach a list	t. See ins	tructions.	
Return at organization       Trust       Association       Other >       L Year of homework in 1943       M State of logid somethic CA         Part I       Summary       State of logid somethic in organization's mission or most significant activities: Provide support to programs that are integrated. To present the organization discontinued its operations or disposed of more than 25% of its net assets.         Check this box -       If the organization discontinued its operations or disposed of more than 25% of its net assets.       3         A Number of voting members of the governing body (Part VI, line 1a).       3       4       1         A with the origin intervence of individuals employed in calendary year 2021 (Part VI, line 1a).       3       4       1         A with the origin intervence (Part VIII, line 1a).       7b       0       7b       1b       7b       7b	÷							4047 (a)(1)	01	527	H(a) Group	exemption n	umber Þ		
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and the set of the organization's mission or most significant activities: Provide support to programs that are integral. to research, educational and community service objectives of San Diego         bit of the set of the organization's mission or most significant activities: Provide support to programs that are integrated business research, educational and community service objectives of San Diego         c Check this box +	_				Trust	Association	Other		Liea	orionna	1011. 194	5			Δ
integral       to research, educational and community service objectives of San Diego         2       Check this box +	10	-			ion's missi	on or most	significant a	activities P	rovi	ide s	unnort	to pr	oara	ms that	aro
State University:         2       Check this box >	_	-													
A Number of independent voting members of the governing body (Part V, line 1b).     A Total number of independent voting members of the governing body (Part V, line 1a).     Solution of volunteers (estimate if necessary).     Total number of volunteers (estimate if necessary).     Ya Total number of volunteers (estimate if necessary).     Number of independent volusiness revenue from Part VIII, column (C), line 12.     Solution of the volume of volunteers (estimate if necessary).     Number of independent volusiness revenue from Part VIII, column (C), line 12.     Solution of volunteers (estimate if necessary).     Number of independent volusiness revenue from Part VIII, column (C), line 12.     Solution of volunteers (estimate if necessary).     Number of independent volusiness taxable income from Form 990-T, Part I, line 11.     Vator revenue (Part VIII, line 1b).     Solution (Part VIII, column (A), lines 3, 4, and 7c).     Total revenue (Part VIII, column (A), lines 3, 4, and 7c).     Total revenue (Part VIII, column (A), lines 3, 4, and 7c).     Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), lines 1-3).     Solution revenue (Part VII, column (A), lines 1-3).     Solution revenue (Part X, column (A), lines 1-3).     Solution revenue (Part X, column (A), lines 1-3).     Solution revenue (Part X, column (A), line 1-1).     Solution revenue (Part X, column (A), lines 1-3).     Solution revenue (Part X, column (A), lines 1-3).     Solution revenue (Part X, column (A), lines 1-3).     Solution revenue (Part X, column (A), line 1-1).     Solution revenue (Part X, column (A), lines 1-3).     Solution re	- Sc												<u> </u>	<u>buii bic</u>	
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4       Number of independent voting members of the governing body (Part V, line 1b).       4       1         5       Total number of individuals employed in calendar year 2021 (Part V, line 2a).       5       3, 344         6       Total number of volunteers (estimate if necessary).       7a       23, 973.         b       Net unrelated business revenue from Part VIII, column (C), line 12       7a       23, 973.         b       Net unrelated business revenue from Part VIII, column (C), line 12       7a, 233, 973.         b       Net unrelated business revenue from Part VIII, column (C), line 12,	SVe	2	Check this bo	ox ► if the c	organizatio	n discontinu	ied its opera	ations or d	ispose	ed of mo	ore than 2	25% of its	net as	sets.	
b Net unrelated business taxable income from Form 990-T, Part I, line 11													-		17
b Net unrelated business taxable income from Form 990-T, Part I, line 11	ଁ	-		•	-	-							-		12
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b Net unrelated business taxable income from Form 990-T, Part I, line 11	ctiv	-											-	0.0	200
B       Contributions and grants (Part VIII, line 1h)	A													23	
8       Contributions and grants (Part VIII, line 1h)		U					990-1, Fait	1, 11110 11.						Current	
9       Program service revenue (Part VIII, column (A), lines 3, 4, and 7d).       78, 322, 077.       82, 990, 294, 753, 600.         10       Unvestment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e).       8004, 798.      27, 710.         11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e).       8004, 798.      890, 628.         12       Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12).       174, 580, 877.       174, 546, 329.         13       Grants and similar amounts paid (Part IX, column (A), line 4).       22, 796, 121.       39, 961, 355.         14       Benefits paid to or for members (Part IX, column (A), line 4).       93, 595, 374.       102, 170, 646.         15       Salaries, other compensation, employee benefits (Part IX, column (A), line 11e).       465, 233.       447, 413.         17       Other expenses (Part IX, column (A), line 11e).       45, 356, 408.       46, 188, 372.         18       Total fundraising expenses. Subtract line 18 from line 12.       162, 213, 136.       188, 767, 786.         19       Revenue less expenses. Subtract line 18 from line 20.       128, 473, 860.       109, 704, 832.         20       Total assets (Part X, line 26).       208, 622, 845.       240, 261, 684.         21       Total liabilities or peruyr, leastes or fund balances. Subtract line 21 from line 2		8	Contributions	and grants (Pa	rt VIII line	1h)									
12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)       174, 580, 877.       174, 580, 877.       174, 550, 827.         13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)       22, 796, 121.       39, 961, 355.         15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)       93, 595, 374.       102, 170, 646.         16 Professional fundraising fees (Part IX, column (D), line 11e)       465, 233.       447, 413.         b Total expenses (Part IX, column (D), line 25)        5, 869, 169.         17 Other expenses (Part IX, column (A), line 11e)         45, 356, 408.       46, 188, 372.         162, 213, 136.       188, 767, 786.         18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       162, 213, 136.       188, 767, 786.         17 Othat assets (Part X, line 16)         12 Total liabilities (Part X, line 26)       128, 473, 860.       109, 704, 832.         20 Total assets (Part X, line 26)       128, 473, 860.       109, 704, 832.         21 Total liabilities (Part X, line 26)       128, 473, 860.       109, 704, 832.         Part II Signature Block         Under penatities of perjury, I declare that I have examined this return, including accompanying	ue														
12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)       174, 580, 877.       174, 580, 877.       174, 550, 827.         13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)       22, 796, 121.       39, 961, 355.         15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)       93, 595, 374.       102, 170, 646.         16 Professional fundraising fees (Part IX, column (D), line 11e)       465, 233.       447, 413.         b Total expenses (Part IX, column (D), line 25)        5, 869, 169.         17 Other expenses (Part IX, column (A), line 11e)         45, 356, 408.       46, 188, 372.         162, 213, 136.       188, 767, 786.         18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       162, 213, 136.       188, 767, 786.         17 Othat assets (Part X, line 16)         12 Total liabilities (Part X, line 26)       128, 473, 860.       109, 704, 832.         20 Total assets (Part X, line 26)       128, 473, 860.       109, 704, 832.         21 Total liabilities (Part X, line 26)       128, 473, 860.       109, 704, 832.         Part II Signature Block         Under penatities of perjury, I declare that I have examined this return, including accompanying	ven	-													
12       Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)       174,580,877.       174,546,329.         13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)	Be	_													
13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)		12													
14       Benefits paid to or for members (Part IX, column (A), line 4)       93,595,374.       102,170,646.         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)       93,595,374.       102,170,646.         16a       Professional fundraising expenses (Part IX, column (A), line 11e)       465,233.       447,413.         b       Total fundraising expenses (Part IX, column (A), line 12b       5,869,169.       45,356,408.       46,188,372.         17       Other expenses (Part IX, column (A), line 11a.11d, 11f-24e)       162,213,136.       188,767,786.       122,367,741.       -14,221,457.         18       Total expenses. Subtract line 18 from line 12       208,622,845.       240,261,684.       80,148,985.       130,556,852.         21       Total liabilities (Part X, line 26)       208,622,845.       240,261,684.       80,148,985.       130,556,852.         22       Net assets or fund balances. Subtract line 21 from line 20.       128,473,860.       109,704,832.         Part II       Signature Block       208,622,845.       240,261,684.         Under perpatites of perjury.1 declare that 1 have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.       Date         Intermis		13	Grants and s	imilar amounts p	oaid (Part I	X, column (	A), lines 1-	3)				· ·		•	
I6a Professional fundraising fees (Part IX, column (A), line 11e)		14	Benefits paid	I to or for membe	ers (Part I)	K, column (A	A), line 4)					, ,			,
I6a Professional fundraising fees (Part IX, column (A), line 11e)		15	Salaries, oth	er compensation	, employee	e benefits (F	Part IX, colu	ımn (A), lir	nes 5-	10)	. 93	3,595,3	374.	102,17	0,646.
18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	ses	16 a	Professional	fundraising fees	(Part IX, o	column (A),	line 11e)					•			
18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	oen	F										10071	1001		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	Ä	17	· · · · ·								- 256	100	46 10	0 070	
19       Revenue less expenses. Subtract line 18 from line 12															
Signature of officer       Date         Signature of officer       Date         Print/Type or print name and title       Preparer's signature         Part I       Date         Signature of officer       Date         Image: Print/Type preparer's name       Preparer's signature         Print/Type preparer's name       Preparer's signature         Part II       Date         CFO       Type or print name and title         Print/Type preparer's name       Preparer's signature         Part II       Date         Signature of officer       Date         Image: Print/Type preparer's name       Preparer's signature         Print/Type or print name and title       Preparer's signature         Part II       Date         Signature of officer       Date         Image: Print/Type preparer's name       Preparer's signature         Print/Type or print name and title       Preparer's signature         Part II       Date       Check         Xi if       PTIN         Signature of officer       Date         Print/Type or print name and title       Properer's signature         Print/Type or print name and title       Print/Type or print name and title         Prim's address       Pichard H Rechif J		_	•		-	•	-								
20       Total assets (Part X, line 16)	- 0	-		s expenses: oub			12								
Part II       Signature Block         Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.         Sign Here       Signature of officer       Date         Image: Signature of officer       Date         Image: Signature of officer       Date         Paid       Print/Type or print name and title         Preparer       Richard H Rechif Jr         Preparer       Print/Type preparer's name         Visco Only       Print and the Rechif Jr         Firm's name       Richard H Rechif Jr CPA         Firm's address       1240 India St Unit 308         San Diego, CA 92101       Phone no.         May the IRS discuss this return with the preparer shown above? See instructions       X Yes	ance ance	20	Total assets	(Part X, line 16)											
Part II       Signature Block         Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.         Sign Here       Signature of officer       Date         Image: Signature of officer       Date         Image: Signature of officer       Date         Paid       Print/Type or print name and title         Preparer       Richard H Rechif Jr         Preparer       Print/Type preparer's name         Visco Only       Print and the Rechif Jr         Firm's name       Richard H Rechif Jr CPA         Firm's address       1240 India St Unit 308         San Diego, CA 92101       Phone no.         May the IRS discuss this return with the preparer shown above? See instructions       X Yes	¶ase Bala	21													
Part II       Signature Block         Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.         Sign Here       Signature of officer       Date         Image: Signature of officer       Date         Image: Signature of officer       Date         Paid       Print/Type or print name and title         Preparer       Richard H Rechif Jr         Preparer       Print/Type preparer's name         Visco Only       Print and the Rechif Jr         Firm's name       Richard H Rechif Jr CPA         Firm's address       1240 India St Unit 308         San Diego, CA 92101       Phone no.         May the IRS discuss this return with the preparer shown above? See instructions       X Yes	det J	22													
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.         Sign Here       Signature of officer       Date         Signature of officer       Date         Print/Type or print name and title       Print/Type preparer's name       Preparer's signature         Print/Type preparer's name       Preparer's signature       Date         Check       X if       PTIN         Firm's name       * Richard H Rechif Jr       Polle         Firm's name       * Richard H Rechif Jr CPA       Polle         Firm's address       * 1240 India St Unit 308       Firm's EIN ► 38-3944511         San Diego, CA 92101       Phone no. (619) 997-5134       May the IRS discuss this return with the preparer shown above? See instructions					oubtruct ii						· 120	5,475,0	500.	109,70	4,032.
Sign Here       Signature of officer       Date         Signature of officer       Date         Levinson, Leslie R       CFO         Type or print name and title       Preparer's signature         Paid Preparer Use Only       Print/Type preparer's name Richard H Rechif Jr       Preparer's signature         Firm's name Firm's name Firm's address       Pichard H Rechif Jr CPA 1240 India St Unit 308 San Diego, CA 92101       Pint Sein ► 38-3944511 Phone no. (619) 997-5134         May the IRS discuss this return with the preparer shown above? See instructions       X Yes       No			3		nined this retu	including ac	companying sel	hedules and st	atomon	te and to	the best of n		and heli	of it is true corre	et and
Sign Here       Levinson, Leslie R Type or print name and title       CFO         Paid Preparer Use Only       Print/Type preparer's name Richard H Rechif Jr       Preparer's signature       Date       Check X if self-employed       PTIN         Firm's name Firm's address       Michard H Rechif Jr       Preparer's signature       Date       Check X if self-employed       PO0169119         Firm's name Firm's address       Richard H Rechif Jr CPA 1240 India St Unit 308 San Diego, CA 92101       Firm's EIN ► 38-3944511         May the IRS discuss this return with the preparer shown above? See instructions       X Yes       No											the best of h	ny knowledge			ict, and
Sign Here       Levinson, Leslie R Type or print name and title       CFO         Paid Preparer Use Only       Print/Type preparer's name Richard H Rechif Jr       Preparer's signature       Date       Check X if self-employed       PTIN         Firm's name Firm's address       Michard H Rechif Jr       Preparer's signature       Date       Check X if self-employed       PO0169119         Firm's name Firm's address       Richard H Rechif Jr CPA 1240 India St Unit 308 San Diego, CA 92101       Firm's EIN ► 38-3944511         May the IRS discuss this return with the preparer shown above? See instructions       X Yes       No															
Type or print name and title         Paid       Print/Type preparer's name       Preparer's signature       Date       Check       X if       PTIN         Print/Type preparer's name       Richard H Rechif Jr       Preparer's signature       Date       Check       X if       PTIN         Preparer       Richard H Rechif Jr       Preparer's signature       Date       Check       X if       PTIN         Firm's name       ►       Richard H Rechif Jr CPA       Firm's EIN ► 38-3944511       Phone no.       G19)       997-5134         May the IRS discuss this return with the preparer shown above? See instructions       X       Yes       No	Sic	ın	Signatu	ire of officer							Da	ate			
Type or print name and title         Paid       Print/Type preparer's name       Preparer's signature       Date       Check       X       if       PTIN         Preparer Use Only       Richard H Rechif Jr       Preparer's signature       Date       Check       X       if       PTIN         Firm's name       ►       Richard H Rechif Jr       Preparer's signature       Date       Check       X       if       PO0169119         Firm's name       ►       Richard H Rechif Jr CPA       Firm's address       ►       Richard St Unit 308       Firm's EIN ► 38-3944511         May the IRS discuss this return with the preparer shown above? See instructions       X       Yes       No	He	re	▶ Lev	inson, Les	lie R						CFO				
Paid Preparer Use Only       Richard H Rechif Jr       self-employed       P00169119         Firm's name Firm's address       Nichard H Rechif Jr CPA       Firm's EIN > 38-3944511         May the IRS discuss this return with the preparer shown above? See instructions       Phone no. (619) 997-5134					-										
Preparer Use Only       Firm's name Firm's address       Richard H Rechif Jr CPA         May the IRS discuss this return with the preparer shown above? See instructions       Firm's EIN > 38-3944511			Print/Type p	preparer's name		Preparer's sig	nature		Da	ate		Check .	X if	PTIN	
Preparer Use Only       Firm's name Firm's address       Richard H Rechif Jr CPA         May the IRS discuss this return with the preparer shown above? See instructions       Firm's EIN > 38-3944511	Pa	id	Richar	rd H Rechif	Jr							-		P0016911	9
Use Only       Firm's address       1240 India St Unit 308       Firm's EIN > 38-3944511         San Diego, CA 92101       Phone no. (619) 997-5134         May the IRS discuss this return with the preparer shown above? See instructions       X       Yes       No						chif Jr	CPA								
San Diego, CA 92101       Phone no.       (619)       997-5134         May the IRS discuss this return with the preparer shown above? See instructions       X       Yes       No	Use Only Firm's address ► 1240 India St Unit 308 Firm's EIN ► 38											Firm's EIN	► 38-	-3944511	
May the IRS discuss this return with the preparer shown above? See instructions X Yes No									.34						
	Ma	/ the	IRS discuss th				ve? See ins	tructions .							1 1

Form	1990 (2021) San Diego State University Foundation	95-6042721	Page <b>2</b>
Par			
1	Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission:		
'	Provide support to programs that are integral to research, educ	ational and commu	nitv
	service objectives of San Diego State University.		<u></u>
2	Did the organization undertake any significant program services during the year which were not listed on the Form 990 or 990-EZ?	·	X No
	If "Yes," describe these new services on Schedule O.	Yes	X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	services? Yes	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program service accomplishments fo	ervices, as measured by ex	penses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocat and revenue, if any, for each program service reported.		enses,
4 a	(Code:) (Expenses \$ 105,221,122. including grants of \$ 34,273,318.)		
	SDSU Research Foundation administers funds for the sponsored re		
	Diego State University faculty who are researching issues import the nation, and the world.	rtant to the regio	<u>n,</u>
4 b	(Code:) (Expenses \$ 37,264,059. including grants of \$ 5,688,037.) <u>SDSU_Research_Foundation_administers_funds_that_support_the_wor</u> focus_on_university_and_community_improvement.		
4 c	(Code:) (Expenses \$ 19,771,502. including grants of \$) SDSU Research Foundation administers funds for the University's arm, KPBS.		,238.) ing
4 d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue	\$)	
4 e	Total program service expenses ► 162,256,683.	Form	

		Checklist of Required Schedules		Vee	
1		e organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete dule A	1	Yes X	No
2	Is the	e organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did th for pu	e organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates ublic office? If 'Yes,' complete Schedule C, Part I.	3		Х
4	Secti in eff	on 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election ect during the tax year? If 'Yes,' complete Schedule C, Part II	4	Х	
5	ls the asses	e organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, ssments, or similar amounts as defined in Revenue Procedure 98-19? <i>If 'Yes,' complete Schedule C, Part III</i>	5		Х
6	to pro	ne organization maintain any donor advised funds or any similar funds or accounts for which donors have the right wide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D,	6		Х
7	Did th envir	ne organization receive or hold a conservation easement, including easements to preserve open space, the onment, historic land areas, or historic structures? <i>If 'Yes,' complete Schedule D, Part II</i>	7		Х
8	Did th comp	he organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' Solete Schedule D, Part III.	8		Х
9	for an	ne organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian nounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation ces? If 'Yes,' complete Schedule D, Part IV.	9		Х
10	Did th or in	he organization, directly or through a related organization, hold assets in donor-restricted endowments quasi endowments? If 'Yes,' complete Schedule D, Part V.	10	х	
	or X,	organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, as applicable.			
	D, Pa	ne organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule art VI.	11 a	Х	
	asset	he organization report an amount for investments – other securities in Part X, line 12, that is 5% or more of its total ts reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part VII</i>	11 b		Х
	asset	ne organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total ts reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part VIII</i>	11 c		Х
(	d Did th in Pa	ne organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported rt X, line 16? If 'Yes,' complete Schedule D, Part IX.	11 d	Х	
(	e Did tl	he organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	Х	
	the o	ne organization's separate or consolidated financial statements for the tax year include a footnote that addresses rganization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f	Х	
	Sche	ne organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete dule D, Parts XI and XII	12a	Х	
		the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the	e organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х
14	<b>a</b> Did tl	he organization maintain an office, employees, or agents outside of the United States?	14a	Х	
I	busin	ne organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, ess, investment, and program service activities outside the United States, or aggregate foreign investments valued 00,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b	Х	
15	Did tl foreig	he organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any gn organization? If 'Yes,' complete Schedule F, Parts II and IV.	15	Х	
16	Did th or for	ne organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to r foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV	16	Х	
17	Did th colun	ne organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, nn (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I. See instructions	17	Х	
18	Did th lines	ne organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		Х
19	Did th comp	ne organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' Intele Schedule G, Part III.	19		Х
20a	a Did tl	he organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		Х
ł	<b>)</b> If 'Ye	es' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did tl dome	he organization report more than \$5,000 of grants or other assistance to any domestic organization or estic government on Part IX, column (A), line 1? <i>If 'Yes,' complete Schedule I, Parts I and II.</i>	21	Х	

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### Form 990 (2021) San Diego State University Foundation Part IV Checklist of Required Schedules

 Form 990 (2021)
 San Diego State University Foundation

 Part IV
 Checklist of Required Schedules (continued)

			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	Х	
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? <i>If 'Yes,' complete Schedule J</i> .	23	х	
24 :	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	
I	bid the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Х
	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		х
(	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		Х
25 a	a 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		х
I	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		Х
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% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part II</i>	26		х
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? <i>If 'Yes,' complete Schedule L, Part III.</i>	27		х
	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):			
i	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 'Yes,' complete Schedule L, Part IV	28a		Х
	• A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV.	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If Yes,' complete Schedule L, Part IV.	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M.</i>	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II.	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part L</i>	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1	34	х	
35 a	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
I	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		Х
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		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI</i>	37		Х
	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	38	Х	
Pa	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		Yes	· No
	a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable1 a553b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable1 b0		103	110
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1	v	
BAA	(gambling) winnings to prize winners?	1 c Form	X 1 990 (	(2021)
				、 <b>-</b> ' .

Form	990 (2021) San Diego State University Foundation 95-604272	1	F	Page 5
Par	<b>V</b> Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State- ments, filed for the calendar year ending with or within the year covered by this return <b>2a</b> 3, 346			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	Х	
2 -	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	
	If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation on Schedule 0	sa 3b	X	
		30		<u> </u>
	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	Х	
b	If 'Yes,' enter the name of the foreign country Georgia See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
	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?	6a		Х
	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).	0.5		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7 a	Х	
h	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b	X	<u> </u>
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file			<u> </u>
	Form 8282?	7 c	Х	
	If 'Yes,' indicate the number of Forms 8282 filed during the year	7 e		X
	Did the organization receive any funds, directly of indirectly, to pay premiums on a personal benefit contract?	7e 7f		X
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899			
- h	as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7 g		
	Form 1098-C?	7 h	Х	
0	organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9 a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders 11 a			
	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
	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 year 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?	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			
	Enter the amount of reserves on hand			
14 a	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	14b		
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	Х	
10	If 'Yes,' see the instructions and file Form 4720, Schedule N.	10		X
	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If 'Yes,' complete Form 4720, Schedule O.	16		^
17	<b>Section 501(c)(21) organizations.</b> Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		

Section A. Governing Body and Management

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
---	-----------------

			Yes	No					
1	a Enter the number of voting members of the governing body at the end of the tax year <b>1 a 17</b> If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad								
	of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.								
I	b Enter the number of voting members included on line 1a, above, who are independent 1b 12								
2	2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?								
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		Х					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х					
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X					
6	Did the organization have members or stockholders?	6		X					
7	a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?SeeSchedule.0	7 a	Х						
I	b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7 b	Х						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:								
i	a The governing body?	8 a	Х						
I	<b>b</b> Each committee with authority to act on behalf of the governing body?	8 b	Х						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the								
_	organization's mailing address? If 'Yes,' provide the names and addresses on Schedule Q.	9		X					
Sec	ction B. Policies (This Section B requests information about policies not required by the Internal Re	eveni		· · ·					
10	a Did the organization have local chapters, branches, or affiliates?	10 a	Yes	No X					
	<b>b</b> If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their	10 a		Λ					
	operations are consistent with the organization's exempt purposes?	10 b	V						
	<b>a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11 a	Х						
	b Describe on Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O a Did the organization have a written conflict of interest policy? If 'No,' go to line 13	10-	Х						
	<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	12a	Λ						
	to conflicts?	12b	Х						
	c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe on Schedule O how this was doneSeeSchedule.Q	12 c	Х						
13	Did the organization have a written whistleblower policy?	13	Х						
14	Did the organization have a written document retention and destruction policy?	14	Х						
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
;	a The organization's CEO, Executive Director, or top management officialSee.Schedule.0	15a	Х						
I	b Other officers or key employees of the organization	15b	Х						
	If 'Yes' to line 15a or 15b, describe the process on Schedule O. See instructions.								
16	a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16 a		Х					
l	b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16 b							
Sec	ction C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed ► _CA								
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 50 available for public inspection. Indicate how you made these available. Check all that apply.			ıly)					
	X       Own website       X       Upon request       Other (explain on Schedule O)								
19	the public during the tax year. See Schedule O	ble to							
20	State the name, address, and telephone number of the person who possesses the organization's books and records ►								
Teresa Loren 5250 Campanile Dr MC 1947 San Diego CA 92182-1947 (619) 594-190									

Teresa	Loren	5250	Campanile	Dr	MC	1947	San	Diego	ĊA	92182-194	/ (619)	594-

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Independent Contractors	Compensated Employe	es, and								
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										
<b>1</b> a Complete this table for all persons required to be listed. Report compensation for the calendar year ending organization's tax year.	with or within the									

• 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, 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.

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

		(C)							
(A) Name and title	(B) Average hours	thar	1 one bo	x, unl 1 offic		son	<b>(D)</b> Reportable compensation from the organization	(E) Reportable compensation from related organizations	<b>(F)</b> Estimated amount of other
	tions below dotted line)	Individual trustee or director	Institutional trustee	Key employee	Highest compensated employee	Former	(W-2/1099- (W-2/1099- MISC/1099-NEC)	(W-21099- (W-21099-NEC)	compensation from the organization and related organizations
(1) Dutcher, Brian	0.5								
Coach	50			_	Х		798,166.	325,609.	116,890.
<u>(2)</u> Hoke, Brady Coach	_ <u>0.5</u> 50				Х		692,917.	326,455.	116,890.
(3) de la Torre, Adela	5				Λ		092,917.	320,433.	110,090.
Pres, Pres SDSU	45	Х	Х				0.	462,621.	150,351.
(4) Sussman, Mark	15							102/0211	100,0011
Reseacher Faculty	35				Х		173,117.	235,388.	101,252.
(5) Wicker, John Athletic Director	_0.5_ 50				Х		108,000.	288,090.	106,861.
(6) Madanat, Hala VP, VP SDSU	$\frac{15}{35}$	х	Х	:			45,112.	283,024.	116,229.
<pre>⑦ Ochoa, Salvador Provost SDSU</pre>	<u>5</u> 45	Х					0.	312,582.	66,946.
(8) Wong_Nickerson, Agnes Treas, VP_SDSU	<u>5</u> 45	Х	Х				0.	271,893.	90,982.
<u>(9) Thomas, Jennifer</u> Research Facult	_ <u>15</u> _ 35	Х					97,425.	133,251.	67,333.
(10) Emmorey, Karen Sec Res Facult	$\frac{15}{35}$	Х	Х				62,983.	156,909.	78,045.
(11) Goetz, Michele CEO	$-\frac{38}{12}$		Х	,			0.	212,151.	68,807.
(12) Levinson, Leslie R CFO	$-\frac{38}{12}$		Х				0.	198,774.	64,416.
(13) Ayala, Guadalupe Research Facult	_ <u>15</u> _ 35	Х					45,633.	130,989.	62,461.
(14) Zeller, Robert Research Facult	_ <u>15</u> _ 35	Х					0.	156,212.	70,892.
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			ney		-	-CS, i	a110	d Highest Con	ipensaleu Empi	
		(B)			(C)					
	(A) Name and title	Average hours per week	box offi	, unles cer and	s perso	n re than n is both tor/trus	n an tee)	(D) Reportable compensation from	(E) Reportable compensation from	<b>(F)</b> Estimated amount of other
		(list any hours for related organiza - tions below dotted	Individual truste or director	Institutional trustee	Ney employee	Highest compensated employee	Former	the organization (W-2/1099- MISC/1099-NEC)	related organizations (W-2/1099- MISC/1099-NEC)	compensation from the organization and related organizations
		line)	œ	lee		sated				
	er, <u>Stephen</u>	_ 20 _								
	nity Liason	20				Х		205,619.	0.	19,167
1 <u>6) Naylc</u>		38								
Direc	tor of Human Services	12			Х			0.	159,665.	56,731
	ha, Rachel M	50								
	: Exec Director - CIO	0			Х			169,139.	0.	37,449
	pp, Randolph	15								
	rch Facult	35	Х					10,965.	142,082.	47,271
	nov, Natalie	15								
	rch Facult	35	Х					10,870.	120,222.	63,529
	Ming-Hsiang	15								
	rch Facult	35	Х					14,864.	109,447.	55,900
	, Thomas	0								
	- General Manager	50			Х			0.	162,009.	7,791
22) Page,		1								
Direc		0	Х					0.	0.	(
	r, Craig	1						-		
Direc		0	Х			_		0.	0.	(
Direc	nrath, Joan tor	<u>1</u> 0	Х					0.	0.	(
-	Vickie	1								
<b>25)</b> Capps	, Vickie							0.	0.	(
Direc	tor	0	Х							
Direc 1 b Subtota	tor I	0	• • • • •					2,434,810.	4,187,373.	1,566,193
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Direc Direc 1 b Subtota c Total fro d Total (ar 2 Total nur from the 3 Did the on line 4 For any the orga such inc 5 Did any for servi <b>iection B.</b> 1 Complet compens	I	d to those I ctor, truste ch individu of reportab ter than \$1 ue comper rss, ' comple	isted ee, ke al le co 50,00  static <i>te So</i>	above ey em mper on fro chedu dent	ploye satio 'Yes many le J f	e, or h and corr unre or suc	high oth pple hate	0. 2,434,810. more than \$100,00 mest compensation te Schedule J for d organization or erson t received more the vith or within the or Description of (B)	4,187,373. 0. 4,187,373. 0 of reportable comp employee from individual han \$100,000 of ganization's tax year of services	1,566,193 (1,566,193 ensation Yes N 3 2 4 X 5 2 Compensation
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Direc 1 b Subtota c Total fro d Total (a 2 Total nur from the 3 Did the on line 4 For any the orga such inc 5 Did any for servi 5 Did any for servi 5 Did any for servi 5 Carl Bloom Grant Thorn 5 Carl Bloom	tor I	d to those I ctor, truste ch individu of reportab ter than \$1 ue comper- rs, ' comple msated indi- nsation for dress <u>e Plains</u> <u>les, CA</u> <u>r Reston</u>	ee, ke al le co 50,00  static te Sa epen the c	above above mper 00? /i n fro <i>hedu</i> dent alend	ploye satio satio <i>f 'Yes</i> many <i>le J f</i> contrar yea	e, or h and corr unre or suc	high oth pple hate	0. 2,434,810. more than \$100,00 mest compensated er compensation te Schedule J for d organization or erson t received more to vith or within the or (B) Description of Mail Services Audit & Accou Tech Support	4,187,373. 0. 4,187,373. 0 of reportable comp employee from individual han \$100,000 of ganization's tax year of services	1,566,193 (1,566,193 ensation Yes N 3 2 4 X 5 2 Compensation 423,077 245,905 274,802
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# **Continuation Sheet for Form 990**

OMB No. 1545-0047

2021

Department of the Treasury Internal Revenue Service										2021
Name of the Organization									Employler Identification nu	mber
San Diego State University	Founda	atior	ı						95-6042721	
Part VII Continuation: Officers, I Highest Compensated E	Directors mployee	s, Tru es	ste	es,	Ke	y En	nplo			
(A) Name and title	(B)	(C)	Position lox. unl	(do no	t checl son is	k more tha both an o	an one	(D)	(E) Reportable	(F)
	Average hours per week (list any hours for related organiza- tions below dotted line)	dividual truster director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099- MISC/1099-NEC)	compensation from related organizations (W-2/1099- MISC/1099-NEC)	Estimated amount of other compensation from the organization and related organizations
Holt, Christian Assoc Students	<u> </u>	Х						0.	0.	0.
Brack, William Director	<u>1</u> 0	х						0.	0.	0.
		<u> </u>								
		-								
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Form 990 Cont 2021

# Form 990 (2021) San Diego State University Foundation

Part VIII Statement of Revenue

 Check if Schedule O contains a response or note to any line in this Part VIII
 (B)
 (C)
 (D)

			<b>(A)</b> Total revenue	<b>(B)</b> Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from ta under sections 512-514
រ ស	1 a Federated campaigns 1 a					
	b Membership dues 1b	25,032.				
₽ ¥	c Fundraising events 1c					
ar l	d Related organizations 1d					
controutions, while, we are the second strain and other Similar Amounts	e Government grants (contributions) 1e 56,40 f All other contributions, gifts, grants, and	58,816.				
Defect	similar amounts not included above 1f 35,98 q Noncash contributions included in	80,525.				
	h Total. Add lines 1a-1f	48,514.	00 474 070			
		ess Code	92,474,373.			
Program Service Revenue			41 217 205	41 217 205		
eve	2a <u>Contracts Government</u> 54190		<u>41,217,395.</u>	41,217,395.		
еB	b <u>Contracts Non-Government</u> 54190		19,506,508.	19,506,508.		
Nic	c Fees & Tuition 61160		13,631,318.	13,631,318.	100 510	
Se	d <u>Campus &amp; Community Prog</u> 51510		7,478,285.	7,284,567.	193,718.	
am	e Equip-Sponsored Programs 54190	00	1,112,268.	1,112,268.		
<u>b</u>	f All other program service revenue		44,520.		44,520.	
å	g Total. Add lines 2a-2f		82,990,294.			
	<b>3</b> Investment income (including dividends, interest, a other similar amounts)	and ►	526,336.			526,336
	4 Income from investment of tax-exempt bond p	roceeds 🕨				<b>,</b>
	5 Royalties		1,238,036.			1,238,036
	(i) Real (ii)	Personal	1/200/0001			
	<b>6a</b> Gross rents <b>6a</b> 6,847,707.					
	<b>b</b> Less: rental expenses <b>6b</b> 8, 787, 541.					
	<b>c</b> Rental income or (loss) $6c - 1939834$ .					
	d Net rental income or (loss)		-1,939,834.			-1,939,834
		ii) Other	1/555/0511			1,555,651
	sales of assets	00,977.				
	b Less: cost or other basis					
		36,252.				
	<b>c</b> Gain or (loss) <b>7c</b> -18,77153					
	d Net gain or (loss)	•••••	-554,046.			-554,046
enue	8 a Gross income from fundraising events (not including \$					
š	of contributions reported on line 1c).					
ř	See Part IV, line 18 8a	8,488.				
Other Rev	b Less: direct expenses 8b 19	98,056.				
đ	c Net income or (loss) from fundraising events .		-189,568.			-189,568
	9 a Gross income from gaming activities. See Part IV, line 19					
	b Less: direct expenses 9b					
	c Net income or (loss) from gaming activities	•				
1	10 a Gross sales of inventory, less					
	returns and allowances					
	c Net income or (loss) from sales of inventory					
-+		ess Code				
Revenue	11		738.		735.	3
JUE	11a <u>Passthrough Entities</u> 61171 b		130.		135.	3
Jer Ver	~					
Revenue	d All other revenue					
		•	700			
	e Total. Add lines 11a-11d		738.		000.075	010.0==
AA	<b>12 Total revenue.</b> See instructions		174546329.	82,752,056.	238,973.	<u>-919,073</u> Form <b>990</b> (202

Π

95-6042721

# Form 990 (2021) San Diego State University Foundation

# Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a r	Check if Schedule O contains a response or note to any line in this Part IX							
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses				
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	31,881,119.	31,881,119.						
2	Grants and other assistance to domestic individuals. See Part IV, line 22	6,697,314.	6,697,314.						
3	Grants and other assistance to foreign organizations, foreign governments, and for- eign individuals. See Part IV, lines 15 and 16	1,382,922.	1,382,922.						
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	470,745.	264,157.	166,588.	40,000.				
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.				
7	Other salaries and wages	79,795,712.	68,195,617.	9,016,937.	2,583,158.				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	5,850,061.	4,993,378.	665,353.	191,330.				
9	Other employee benefits	8,058,731.	6,878,610.	916,555.	263,566.				
10	Payroll taxes	7,995,397.	6,824,551.	909,351.	261,495.				
	Fees for services (nonemployees):								
	Management	074 067	20,010	0.41 055					
	Legal	274,267.	32,912.	241,355.					
	Lobbying	<u>274,802.</u> 106,685.		274,802.					
	Professional fundraising services. See Part IV, line 17	447,413.		100,003.	447,413.				
	Investment management fees	417,413.			41,413.				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule 0.) Advertising and promotion	4,963,696.	1,633,310.	2,641,313.	689,073.				
13	Office expenses								
14	Information technology								
15	Royalties								
16	Occupancy	1,219,306.	1,169,068.	50,102.	136.				
17	Travel	1,431,090.	1,232,877.	172,700.	25,513.				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials								
19	Conferences, conventions, and meetings	3,503,502.	2,858,375.	602,073.	43,054.				
20	Interest								
21	Payments to affiliates			0.50 1.51					
22	Depreciation, depletion, and amortization	4,917,502.	4,565,328.	352,174.	100.000				
23 24	Insurance 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.)	384,146.	129,842.	144,976.	109,328.				
ä	Other_Operating	19,646,288.	18,260,522.	1,264,694.	121,072.				
	Broadcasting Expense	3,161,915.	1,073,894.	2,082,471.	5,550.				
C	Subcontracts	2,044,005.	2,041,344.	2,661.					
C	<u>Dues &amp; Fees</u>	1,692,679.	1,041,332.	100,592.	550,755.				
	All other expenses.	2,568,489.	1,100,211.	930,552.	537,726.				
25	Total functional expenses. Add lines 1 through 24e	188,767,786.	162,256,683.	20,641,934.	5,869,169.				
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)								
RΔΔ					Earm <b>990</b> (2021)				

#### Form 990 (2021) San Diego State University Foundation

Part X

Balance Sheet

~	-	<u> </u>	40.		-	
9	5-	60	42'	IΖ	T	

Page 11

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 2,554,972. 1 Cash – non-interest-bearing..... 2,639,402 Savings and temporary cash investments..... 6,537,408. 2 10,296,790. 2 Pledges and grants receivable, net..... 3 3 34,923,525 30,205,210. Accounts receivable, net ..... 4 4,028,857. 4 5,130,843. Loans and other receivables from any current or former officer, director, 5 controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined under 6 section 4958(f)(1)), and persons described in section 4958(c)(3)(B) ..... 6 7 Notes and loans receivable, net. 7 7,572,592 7,153,992. Inventories for sale or use..... 8 8 Assets Prepaid expenses and deferred charges..... 9 9 6,417,854 1,544,450. Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D ..... 10 a 10 a 139,645,643 **b** Less: accumulated depreciation. 10b 71,314,928. 42,535,179. 10 c 68,330,715. Investments – publicly traded securities. 99.579.098 11 84,784,883. 11 12 Investments – other securities. See Part IV, line 11..... 12 13 Investments – program-related. See Part IV, line 11..... 13 Intangible assets. 14 14 15 Other assets. See Part IV, line 11..... 4,388,930 30,259,829. 15 16 208,622,845. 240,261,684. 16 Total assets. Add lines 1 through 15 (must equal line 33).... 17 Accounts payable and accrued expenses ..... 12,656,456 17 17,245,278. 18 18 Grants payable ..... 19 Deferred revenue 26,271,191. 19 32,018,676. 20 Tax-exempt bond liabilities 20 1,380,969. 660,000. 21 Escrow or custodial account liability. Complete Part IV of Schedule D..... 21 Liabilities 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons ..... 22 Secured mortgages and notes payable to unrelated third parties ..... 23 25,921,321 43,125,463. 23 Unsecured notes and loans payable to unrelated third parties..... 24 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D. 25 13,919,048 25 37,507,435. Total liabilities. Add lines 17 through 25..... 26 80,148,985 26 130,556,852. Organizations that follow FASB ASC 958, check here ► Fund Balances and complete lines 27, 28, 32, and 33. Net assets without donor restrictions 27 27 Net assets with donor restrictions..... 28 28 Х Organizations that do not follow FASB ASC 958, check here > and complete lines 29 through 33. ō 29 Capital stock or trust principal, or current funds..... 29 111,075,575. 82,199,436. Net Assets Paid-in or capital surplus, or land, building, or equipment fund..... 30 11,431,980. 30 20,818,483. Retained earnings, endowment, accumulated income, or other funds..... 5,966,305. 31 31 6,686,913. 32 Total net assets or fund balances..... 32 128,473,860. 109,704,832. Total liabilities and net assets/fund balances. 33 208,622,845. 33 240,261,684. BAA TEEA0111L 09/22/21 Form 990 (2021)

Forn	n <b>990 (2021</b> )	San Die	go State Univers	sity	Foun	dation			95-	-60427	721	Р	age <b>12</b>
			of Net Assets	-									
	Chec	k if Schedule	O contains a response or	note	to any l	line in this	Part XI						
1	Total reven	ue (must equa	l Part VIII, column (A), lir	ne 12)	)					1	174,	546,	329.
2	Total exper	nses (must equ	al Part IX, column (A), li	ne 25)	)					2	188,	767,	786.
3			Subtract line 2 from line 1							-	-14,	221,	457.
4	Net assets	or fund balanc	es at beginning of year (r	must e	equal P	art X, line 3	32, colum	nn (A))		4	128,	473,	860.
5	Net unreali	zed gains (loss	ses) on investments							5	-4,	547,	571.
6			of facilities							-			
7		•											
8													
9	Other chan	ges in net asse	ets or fund balances (exp	lain oi	n Scheo	dule O)				9			0.
10	column (B)	)	at end of year. Combine li							10	109,	704,	832.
Pa	t XII   Fina	ancial State	ments and Reporting	g									
			C contains a response or		to any l	line in this	Part XII.						🗌
												Yes	No
1	Accounting	method used	to prepare the Form 990:	(	Cash	X Accru	ıal	Other			_		
	If the orgar on Schedul		ed its method of accountin	ng fror	m a prie	or year or c	checked '	Other,' ex	olain				
28	Were the o	rganization's fi	nancial statements comp	iled or	r review	ved by an ir	ndepende	ent accour	tant?		2	a	Х
	separate ba		w to indicate whether the ted basis, or both: Consolidated basis	_		tements for	5			ved on a			
ł	Were the o	rganization's fi	nancial statements audite	ed by a	an inde	pendent ac	countant	t?			2	b X	
	If 'Yes,' che basis, cons	-	w to indicate whether the	financ	cial stat	•	the year	r were aud	ited on a separ				
(	If 'Yes' to lir review, or o	ne 2a or 2b, doe compilation of	s the organization have a c its financial statements a	commit nd sel	ttee that lection	t assumes re of an indep	esponsibil endent a	lity for over accountant	sight of the audi ?	t, 	2	c X	
	on Schedul	e O.	ed either its oversight pro			•	5	,	, ,				
	Audit Act a	nd OMB Circul	rd, was the organization re ar A-133?								3	a X	
ł			undergo the required audi Schedule O and describe								3	b X	
BAA					TEEA01	112L 09/22/21					For	m <b>990</b>	(2021)

	IEDULE A n 990)	Con	plete if the organizat 4947(a	ty Status and P ion is a section 501(c)( )(1) nonexempt charita ch to Form 990 or Form	(3) orga ble trus	nization t.		OMB No. 1545-0047
Departi Interna	ment of the Treasury I Revenue Service	► (		rm990 for instructions			nformation.	Open to Public Inspection
	of the organization			ty Foundation			Employer identifica	
Par			rch Foundation		compl	oto thi	95-604272 s part.) See instruc	
				For lines 1 through 12,				
1 2 3 4	A school des A hospital or	cribed in <b>sectio</b> a cooperative h search organiza	n 170(b)(1)(A)(ii). (Atta ospital service organi tion operated in conju	•	990).) c <b>tion 17</b> describe	0(b)(1)(A d in sec	.)(iii). tion 170(b)(1)(A)(iii). E	nter the hospital's
5	An organizat		the benefit of a colle	ge or university owned	or oper	ated by	a governmental unit de	scribed in
6 7		-	-	ntal unit described in <b>s</b>				lia dagarihad
	in section 17	<b>′0(b)(1)(A)(vi).</b> (	Complete Part II.)		-	entai un	t or from the general pub	nic described
8				A)(vi). (Complete Part I	,			
9	or university of	or a non-land-grai	nt college of agriculture		the nan	ne, city,	on with a land-grant colle and state of the college o	
10	An organizat from activitie investment ir June 30, 197	ion that normall s related to its ncome and unre 5. See <b>section</b> !	y receives (1) more the exempt functions, sub lated business taxable 509(a)(2). (Complete F	nan 33-1/3% of its supp ject to certain exceptio e income (less section Part III.)	oort from ns; and 511 tax)	n contrib (2) no r ) from b	utions, membership fee nore than 33-1/3% of it usinesses acquired by t	s support from gross
11 12				ly to test for public safe				
a	or more publ lines 12a thro	icly supported o ough 12d that de porting organizati	rganizations describe escribes the type of su on operated, supervised	d in <b>section 509(a)(1)</b> o upporting organization d. or controlled by its sur	or <b>sectic</b> and con	on 509(a) oplete lii organizat	ctions of, or to carry ou (2). See section 509(a) nes 12e, 12f, and 12g. ion(s), typically by giving he supporting organization	(3). Check the box on the supported
b	complete Pa	rt IV, Sections A	and B.	ontrolled in connection	with its	support	ed organization(s), by I	naving control or
с	must comple	ete Part IV, Sect	ions A and C.				the supported organizati	
d	<b>Type III non-fi</b> functionally i	unctionally integ ntegrated. The o	r <b>ated.</b> A supporting orgongenerally	anization operated in cor	nnection	with its s	onally integrated with, its s supported organization(s) t and an attentiveness	that is not
	X Check this be integrated, or	ox if the organiz r Type III non-fu	ation received a written nctionally integrated s		۱.		а Туре I, Туре II, Туре	e III functionally
			n about the supported					······
	(i) Name of supported	organization	<b>(ii)</b> EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	organiza in your o	s the tion listed joverning ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
(A)	San Diego S	State Univ	ersity 33-0373293	6	Х		31,881,119.	0.
(B)								
(C)								
<u>(D)</u>								
<u>(E)</u>								
Total BAA		Reduction Act N	otice, see the Instruc	tions for Form 990 or 9	990-EZ.		31,881,119. Sched	0 . ule A (Form 990) 2021

San Diego State University Foundation 95-6042721

Page 2

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

### Section A. Public Support

000	don / a l ubile ouppoit						
begi	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	<b>(d)</b> 2020	<b>(e)</b> 2021	<b>(f)</b> Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	75743799.	89072210.	82828123.	94700402.	92474373.	434818907.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	75743799.	89072210.	82828123.	94700402.	92474373.	434818907.
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)						4,456,928.
	Public support. Subtract line 5 from line 4						430361979.
Sec	tion B. Total Support						
Cale begi	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	<b>(d)</b> 2020	<b>(e)</b> 2021	<b>(f)</b> Total
7	Amounts from line 4	75743799.	89072210.	82828123.	94700402.	92474373.	434818907.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	6,365,656.	7,543,096.	8,895,025.	9,681,112.	8,612,079.	41,096,968.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	23,049.	15,991.	20,052.	6,082.	8,488.	73,662.
	Total support. Add lines 7 through 10						475989537.
12	Gross receipts from related activ	vities, etc. (see ins	structions)			12	434684434.
13	First 5 years. If the Form 990 is organization, check this box and						►
Sec	tion C. Computation of Pu	blic Support P	ercentage				
	Public support percentage for 20						90.41%
15	Public support percentage from	2020 Schedule A,	Part II, line 14			15	90.26%
16a	<b>33-1/3% support test-2021.</b> If t and <b>stop here.</b> The organization	he organization di qualifies as a pul	d not check the b plicly supported o	oox on line 13, an rganization	d line 14 is 33-1/3	3% or more, checl	< this box ► Χ
b	33-1/3% support test-2020. If the and stop here. The organization	e organization did qualifies as a pu	l not check a box blicly supported o	on line 13 or 16a	a, and line 15 is 3	3-1/3% or more, o	check this box
17a	<b>10%-facts-and-circumstances te</b> or more, and if the organization the organization meets the facts	meets the facts-a	nd-circumstances	s test, check this I	box and stop here	. Explain in Part	VI how
b	<b>10%-facts-and-circumstances te</b> or more, and if the organization organization meets the facts-and	meets the facts-a	nd-circumstances	s test, check this I	box and stop here	. Explain in Part	VI how the
18	Private foundation. If the organi	zation did not che	ck a box on line	13, 16a, 16b, 17a	, or 17b, check th	is box and see ins	structions 🕨 🗌

Schedule A (Form 990) 2021

 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.)

Sec	tion A. Public Support						
	lar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')						
2	Gross receipts from admissions,						
	merchandise sold or services performed, or facilities						
	furnished in any activity that is						
	related to the organization's						
	tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						
4	Tax revenues levied for the						
	organization's benefit and either paid to or expended on						
	its behalf						
5	The value of services or						
	facilities furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1,						
	2, and 3 received from disqualified persons.						
h	Amounts included on lines 2						
~	and 3 received from other than						
	disqualified persons that exceed the greater of \$5,000 or						
	1% of the amount on line 13						
	for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support						
		(2) 2017	<b>(b)</b> 2019	(a) 2010	(4) 2020	<b>(a)</b> 2021	(A Total
	dar year (or fiscal year beginning in) ►	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	<b>(f)</b> Total
	Amounts from line 6						
TUa	Gross income from interest, dividends, payments received on securities loans,						
	rents, royalties, and income from						
h	similar sources Unrelated business taxable						
U	income (less section 511						
	taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
••	activities not included on line 10b,						
	whether or not the business is						
12	regularly carried on						
12	gain or loss from the sale of						
	capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9,						
	10c, 11, and 12.)						
14	First 5 years. If the Form 990 is organization, check this box and						▶□
Sec	tion C. Computation of Pul	•					
-	Public support percentage for 20			ine 13 column (f	))		010
	Public support percentage from 2						0/0
	tion D. Computation of Inv						0
					ump (fl)		00
17	Investment income percentage f	-		-			0 00
18	Investment income percentage f						
198	33-1/3% support tests-2021. If t is not more than 33-1/3%, check						
b	33-1/3% support tests-2020. If t	the organization c	lid not check a bo	ox on line 14 or li	ne 19a, and line 1	6 is more than 33	-1/3%, and
-	line 18 is not more than 33-1/3%	6, check this box	and <b>stop here.</b> Th	ne organization qu	ualifies as a public	cly supported orga	nization 🕨
20	Private foundation. If the organized	zation did not che	eck a box on line	14, 19a, or 19b, o	check this box and		
BAA			TEEA0403L	08/31/21		Schedule	A (Form 990) 2021

## Part IV Supporting Organizations

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

# Section A. All Supporting Organizations

Yes No Are all of the organization's supported organizations listed by name in the organization's governing documents? 1 If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe Х the designation. If historic and continuing relationship, explain. 1 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 Х 2 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. Х 3a **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. 3b 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. 3c 4a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and Х if you checked box 12a or 12b in Part I, answer lines 4b and 4c below. 4a **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. Δh **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. 4c 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). 5a Х 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? 5b c Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c 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 6 or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of 6 Х the filing organization's supported organizations? If 'Yes,' provide detail in Part VI. See 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). Х 7 8 Did the organization make a loan to a disgualified person (as defined in section 4958) not described on line 7? If 'Yes,' complete Part I of Schedule L (Form 990). 8 Х 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))? Х If 'Yes,' provide detail in Part VI. 9a **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**. Х 9b 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. Х 9c 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,' Х answer line 10b below. 10a **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.) 10b

Part IV Supporting Organizations (continued)			
		Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?			
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b ar	nd 11c below,		
the governing body of a supported organization?	11a		Х
<b>b</b> A family member of a person described on line 11a above?	11b		Х
C A 35% controlled entity of a person described on line 11a or 11b above? If 'Yes' to line 11a, 11b, or 11c, provide detail in Part	<i>VI.</i> 11c		Х

San Diego State University Foundation

#### Section B. Type I Supporting Organizations

Schedule A (Form 990) 2021

- 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If 'No,' describe in **Part VI** how the supported organization (s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*

## Section 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 trustees of each of the organization's supported organization(s)? If 'No,' describe in **Part VI** how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).
 1

### Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	Х	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(c) or (ii) serving on the governing body of a supported organization? If <i>No</i> / explain in <b>Part VI</b> how			
	organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	2	Х	
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in <b>Part VI</b> the role the organization's supported organizations played			
	in this regard.	3	Х	
~				

### Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
  - a The organization satisfied the Activities Test. Complete line 2 below.
  - **b** The organization is the parent of each of its supported organizations. *Complete line 3 below.*
  - c |X| The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).

#### 2 Activities Test. Answer lines 2a and 2b below.

- 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.

Schedule A (Form 990) 2021

See Part VI

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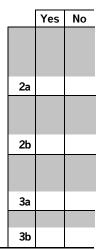
Page 5

Yes

1

2

No



#### San Diego State University Foundation

Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	niza	tions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust instructions. All other Type III non-functionally integrated supporting organization	on N	ov. 20, 1970 (explain ir st complete Sections A	n Part VI). <b>See</b> through E.
Sec	tion 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		<u> </u>
Sec	tion 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		
Ŀ	Average monthly cash balances	1b		
	: Fair market value of other non-exempt-use assets	1c		
C	I Total (add lines 1a, 1b, and 1c)	1d		
6	e 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		
Sec	tion 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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

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

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Schedule A (Form 990) 2021

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Pa	t V Type III Non-Functionally Integrated 509(a)(3) Sι	upporting Organiza	ations (continue	d)	
Sec	tion D – Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exempt pu	irposes		1	
2	Amounts paid to perform activity that directly furthers exempt purposes in excess of income from activity	IS,	2		
3	Administrative expenses paid to accomplish exempt purposes of su	upported organizations		3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - provide	e details in <b>Part VI</b> )		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 organizati in <b>Part VI</b> ). See instructions.	ion is responsive (provide	edetails	8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sec	tion E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2021	ons	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required – <i>explain in <b>Part VI</b></i> ). See instructions.				
3	Excess distributions carryover, if any, to 2021				
-	Prom 2016				
	• From 2017				
	From 2018				
	From 2019				
	• From 2020				
	f Total of lines 3a through 3e				
ç	Applied to underdistributions of prior years				
ŀ	Applied to 2021 distributable amount				
	i Carryover from 2016 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D, line 7: \$				
â	Applied to underdistributions of prior years				
	Applied to 2021 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in <b>Part VI</b></i> . See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j and 4c.				
8	Breakdown of line 7:				
ā	Excess from 2017				
k	Excess from 2018				
C	Excess from 2019				
	Excess from 2020				
e	Excess from 2021				

BAA

Schedule A (Form 990) 2021

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part II, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

### Part I Additional Supplemental Information

#### Schedule A, Part II

The organization is not an organization described in IRC Sections 170(B)(1)(A)(IV) or (VI) but is completing schedule A, Part II to elect the special rule relating to the contribution reporting on Form 990, Schedule B.

### Additional Explanation of Other Income

Other income (Part II, line 10) is from fundraising events.

### Part IV, Section A, Line 6 - Description Of Grants Or Provided Benefits To Others

In addition to administering funds that directly support San Diego State University, SDSU Research Foundation administers funds to outside organizations or individuals who are partnered with San Diego State University to research issues important to the region, the nation, and the world.

### Part IV, Section D, Line 3 - Role The Organization's Supported Orgs. Played

The President of San Diego State University, (the supported organization) is also the President of SDSU Research Foundation. Furthermore, the Board of Directors of SDSU Research Foundation includes Senior Management of San Diego State University, some of whom also serve on SDSU Research Foundation's investment committee.

### Part IV, Section E, Line 1c - Explain How Organization Supports Government Entity

SDSU Research Foundation is an auxiliary organization of San Diego State University, a California public educational institution. SDSU Research Foundation's activities support the research, educational, and community service programs of the University.

SDSU Research Foundation engages in activities on behalf of San Diego State

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

# Part IV, Section E, Line 1c - Explain How Organization Supports Government Entity (continued)

University, and, if not for the involvement of SDSU Research Foundation, the

University would normally be engaged in similar activities.

Schee	dule	В
(Form	<b>990)</b>	

# PUBLIC DISCLOSURE COPY Schedule of Contributors

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service	<ul> <li>Attach to Form 990 or Form 990-PF.</li> <li>Go to www.irs.gov/Form990 for the latest information</li> </ul>	tion.
Name of the organization San	Diego State University Foundation J Research Foundation	Employer identification number 95-6042721
Organization type (check	one):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a priva	ate foundation
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private for	oundation
	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

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.

**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).

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

Schedule B (Form 990) (2021)	1	1	Page <b>2</b>
Name of organization	Employer identification number		
San Diego State University Foundation	95-6042721		
<b>Part I</b> Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.			

Part I Contribu	tors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$ <u>3,334,080</u>	Person     X       Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$ <u>9,976,274</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u>26,323,470.</u>	Person     X       Payroll     Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	·	\$\$2,393,567.	Person     X       Payroll     Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	·	\$\$ <u></u> \$ <u>8,977,831</u>	Person     X       Payroll     Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	·	 \$	Person
BAA	TEEA0702L 10/06/21		 Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)	1	1	Page <b>3</b>	
Name of organization		Employer identification number		
San Diego State University Foundation	95-60427	/21		

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from	(b) Description of noncash property given	(c)	(d) Date received
from Part I	Description of noncash property given	(c) FMV (or estimate) (See instructions.)	Date received
N/A			
		,	
		<sup>\$</sup>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
AA	TEEA0703L 10/06/21	Schedule	 B (Form 990) (20

	B (Form 990) (2021)		<u>1</u> 1 Page <b>4</b>					
Name of orga		4	Employer identification number					
	ego State University Foundat		95-6042721					
Part III	<i>Exclusively</i> religious, charitable, e	tc., contributions to organiz	ations described in section 501(c)(7), (8),					
	or (10) that total more than \$1,000 for t	he year from any one contribute	Dr. Complete columns (a) through (e) and					
	the following line entry. For organizations of							
	contributions of <b>\$1,000 or less</b> for the year. Use duplicate copies of Part III if additional	(Enter this mormation once. See i	nstructions.) •\$N/A					
(a) No								
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
Part I								
	N/A							
	<b></b>							
	<b></b>							
		(e) Transfer of gift						
	<b>-</b> <i>(</i> ) ) )							
	Transferee's name, addres	Relationship of transferor to transferee						
	L	L_						
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
Part I								
			+					
			+					
			+					
	(e) Transfer of gift							
	Transferee's name, addres	ss, and ZIP + 4	Relationship of transferor to transferee					
	F							
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
from Part I	(b) r dipose of gire		(a) beschption of new girt is held					
ruiti								
			+					
			+					
		(e) Transfer of gift						
	Transferee's name, addres	ss, and ZIP + 4	Relationship of transferor to transferee					
		+-						
	<b> </b>	+-						
		+-						
(a) No.								
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
Part I								
	<b> </b>		+					
	<b> </b>							
	L							
		(e) Transfer of gift						
	Transferee's name, addres	ss, and ZIP + 4	Relationship of transferor to transferee					
	<b> </b>							
	F							
	<b> </b>							
BAA	1	TEEA0704L 10/06/21	Schedule B (Form 990) (2021)					

	SCHEDULE C Political Campaign and Lobbying Activities				OMB No. 1545-0047				
(Forr	(Form 990) For Organizations Exempt From Income Tax Under section 501(c) and section 527								
Depart Interna	ment of the Treasury I Revenue Service	t of the Treasury venue Service ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.							
• S • S	section 501(c)(3) o section 501(c) (oth	organization er than sec	<b>bn Form 990, Part IV, line 3, or Form 990-EZ,</b> s: Complete Parts I-A and B. Do not com tion 501(c)(3)) organizations: Complete P mplete Part I-A only.	olete Part I-C.					
• S • S	ection 501(c)(3) or	ganizations t	on Form 990, Part IV, line 4, or Form 990-EZ, hat have filed Form 5768 (election under sec s that have NOT filed Form 5768 (election	tion 501(h)): Complete	Part II-A. Do not complete				
(Pro>	(y Tax) (See sepai	rate instruc	, <b>' on Form 990, Part IV, line 5 (Proxy Tax) tions), then</b> rganizations: Complete Part III.	(See separate instru	ctions) or Form 990-EZ,	Part V, line 35c			
Name	of organization San SDS	Diego U Resea	State University Foundatio rch Foundation	n	Employer identifica				
Par			rganization is exempt under sect	on 501(c) or is a					
	Provide a descrip	tion of the	organization's direct and indirect political n of 'political campaign activities.'	~ /	5				
			penditures. See instructions						
			rganization is exempt under sect						
			ise tax incurred by the organization under		► č				
2			ise tax incurred by the organization under			0.			
-			a section 4955 tax, did it file Form 4720 fo						
3									
	Was a correction					····· Yes No			
	If 'Yes,' describe		ranization is even tunder cost	on 501(a) avea	t continue E01(a)(2)				
			rganization is exempt under sect pended by the filing organization for secti	• • •					
2	Enter the amount	t of the filing	g organization's funds contributed to othe	r organizations for se	ction				
3	Total exempt fund	ction expen	s	d on Form 1120-POL.					
4			e Form 1120-POL for this year?			Yes No			
5	amount of political	contribution	and employer identification number (EIN) s. For each organization listed, enter the is received that were promptly and directly de il action committee (PAC). If additional sp	elivered to a separate p	olitical organization, such	as a separate			
	<b>(a)</b> Name		(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter-0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0			
(1)				-					
(2)				-					
(3)				-					
(4)				-					
(5)				_					
(6)				_					
BAA	For Paperwork Re	duction Act	Notice, see the Instructions for Form 990 or	990-EZ.	Sched	ule C (Form 990) 2021			

Schedule <b>C</b> (Form 990) 2021	San Diego	State University	Foundation	95-6042	2721 Page <b>2</b>
Part II-A Complete if section 501(	the organizati				
A Check ► if the filin	g organization belo	ngs to an affiliated group (and	l list in Part IV each affili	ated group member's name	Э,
	•	nd share of excess lobbying			
B Check ► if the filir	ng organization ch	ecked box A and 'limited co	ntrol' provisions apply.		
(The term	Limits on Lob 'expenditures' m	oying Expenditures eans amounts paid or incur	red.)	(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expenditu	ures to influence p	oublic opinion (grassroots lo	bbying)		
<b>b</b> Total lobbying expenditu	ures to influence a	a legislative body (direct lob	bying)		
c Total lobbying expenditu	ures (add lines 1a	and 1b)			
<b>d</b> Other exempt purpose e	expenditures				
<b>e</b> Total exempt purpose e	xpenditures (add	lines 1c and 1d)			
		mount from the following ta			
If the amount on line 1e, colu	umn (a) or (b) is:	The lobbying nontaxable	amount is:		
Not over \$500,000		20% of the amount on line 1e.			
Over \$500,000 but not over \$1,	000,000	\$100,000 plus 15% of the excess	; over \$500,000.		
Over \$1,000,000 but not over \$	1,500,000	\$175,000 plus 10% of the excess	over \$1,000,000.		
Over \$1,500,000 but not over \$	17,000,000	\$225,000 plus 5% of the excess	over \$1,500,000.		
Over \$17,000,000		\$1,000,000.			
g Grassroots nontaxable a	amount (enter 259	6 of line 1f)			
<b>h</b> Subtract line 1g from lir	ne 1a. If zero or le	ss, enter -0			
i Subtract line 1f from line	e 1c. If zero or les	ss, enter -0			
j If there is an amount othe section 4911 tax for this	r than zero on eith year?	er line 1h or line 1i, did the or	ganization file Form 4720	reporting	Yes No
(Som		4-Year Averaging Period nat made a section 501(h) e selow. See the separate inst	lection do not have to		
	Lol	obying Expenditures During	4-Year Averaging Per	od	
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	<b>(c)</b> 2020	<b>(d)</b> 2021	<b>(e)</b> Total
<b>2 a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

BAA

Schedule C (Form 990) 2021

#### 95-6042721 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each 'Yes' response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a)		(b)	
		No	Ar	nount	
<ul> <li>See Part IV</li> <li>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:</li> </ul>					
a Volunteers?		Х			
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		Х			
c Media advertisements?		Х			
d Mailings to members, legislators, or the public?		Х			
e Publications, or published or broadcast statements?		Х			
f Grants to other organizations for lobbying purposes?		Х			
g Direct contact with legislators, their staffs, government officials, or a legislative body?	Х			106,	685.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Х			
i Other activities?		Х			
j Total. Add lines 1c through 1i				106,	685.
2 a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Х		·	
<b>b</b> If 'Yes,' enter the amount of any tax incurred under section 4912					
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912		Ī			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).					
				Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?			1		

2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3	

# Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c) (6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No,' OR (b) Part III-A, line 3, is answered 'Yes.'

1	Dues, assessments and similar amounts from members.	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
	<b>a</b> Current year	2a	
	<b>b</b> Carryover from last year	2 b	
	<b>c</b> Total	2 c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures. See instructions	5	
D -			

#### Part IV Supplemental Information

Provide 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.

## Part II-B - Description of Lobbying Activity

SDSU Research Foundation paid \$106,685 to the firm of Van Scoyoc Associates during

the fiscal year. The firm represents SDSU Research Foundation's interest in

Washington DC, primarily in activities that involve the competition for federal

research funds.

(Fo	SCHEDULE D (Form 990) Department of the Treasury Internal Revenue Service Complete if the organization answered 'Yes' on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. For to www.irs.gov/Form990 for instructions and the latest information.						
Intern	al Revenue Service	► Go to www.irs	gov/Form990 for instructions and the	latest information.		Open to Inspect	ion
Sar SDS	SU Research 1				95-6042	entification nu 2721	ımber
Par	t I Organizat Complete	tions Maintaining Donc if the organization ans	<b>r Advised Funds or Other Sim</b> wered 'Yes' on Form 990, Part I	<b>ilar Funds or Acc</b> IV, line 6.	counts.		
			(a) Donor advised funds	<b>(b)</b> F	unds and o	ther accou	ints
1	Total number at e	end of year					
2	Aggregate value of cor	ntributions to (during year)					
3	Aggregate value of gra	ants from (during year)					
4	Aggregate value a	at end of year					
5			nor advisors in writing that the assets h organization's exclusive legal control?			Yes	No
6	for charitable pur	poses and not for the benefit	rs, and donor advisors in writing that g of the donor or donor advisor, or for a	any other purpose cor	nferring	1	<b>—</b>
		vate benefit?				Yes	No
Par		tion Easements.		N / 1: <b>-</b>			
		-	wered 'Yes' on Form 990, Part				
1			/ the organization (check all that apply				
		of land for public use (for exam		Preservation of a histo	5 1		area
		natural habitat		Preservation of a certin	fied historic	structure	
_		of open space					
2	Complete lines 2a last day of the tax		neld a qualified conservation contribution i		vation easer		
	Total number of c	conservation easements			ielu at the		
			nents				
	0	2	fied historic structure included in (a)				
(	Number of consei structure listed in	the National Register.	n (c) acquired after 7/25/06, and not or	n a historic <b>2 d</b>			
3		0	isferred, released, extinguished, or termin		on during the	)	
4	Number of states v	where property subject to conse	rvation easement is located ►				
5			garding the periodic monitoring, inspec		ations,	Yes	No
6	Staff and volunteer ►	r hours devoted to monitoring,	nspecting, handling of violations, and enf	forcing conservation ea	sements dur	ing the yea	ır
7	Amount of expense ►\$	es incurred in monitoring, inspe	ecting, handling of violations, and enforcin	ng conservation easeme	ents during t	he year	
8	•		n line 2(d) above satisfy the requireme			Yes	No
9	In Part XIII, descri include, if applica conservation ease	able, the text of the footnote	orts conservation easements in its rev to the organization's financial statemer	venue and expense st nts that describes the	atement an organizatio	d balance on's accour	sheet, and nting for
Par	t III Organizat Complete	tions Maintaining Colle if the organization ans	<b>ctions of Art, Historical Treasu</b> wered 'Yes' on Form 990, Part	<b>ires, or Other Sin</b> IV, line 8.	nilar Asse	ets.	
1;	historical treasure	es, or other similar assets he	FASB ASC 958, not to report in its re ld for public exhibition, education, or re I statements that describes these item	esearch in furtherance	l balance sh e of public :	neet works service, pro	of art, ovide in
I	historical treasures following amounts	s, or other similar assets held for s relating to these items:	r FASB ASC 958, to report in its reven or public exhibition, education, or research	h in furtherance of publ	lic service, p	works of a rovide the	art,
			line 1				
	••						
2	amounts required	to be reported under FASB	nistorical treasures, or other similar assets ASC 958 relating to these items:			owing	
			1				
						ula D /C	
БАА	For Paperwork R	eulotion Act Notice, see the	Instructions for Form 990.	IEEA3301L 08/30/21	Schedu	rorn) ע פוו	n 99 <b>0) 202</b> 1

Schedule D (Form 990) 2021 San I				95-6042	
Part III Organizations Mainta	ining Collections	s of Art, Historica	al Treasures, or (	Other Similar Asse	ets (continued)
<b>3</b> Using the organization's acquisition items (check all that apply):	, accession, and other	records, check any of	the following that mal	ke significant use of its c	ollection
a Public exhibition			change program		
b Scholarly research		e Other			
<ul> <li>c Preservation for future gener</li> <li>4 Provide a description of the organiz</li> </ul>		explain how they furt	ner the organization's	exempt purpose in	
Part XIII.	tion colicit or roccive	donations of art his	toriaal traacurac or	other cimilar accete	
5 During the year, did the organiza to be sold to raise funds rather the sole to rather the sol					Yes No
Part IV Escrow and Custodia line 9, or reported an				wered 'Yes' on For	m 990, Part IV,
<b>1 a</b> Is the organization an agent, trus	stee, custodian or oth	ner intermediary for o	ontributions or other	assets not included	Yes No
on Form 990, Part X? <b>b</b> If 'Yes,' explain the arrangement				····· L	
		piete the fellowing t		ļ ,	Amount
<b>c</b> Beginning balance					
<b>d</b> Additions during the year				. 1d	
e Distributions during the year				. 1 e	
f Ending balance				. 1f	
<b>2 a</b> Did the organization include an a				-	Yes No
<b>b</b> If 'Yes,' explain the arrangement	in Part XIII. Check h	nere if the explanatio	n has been provided	on Part XIII	
					. 10
Part V Endowment Funds. C		Ϋ́Υ			
<b>1 a</b> Beginning of year balance	(a) Current year 35, 299, 070.	(b) Prior year 27,672,503.	(c) Two years back 26, 676, 449	(d) Three years back	(e) Four years back
<b>b</b> Contributions	4,337,402.	4,216,648.	347,051	· · · ·	21,722,470. 1,440,011.
	4,337,402.	4,210,040.	547,051	. 2,013,402.	1,440,011.
c Net investment earnings, gains, and losses	-3,997,346.	3,464,256.	711,000	. 1,267,056.	415,726.
d Grants or scholarships					
Other expenditures for facilities and programs	101,622.	54,337.	61,997	. 114,172.	68,104.
f Administrative expenses g End of year balance	35,537,504.	35,299,070.	27,672,503	. 26,676,449.	23,510,103.
2 Provide the estimated percentag					23, 310, 103.
a Board designated or quasi-endowm	-	L.76 %			
<b>b</b> Permanent endowment ►	12.32 %	<u>.,,,</u> ,			
	5.92 %				
The percentages on lines 2a, 2b, a		0%.			
<b>3 a</b> Are there endowment funds not in t	be personal of the s	rannization that are h	ald and administered f	or the	
organization by:		nyanization that are n			Yes No
(i) Unrelated organizations					3a(i) X
(ii) Related organizations					3a(ii) X
<b>b</b> If 'Yes' on line 3a(ii), are the rela	U U				3b X
4 Describe in Part XIII the intended		ation's endowment fu	unds. See Part	XIII	
Part VI Land, Buildings, and					
Complete if the organ	ization answered	'Yes' on Form 99	90, Part IV, line	11a. See Form 990	, Part X, line 10.
Description of property	<b>(a)</b> Cos (in	t or other basis (Investment)	<b>b)</b> Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1 a</b> Land			16,937,696.		17,463,548.
<b>b</b> Buildings		L,240,481.	94,912,530.	48,577,519.	47,575,492.
c Leasehold improvements					
<b>d</b> Equipment			26,029,084.	22,737,409.	3,291,675.
Total. Add lines 1a through 1e. (Colum		rm 990, Part X. colur	mn (B), line 10c.)	►	68,330,715.
ВАА		· · · · · ·			le D (Form 990) 2021

TEEA3302L 08/30/21

Schedule D (Form 990) 2021 San Diego State Un	niversity Found	ation	95-6042721	Page 3
Part VII Investments – Other Securities.		N/A		
Complete if the organization answered				
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation	on: Cost or end-of-year market v	value
(1) Financial derivatives.				
(2) Closely held equity interests				
(3) Other				
(A)				
(B)				
<u>(C)</u>				
(D) (E)				
(E)				
(F)				
(G) (H)				
(I) Total. (Column (b) must equal Form 990, Part X, column (B) line 12.) ►				
Part VIII Investments – Program Related.		N/A		
Complete if the organization answered	d 'Yes' on Form 990	, Part IV, line 11c. S	see Form 990, Part≯	<, line 13.
(a) Description of investment	(b) Book value		: Cost or end-of-year mar	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) ►	•			
Part IX Other Assets. Complete if the organization answered	Voc' on Form 000	Dart IV/ line 11d S	Soo Form 000 Port )	/ line 15
	scription	, Fait IV, line Tiu. S	(b) Bool	
(1) Deferred Loss of Bond Refunding				98,259.
(2) Leases Recievable			22,5	73,039.
(3) OPEB Asset			6,7	93,994.
(4) OPEB Related Outflows			3	94,537.
(5)				
(6)				
(7)				
(8)				
(10)				
Total. (Column (b) must equal Form 990, Part X, column (	(R) line 15 )		× 30.2	59,829.
Part X Other Liabilities.				55,025.
Complete if the organization answered 'Yes' on F	Form 990, Part IV, line 11	e or 11f. See Form 990, P	art X, line 25.	
	ription of liability	,	(b) Book	< value
(1) Federal income taxes				
(2) Deferred Gain on Bond Refunding				15,773.
(3) Deferred Inflow of Resources				42,639.
(4) Due to SDSU Auxiliaries				95,733.
(5) Net OPEB Liability				14,965.
(6) Other Liabilities (7)			4,9	38,325.
(7) (8)				
(9)				
(10)				
(11)				
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)			37,5	07,435.
2. Liability for uncertain tax positions. In Part XIII, provide the text of the fo				

 Eabling for uncertain as positions. In Part Ain, provide the text of the footnote has been provided in Part XIII.
 See. Part. XIII.

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 Schedule D (Form 990) 2021

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Schedule D (Form 990) 2021 San Diego State University Foundation	95-6042	2721 Page <b>4</b>
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return.	
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	179,545,465.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments 2a -4,547,571	L.	
b Donated services and use of facilities	5.	
c Recoveries of prior year grants		
d Other (Describe in Part XIII.) See Part XIII 2d 8,787,541		
e Add lines <b>2a</b> through <b>2d</b> .		4,999,136.
3 Subtract line 2e from line 1	. 3	174,546,329.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		, ,
a Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b Other (Describe in Part XIII.)	_	
c Add lines 4a and 4b		
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	. 5	174,546,329.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	er Retur	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total expenses and losses per audited financial statements	. 1	198,314,493.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		, ,
a Donated services and use of facilities	5.	
b Prior year adjustments	<u></u>	
c Other losses	-	
d Other (Describe in Part XIII.) See Part XIII 2d 8,787,541		
e Add lines 2a through 2d.		9,546,707.
3 Subtract line 2e from line 1.		188,767,786.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		100,101,100.
a Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b		
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	. 5	188,767,786.
Part 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 - Intended Uses Of Endowment Fund

To provide inter-generational income to augment programs that are an integral part of

the research, educational, and community service mission of San Diego State

University.

#### Part X - FASB ASC 740 Footnote

SDSU Research Foundation follows the guidance that clarifies the accounting for

uncertainty in tax positions taken or expected to be taken in a tax return,

including issues relating to financial statement recognition and measurement. This BAA Schedule D (Form 990) 2021

### Part X - FASB ASC 740 Footnote (continued)

guidance provides that the tax effects from an uncertain tax position can only be recognized in the financial statements if the position is "more-likely-than-not" to be sustained if the position were to be challenged by a taxing authority. The assessment of the tax position is based solely on the technical merits of the position, without regard to the likelihood that the tax position may be challenged.

SDSU Research Foundation is exempt from federal income tax under Section 501(c)(3) of the Internal Revenue Code, though it is subject to tax on income unrelated to its exempt purpose unless that income is otherwise excluded by the Code. SDSU Research Foundation has also been recognized by the California Franchise Tax Board as an organization that is exempt from California franchise and income taxes under Section 23701(d) of the California Revenue and Taxation Code. SDSU Research Foundation has processes presently in place to ensure the maintenance of its tax-exempt status; to identify and report unrelated income; to determine its filing and tax obligations in jurisdictions for which it has nexus; to identify and evaluate other matters that may be considered tax positions. SDSU Research Foundation has determined that there are no material uncertain tax positions that require recognition or disclosure in the financial statements.

#### Schedule D, Part XI, Line 2d Other Revenue Included In F/S But Not Included On Form 990

Rental Expenses Netted on Return		8,787,541. 8,787,541.
Schedule D, Part XII, Line 2d Other Expenses And Losses Per Audited F/S		
Rental Expenses Netted on Return	\$ \$	8,787,541. 8,787,541.

SCHEDULE F (Form 990)			es Outside the Unite		OMB No. 1545-0047		
, ,	Complete if the or	rganization answer ► Atta	ed 'Yes' on Form 990, Part IV, lin ach to Form 990.	e 14b, 15, or 16.	2021		
Department of the Treasury Internal Revenue Service	► Go to www.i	irs.gov/Form990	for instructions and the latest		Open to Public Inspection		
Name of the organization San D	lego State Un	niversity F	oundation	Employer ident	ver identification number		
Part I General Informa	Research Four ation on Activiti	es Outside th	e United States. Comple				
on Form 990, Pa	art IV, line 14b.			ç			
1 For grantmakers. Does t the grantees' eligibility for	he organization ma or the grants or assi	intain records to sistance, and the s	substantiate the amount of its selection criteria used to award	grants and other assist the grants or assistan	ance, ce?XYes No		
2 For grantmakers. Describe United States. Part	Ũ	zation's procedure	s for monitoring the use of its gra	ants and other assistance	outside the		
3 Activities per Region. (Th	ne following Part I,	line 3 table can b	e duplicated if additional space	e is needed.)	<b>r</b>		
<b>(a)</b> Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region		
(1) Russia Neighbor	1	20	Program Services	Education	824,204.		
(2) East Asia & Pacific			Grantmaking		8,841.		
(3) Europe			Grantmaking		70,023.		
(4) North America			Grantmaking		119,884.		
(5) South Asia			Grantmaking		45,292		
(6) Sub-Sahara Africa			Grantmaking		239,988		
Middle East & North (7) Africa			Grantmaking		1,584		
(8) South America			Grantmaking		14,685		
(9) Russia Neighbor			Grantmaking		58,421		
<u>(10)</u>							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
<b>3 a</b> Subtotal.	. 1	20			1,382,922		
<b>b</b> Total from continuation sheets to Part I							
<b>c Totals</b> (add lines 3a and 3b).	. 1	20			1,382,922		

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

Schedule F (Form 990) 2021

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Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered 'Yes' on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			Europe	Service	34,836.	Wire			
			Europe	Service		Check			
			Europe	Training	14,400.	Wire			
			Europe	Travel	4,088.	Wire			
			Morth America	Service	42,449.	Wire			
			North America	Sponsorshi p	2,000.	Wire			
			North America	Subcontrac t	43,320.	Wire			
			Russia Neighbor	Education	824,204.	Wire			
			Russia Neighbor	Service	23,175.	Wire			
			South Asia	Service	24,656.	Wire			
			Sub-Saha Africa	Subcontrac t	239,988.	Wire			
	Enter total number of recipient organ organization by the IRS, or for which								0
3 E BAA	Enter total number of other organiza	tions or entities							11 (Form 990) 2021

Page 3

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered 'Yes' on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	<b>(b)</b> Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book FMV, appraisal other)
	East Asia &						
(1) Award	Pacific	1	250.	Check			
	East Asia &						
(2) Fellowship	Pacific	2	962.	Wire			
	Mid East & No						
(3) Fellowship	Africa	1	309.	Wire			
(4) Fellowship	Russia Neighbor	1	2,400.	Check			
(5) Fellowship	Russia Neighbor	11	22,032.	Wire			
(6) Fellowship	South Amercia	4	2,600.	Wire			
	East Asia &						
(7) Service	Pacific	7	3,250.	Wire			
(8) Service	Europe	5	16,200.	Wire			
	Mid East & No						
(9) Service	Africa	2	1,275.	Wire			
(10) Service	North America	22	21,629.	Wire			
(11) Service	Russia Neighbor	1	2,000.	Wire			
(12) Service	South America	1	6,250.	Wire			
(13) Service	South Asia	6	18,068.	Wire			
<b>(14)</b> Training	Russia Neighbor	3	7,500.	Wire			
	East Asia &						
(15) Travel	Pacific	1	180.	Check			
	East Asia &						
(16) Travel	Pacific	1	4,200.	Wire			
(17) Travel	North America	5	10,485.	Wire			
(18) Travel	Russia Neighbor	3	1,314.	Wire			

Pac	le	4

Was 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 Corporation (see Instructions for Form 926).	Yes	X No
Did the organization have an interest in a foreign trust during the tax year? If 'Yes,' the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
Did the organization have an ownership interest in a foreign corporation during the tax year? If 'Yes,' the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If 'Yes,' the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621).	Yes	X No
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 Foreign Partnerships (see Instructions for Form 8865).	Yes	X No
Did the organization have any operations in or related to any boycotting countries during the tax year? If 'Yes,' the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No

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Schedule F (Form 990) 2021

#### 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 2 - Grantmakers Explanation For Monitoring Use of Funds Outside US

SDSU Research Foundation does not act as a primary grant maker. SDSU Research Foundation issues subcontracts specifically approved under the primary grants and contracts received by SDSU Research Foundation. All such subcontracts, whether foreign or domestic, are closely monitored by SDSU Research Foundation staff to ensure compliance with federal and sponsor agency requirements. All such payments are made in accordance with a detailed budget and scope of work. Each subrecipient's progress is monitored to ensure they are in compliance with applicable regulations and that all expenditures incurred by the subrecipient are allowable and allocable to the subaward.

As a recipient of Federal grants and contracts, SDSU Research Foundation is subject to specific subrecipient monitoring and audit procedures as part of its annual financial audit. In addition, all subcontracts are subject to review by the grant or contract sponsor.

Schedule F Cont (Form 990) 2021 San Diego State University Foundation						95-6042721 Continuation Page 1 of 1					
Part III Continuation of Grants and Other Assistance to Individuals Outside the United States. (S						I					
(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)					
South America	4	5,835.	Wire								
South Asia	1	500.	Check								
South Asia	2	2,068.	Wire								
	d Other Assistance to Indiv (b) Region South America South Asia	d Other Assistance to Individuals Outside ti         (b) Region       (c) Number of recipients         South America       4         South Asia       1	d Other Assistance to Individuals Outside the United States.         (b) Region       (c) Number of recipients       (d) Amount of cash grant         South America       4       5,835.         South Asia       1       500.	d Other Assistance to Individuals Outside the United States. (Schedule F of the States)         (b) Region       (c) Number of recipients         (d) Amount of cash grant       (e) Manner of cash disbursement         South America       4         South Asia       1         South Asia       1	d Other Assistance to Individuals Outside the United States. (Schedule F (Form 990), Part         (b) Region       (c) Number of recipients       (d) Amount of cash grant       (e) Manner of disbursement       (f) Amount of noncash assistance         South America       4       5,835.       Wire         South Asia       1       500.       Check	d Other Assistance to Individuals Outside the United States. (Schedule F (Form 990), Part III)         (b) Region       (c) Number of recipients       (d) Amount of cash grant       (e) Manner of cash disbursement       (f) Amount of noncash assistance       (g) Description of noncash assistance         South America       4       5,835.       Wire       Image: Check       I					

	Supplem	ental Informa	ation Reg	jarding F	undraising or Gami	ng Activities	OMB No. 1545-0047
SCHEDULE G (Form 990)	Comple	, or 19, or if the a.	2021				
Department of the Treasury Internal Revenue Service	► G	io to <i>www.irs.g</i>	information.	Open to Public Inspection			
Name of the organization Sat	n Diego Sta SU Research			oundat	ion	Employer identific 95-604272	
Fundraising		te if the organiza	ation answ	ered 'Yes' o	on Form 990, Part IV, line		
<ul> <li>Indicate whether t</li> <li>a X Mail solicitation</li> <li>b X Internet and e</li> <li>c X Phone solicitation</li> <li>d X In-person solicitation</li> </ul>	the organization ons email solicitations ations citations	raised funds thi	rough any	of the foll e f g		government grants rnment grants events	
employees listed	in Form 990, Par ) highest paid inc	rt VII) or entity i dividuals or enti	in connect ities (fund	tion with p	ncluding officers, director rofessional fundraising irsuant to agreements i	services?	
(i) Name and addres or entity (fundr		(ii) Activity	have custo	fundraiser dy or control ibutions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in column (i)	(vi) Amount paid to (or retained by) organization
CARS, Inc.			Yes	No			
1 4669 Murphy Ca San Diego CA 9	-	Auto Donations	Х		2,195,231.	446,538.	1,748,693.
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total.         3       List all states in whor licensing.         CA					2,195,231. ontributions or has been	446,538. notified it is exempt from	

Schedule	G	(Form	990)	2021
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San Diego State University Foundation

95-6042721 Page **2** 

Part II Fundraising Events. Complete if the organization answered 'Yes' on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		List events with gross receipts gre								
			<b>(a)</b> Event #1 <u>GI Film Festiv</u>	(b) Event #2	(c) Other events None	(d) Total events (add column (a) through column (c))				
P			(event type)	(event type)	(total number)					
Revenue	1	Gross receipts	8,488.			8,488.				
<b>L.I.</b>	2	Less: Contributions								
	3	Gross income (line 1 minus line 2)	8,488.			8,488.				
	4	Cash prizes								
	5	Noncash prizes								
nses	6	Rent/facility costs								
Direct Expenses	7	Food and beverages								
rect	8	Entertainment				_				
ā	9	Other direct expenses	198,056.			198,056.				
	10	Direct expense summary. Add lines 4 thr	ough 9 in column (d)		►	198,056.				
	11	Net income summary. Subtract line 10 fro	om line 3, column (d)		•••••	-189,568.				
Par	t III	Gaming. Complete if the organiza	ition answered 'Yes	s' on Form 990, Pai	rt IV, line 19, or rej	ported more than				
		\$15,000 on Form 990-EZ, line 6a.								
Revenue			<b>(a)</b> Bingo	<b>(b)</b> Pull tabs/instant bingo/progressive bingo	(c) Other gaming	<b>(d)</b> Total gaming (add column <b>(a)</b> through column <b>(c)</b> )				
Re	1	Gross revenue								
ses	2	Cash prizes								
xpen	3	Noncash prizes								
Direct Expenses	4	Rent/facility costs								
Δ	5	Other direct expenses								
	6	Volunteer labor	Yes 8 No	Yes <sup>%</sup> No	Yes <sup>%</sup> No					
	7	Direct expense summary. Add lines 2 thr	ough 5 in column (d)							
	8	Net gaming income summary. Subtract li	ne 7 from line 1, colum	ın (d)						
		re any of the organization's gaming license res,' explain:								

Schedule G (Form 990) 2021

Schedule G (Form 990) 2021 San Diego State University Foundation 9.	5-6042721	Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes	No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?	Yes	No
13 Indicate the percentage of gaming activity conducted in:		0
<ul> <li>a The organization's facility.</li> <li>b An outside facility.</li> </ul>		00
<ul><li>14 Enter the name and address of the person who prepares the organization's gaming/special events books and records</li></ul>		olo
Name ►		
Address ►		
15 a Does the organization have a contract with a third party from whom the organization receives gaming revenu	ue? <b>Yes</b> ne amount	No
Name ►		
Address ►		 
16 Gaming manager information:		
Name ►		
Gaming manager compensation ► \$		
Description of services provided		
Director/officer Employee Independent contractor		
17 Mandatory distributions:		
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	Yes	No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	the	
organization's own exempt activities during the tax year ► \$		<u></u>
<b>Part IV</b> Supplemental Information. Provide the explanations required by Part I, line 2b, co and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide an information. See instructions.	umns (III) and ( y additional	(V);

SCHEDULE I	Gr	ants and Ot	her Assistance	to Organizatior	ıs,	L	OMB No. 1545-0047		
(Form 990)	Gov	ernments, a	nd Individuals in	n the United St	ates		2021		
Department of the Treasury	Complete if the organization answered 'Yes' on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.								
Internal Revenue Service			irs.gov/Form990 for the	latest information.			Inspection		
Name of the organization San Diego Sta SDSU Research	te University	Foundation				Employer identifi 95-604272			
Part I General Information on G	irants and Assista	nce							
1 Does the organization maintain records the selection criteria used to award							X Yes No		
2 Describe in Part IV the organization's p	procedures for monitoring	, the use of grant fu	inds in the United States.		See F	art IV			
Part II Grants and Other Assista Form 990, Part IV, line 21									
<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance		
1) San Diego State University 5500 Campanile Drive San Diego, CA 92182	33-0373293		31,881,119.	0	Amount paid		Support University		
2) 			01,001,110						
3)									
4)									
5)									
6)									
7)									
 3) 									
2 Enter total number of section 501(c)					· · · · · · · · · · · · · · · · · · ·		31,881,119		
3 Enter total number of other organiza						•••••••••••••••••••••••••••••••••••••••	. 0		

95-6042721

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered 'Yes' on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	<b>(b)</b> Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 Fellowships	1,100	4,595,177.			
<b>2</b> Books & Supplies	400	1,652,725.			
<b>3</b> Travel Assistance	400	418,389.			
4 Other Student Costs	100	31,023.			
5					
6					
7					

#### Part I, Line 2 - Procedures for Monitoring Use of Grants Funds in U.S.

Fellowships are primarily granted to individuals to help them improve their research

skills. As such, the responsible Principal Investigator closely monitors the progress

of the recipients.

SCHEDULE J	Compensation Information					17
(Form 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees ► Complete if the organization answered 'Yes' on Form 990, Part IV, line 23.					
Department of the Treasury Internal Revenue Service	<ul> <li>Attach to F</li> <li>Go to www.irs.gov/Form990 for instru</li> </ul>		Open to Inspe		ic	
Name of the organization	San Diego State University Founda		Employer identification r	•		
	SDSU Research Foundation		95-6042721			
Part I Question	ns Regarding Compensation					
<b>1 a</b> Check the appro VII, Section A,	priate box(es) if the organization provided any of the follov line 1a. Complete Part III to provide any relevant infor	wing to or for a person listed on For rmation regarding these items.	orm 990, Part		Yes	No
First-class	or charter travel	using allowance or residence for	personal use			
Travel for o	ompanions Pay	ments for business use of perso	onal residence			
Tax indemi	ification and gross-up payments	alth or social club dues or initiati	on fees			
Discretiona	ry spending account	sonal services (such as maid, cl	hauffeur, chef)			
	es on line 1a are checked, did the organization follow a wi or provision of all of the expenses described above?		ain	1 b		
2 Did the organiz trustees, and o	ation require substantiation prior to reimbursing or allo fficers, including the CEO/Executive Director, regardin	owing expenses incurred by all o g the items checked on line 1a?	directors,	2		
Executive Direct	f any, of the following the organization used to establish th tor. Check all that apply. Do not check any boxes for ensation of the CEO/Executive Director, but explain in	methods used by a related organ	n's CEO/ nization to			
Compensa	ion committee	tten employment contract				
Independer	t compensation consultant	npensation survey or study				
Form 990 c	f other organizations	proval by the board or compensation	ation committee			
4 During the year organization or	, did any person listed on Form 990, Part VII, Section a related organization:	A, line 1a, with respect to the f	iling			
	rance payment or change-of-control payment?					Х
•	r receive payment from a supplemental nonqualified r	•				Х
•	r receive payment from an equity-based compensation of lines 4a-c, list the persons and provide the applicab	•		4 c		Х
Only section 5	01(c)(3), 501(c)(4), and 501(c)(29) organizations must	complete lines 5-9.				
	d on Form 990, Part VII, Section A, line 1a, did the organ ne revenues of:	ization pay or accrue any compens	sation			
	n?					Х
	anization?			5 b		Х
	a or 5b, describe in Part III. d on Form 990, Part VII, Section A, line 1a, did the organ	ization pay or accrue any compension	sation			
contingent on t	ne net earnings of:					
-	n?anization?					X
	a or 6b, describe in Part III.			0.0		Х
7 For persons lis	ed on Form 990, Part VII, Section A, line 1a, did the	organization provide any nonfixe	ed Part III	<b>7</b>	57	
	escribed on lines 5 and 6? If 'Yes,' describe in Part II			/	Х	
to the initial co	Ints reported on Form 990, Part VII, paid or accrued p ntract exception described in Regulations section 53.4 e in Part III	958-4(a)(3)?		8		Х
9 If 'Yes' on line 8	, did the organization also follow the rebuttable presumptio	on procedure described in Regulati	ions			Λ
	Reduction Act Notice, see the Instructions for Form		Schedule		1 99 <b>0</b> )	2021
-						

#### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space 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.

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.

		(B) Breakdown of W-2 a	nd/or 1099-MISC and/o	r 1099-NEC compensation	_	(D) Nontaxable	(E) Total of columns(B)(i)-(D)	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	benefits	columns(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
Emmorey, Karen	(i)	62,983.	0.	0.	6,287.	0.	69,270.	0.
1 Sec Res Facult	(ii)	156,909.	0.	0.	45,811.	25,947.	228,667.	0.
Mladenov, Natalie	(i)	10,870.	<u> </u>	0.	<u> </u>	0.	<u>    10,870.</u>	0.
2 Research Facult	(ii)	120,222.	0.	0.	35,898.	27,631.	183,751.	0.
Thomas, Jennifer	(i)	97,425.	0.	0.	<u>9,742</u> .	0.	107,167.	0.
3 Research Facult	(ii)	132,751.	500.	0.	40,842.	16,749.	190,842.	0.
Tsou, Ming-Hsiang	(i)	14,864.	0.	0.	1,486.	0.	16,350.	0.
4 Research Facult	(ii)	109,447.	0.	0.	32,186.	22,228.	163,861.	0.
Ayala, Guadalupe	(i)	45,633.	0.	0.	4,563.	0.	<u>50,196.</u>	0.
5 Research Facult	(ii)	130,989.	0.	0.	38,424.	19,474.	188,887.	0.
Philipp, Randolph	(i)	10,965.	0.	0.	1,096.	0.	12,061.	0.
6 Research Facult	(ii)	141,557.	525.	0.	31,484.	14,691.	188,257.	0.
Ochoa, Salvador	(i)	0.	0.	0.	0.	0.	0.	0.
7 Provost SDSU	(ii)	312,186.	0.	396.	45,321.	21,625.	379,528.	0.
Zeller, Robert	(i)	0.	0.	0.	0.	0.	0.	0.
8 Research Facult	(ii)	156,212.	0.	0.	47,162.	23,730.	227,104.	0.
Madanat, Hala	(i)	45,112.	0.	0.	4,511.	0.	49,623.	0.
9 VP, VP SDSU	(ii)	262,949.	20,000.	75.	79,171.	32,547.	394,742.	0.
Wong Nickerson, Agnes	(i)	0.	0.	0.	0.	0.	0.	0.
10 Treas, VP SDSU	(ii)	271,497.	0.	396.	80,036.	10,946.	362,875.	0.
Goetz, Michele	(i)	0.	0.	0.	0.	0.	0.	0.
11 CEO	(ii)	211,893.	0.	258.	42,811.	25,996.	280,958.	0.
Levinson, Leslie R	(i)	0.	0.	0.	0.	0.	0.	0.
12 CFO	(ii)	198,516.	0.	258.	42,456.	21,960.	263,190.	0.
de la Torre, Adela	(i)	0.	0.	0.	0.	0.	0.	0.
13 Pres, Pres SDSU	(ii)	447,573.	0.	15,048.	133,344.	17,007.	612,972.	0.
Karlo, Thomas	(i)	0.	0.	0.	0.	0.	0.	0.
<b>14</b> KPBS - General Manager	(ii)	24,982.	70,000.	67,027.	6,164.	1,627.	169,800.	0.
Raynoha, Rachel M	(i)	168,805.	0.	334.	17,079.	20,370.	206,588.	0.
15 Assoc Exec Director - CIO	(ii)	0.	0.	0.	0.	0.	0.	0.
Naylon, Deb	(i)	0.	0.	0.	0.	0.	0.	0.
16 Director of Human Services	(ii)	159,527.	0.	138.	46,837.	9,894.	216,396.	0.
ΒΔΔ			TEEA4102L 10/2	7/21			Schedule	I (Form 990) 2021

BAA

Schedule J (Form 990) 2021

95-6042721

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

#### Part I, Line 7 - Non-Fixed Payments Not Listed

University coaches received additional compensation for achieving team athletic and

scholastic milestones.

Page 3

# Continuation Sheet for Schedule J (Form 990)

Continuation Page 1 of 1

Name of the organization

Employer identification number

San Diego State University Foundat	ion						95-6042721	
Part II Continuation of Officers, Directors,	Trustee	s, Key Employ	ees, and Highe	est Compensat	ted Employees	(Schedule J, F	Part II)	
(A) Name and Title		(B) Breakdown of W-2 a (i) Base compensation	and/or 1099-MISC and (ii) Bonus & incentive compensation	/or NEC compensation (iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	<b>(E)</b> Total of columns (B)(i) – (D)	(F) Compensation in column (B) reported as deferred on prior Form 990
Hoke, Brady	(i)	<u>692,917.</u>	<u> </u>	<u>0</u> .	<u>0.</u>	<u>0.</u>	<u>692,917.</u>	<u>0.</u>
Coach	(ii)	325,033.	0.	1,422.	93,112.	23,778.	443,345.	0.
Fisher, Stephen	(i)	<u>200,000.</u>	<u>0</u> .	<u>5,619</u> .	<u>19,167.</u>	<u>0.</u>	<u>224,786.</u>	<u>0.</u>
Community Liason	(ii)	0.	0.	0.	0.	0.	0.	0.
Dutcher, Brian	(i)	7 <u>13,166</u> .	<u>   85,000.</u>	<u>0</u> .	<u>0.</u>	<u>0.</u>	<u>798,166.</u>	<u>0.</u>
Coach	(ii)	325,213.	0.	396.	93,112.	23,778.	442,499.	0.
Sussman, Mark	(i)	<u>173,117.</u>	<u>0</u> .	<u>0</u> .	<u>   17,602.</u>	<u>0</u> .	<u>190,719.</u>	<u>0.</u>
Reseacher Faculty	(ii)	235,388.	0.	0.	59,920.	23,730.	319,038.	0.
Wicker, John	(i)	<u>90,000.</u>	<u>0</u> .	<u>    18,000.</u>	<u>0.</u>	<u>0</u> .	<u>108,000.</u>	<u>0.</u>
Athletic Director	(ii)	287,952.	0.	138.	85,473.	21,388.	394,951.	0.
	(i)							L
	(ii)							
	(i)							L
	(ii)							
	(i)							+
	(ii)							
	(i)							
	(ii)							
	(i)							+
	(ii)							
	(i)							+
	(ii)							
	(i)							+
	(ii)							
	(i)							+
	(ii)							
	(i)	┝				+		+
	(ii)							
	(i)	┝				+		+
	(ii)							
	(i)					+		+
	(ii)							

Schedule J Cont (Form 990) 2021

(Form Departr Internal	SCHEDULE K (Form 990)       Supplemental Information on Tax-Exempt Bonds         Department of the Treasury Internal Revenue Service       Complete if the organization answered 'Yes' on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.         Name of the organization       San Diego State University Foundation         Name of the organization       San Diego State University Foundation													
Part			•							001	6161			
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue pr	rice	(f) Desc	ription of pu	irpose	<b>(</b> Defe	<b>g)</b> ased	<b>(h)</b> O behalf issue	of	(i) Pooled financing
										Yes		Yes		Yes No
-	SU SRB Series 2012 A & B		13077CYL2	8/22/2012	/	,	Refund 2002				Х		Х	Х
	SU SRB Series 2020 A	91-2155587	13077DGE6	2/04/2020	65,240	0,000.	Refund 2010	A Bonds			Х		Х	Х
C														
Part	II Proceeds													
ran	II Floceeus				4			3		с			D	
2	Amount of bonds retired Amount of bonds legally defease Total proceeds of issue	ed			. 14,5	25,000 05,000 75,000	0. 1,5	55,000. 20,000. 65,000.						
	Gross proceeds in reserve funds					,								
	Capitalized interest from procee													
-	Proceeds in refunding escrows .					04,833	3. 1.5	57,589.						
	Issuance costs from proceeds					71,953. 3,620.								
	Credit enhancement from proce							0,0201						
	Working capital expenditures fro													
	Capital expenditures from proce													
	Other spent proceeds													
	Other unspent proceeds													
	Year of substantial completion													
					Yes	No	Yes	No	Yes	No	<b>)</b>	Yes		No
14	Were the bonds issued as part of a prior to 2018, a current refundin	a refunding issue of tax- ig issue)?	exempt bonds (or,	, if issued	. X		х							
	Were the bonds issued as part of a prior to 2018, an advance refund					Х		Х						
16	Has the final allocation of proce	eds been made?			. Х		Х							
	Does the organization maintain of proceeds?				. X		Х							

#### Schedule K (Form 990) 2021 San Diego State University Foundation

**3** Is the bond issue a variable rate issue?.....

95-6042721	Page 2
95-0042721	i ayc 🖬

D

No

8

0/0 0/0

%

Part III Private Business Use							
		Α		С			
	Yes	No	Yes	No	Yes	No	Yes
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		х		х			
2 Are there any lease arrangements that may result in private business use of bond-financed property?		Х		Х			
3a Are there any management or service contracts that may result in private business use of bond-financed property?		Х		Х			
b If 'Yes' to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?							
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property?		Х		Х			
<b>d</b> If 'Yes' to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?							
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		0\0		olo		0/0	
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government.		0/0		olo		olo	
6 Total of lines 4 and 5		olo		010		olo	
7 Does the bond issue meet the private security or payment test?		Х		Х			
8 a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		Х		Х			
<b>b</b> If 'Yes', to line 8a, enter the percentage of bond-financed property sold or disposed of		00		olo		olo	
c If 'Yes' to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?							
<b>9</b> Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	Х		х				
Part IV Arbitrage				÷			
		Α		В		C	
	Yes	No	Yes	No	Yes	No	Yes
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		Х		Х			
2 If 'No' to line 1, did the following apply?		1					
<b>a</b> Rebate not due yet?		Х	Х				ļ
<b>b</b> Exception to rebate?		Х		Х			
<b>c</b> No rebate due?	Х			Х			
If 'Yes' to line 2c, provide in Part VI the date the rebate computation was performed							

D

No

Х

Х

# Schedule K (Form 990) 2021 San Diego State University Foundation Part IV Arbitrage (continued)

	A B		C			)		
	Yes	No	Yes	No	Yes	No	Yes	No
<b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		Х		х				
<b>b</b> Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
5 a Were gross proceeds invested in a guaranteed investment contract (GIC)?		Х		Х				
<b>b</b> Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		Х		Х				
7 Has the organization established written procedures to monitor the requirements of section 148?	Х		X					
Part V Procedures To Undertake Corrective Action		•	•					
as the organization established written precedures to onsure that violations of federal tax		Α		В		C	[	)
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program		No	Yes	No	Yes	No	Yes	No
self-remediation isn't available under applicable regulations?	Х		Х					
Part VI Supplemental Information. Provide additional information for response	s to que	stions on	Schedule	K. See ir	structions	5.	<u>.</u>	

#### **Additional Information**

The amounts shown in Part I, column e are the total amount of the system-wide financing. The amounts shown in Part II, line 3 are the portion of the system-wide financing proceeds relating to SDSU Research Foundation.

SCHEDULE	Μ
(Form 990)	

# **Noncash Contributions**

OMB No. 1545-0047 2021

► Attach to Form 990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service <b>Go to www.irs.gov/Form990 f</b>	or instructions and the latest information.	Open to Public Inspection
Name of the organization San Diego State Universi	ty Foundation	mployer identification number
SDSU Research Foundation	9	5-6042721
Part 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	Meth noncash	(d) od of detern contribution	mining n amounts
1	Art – Works of art						
2	Art – Historical treasures						
3	Art – Fractional interests.						
4	Books and publications.						
5	Clothing and household goods						
6	Cars and other vehicles	Х	1,324	1,748,693.	Sales	Price	
7	Boats and planes						
8	Intellectual property						
9	Securities – Publicly traded	Х	57	999,821.	Sales	Price	
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 organization organization completed Form 8283, Part V, Done				29		1 /
					25	Yes	14 5 No
30a	During the year, did the organization receive by contr it must hold for at least three years from the date	of the initia	I contribution, and whice	ch isn't required to be u	ised	20.0	v
h	for exempt purposes for the entire holding period	•••••				30 a	X
	If 'Yes,' describe the arrangement in Part II.	ov that roau	ires the review of any r	onctandard contributio	nc?	21 V	
	Does the organization have a gift acceptance poli				115 (	31 X	
	Does the organization hire or use third parties or contributions?	0				32 a X	
	If 'Yes,' describe in Part II.		See Part I				
33	If the organization didn't report an amount in colu describe in Part II.	mn (c) for a	type of property for wh	nich column (a) is chec	ked,		
BAA	For Paperwork Reduction Act Notice, see the Ins	tructions fo	or Form 990.		Schedu	le M (Form	990) 2021

#### Part I, Line 32 - Hire and Use of Third Parties

KPBS conducts a vehicle donation program with the assistance of CARS, Inc. (an IRC

received, or a combination of both. Also complete this part for any additional information.

§501(c)(3) charitable organization).

Department of the Treasury Internal Revenue Service

OMB No. 1545-0047
2021
Open to Public Inspection

Employer identification number

95-6042721

Name of the organization San Diego State University Foundation SDSU Research Foundation

#### Form 990, Part VI, Line 7a - How Members or Shareholders Elect Governing Body

The President of San Diego State University is also the Ex Officio President of SDSU Research Foundation and a voting member of the Board of Directors. Four other SDSU Research Foundation Directors are appointed ex officio by virtue of their positions in the University, and all elected Directors are nominated by the President.

#### Form 990, Part VI, Line 7b - Decisions of Governing Body Approval by Members or Shareholders

Under Title 5 of the California Code of Regulations \$42402, the University President is required to assure that SDSU Research Foundation operates in conformity with policies of The California State University and San Diego State University. The President may discontinue any program or expenditure that he or she determines is inconsistent with these policies.

#### Form 990, Part VI, Line 11b - Form 990 Review Process

A draft of the Form 990 was initially provided to each member of the investment committee. The disclosures, significant changes and questions were discussed and addressed. The Form 990 was subsequently presented to each member of the Board of Directors at a regularly scheduled meeting. The disclosures, significant changes and questions were again discussed and addressed.

#### Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts

SDSU Research Foundation requires each Interested Party to disclose annually interests that could give rise to conflict. SDSU Research Foundation also monitors compliance with its conflict of interest policy through its Purchasing and Sponsored Research Development departments. SDSU Research Foundation staff reviews contracts and requisitions for potential conflicts. Many of its internal processing documents include affirmations regarding lack of conflicts. The Board of Directors is authorized to take whatever actions it deems necessary to resolve potential or

#### Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts (continued)

decisions regarding the conflict of interest, (2) modifying or redefining the duties and responsibilities of the Interested Party, or (3) requiring the resignation of the Interest Party.

#### Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO & Top Management

Pursuant to Tile 5 of the California Code of Regulations §42405, SDSU Research Foundation maintains salary schedules comparable to San Diego State University (a California public institution). The salaries of the Executive Director and the Chief Financial Officer are also subject to approval by the Board of Directors.

#### Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

SDSU Research Foundation's 990 tax return is available on its website. In addition, SDSU Research Foundation provides paper or electronic copies of its governing documents, conflict of interest policy, audited financial statements, research reports, Single Audit compliance reports and its Form 990 to the public on request. Most of these documents are also available on its website.

#### SCHEDULE R (Form 990)

# **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.

Open to Public Inspection

Employer identification number

95-6042721

Department of the Treasury Internal Revenue Service

Name of the organization

San Diego State University Foundation SDSU Research Foundation

## Part I Identification of Disregarded Entities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 33.

	(a) Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Total income	<b>(e)</b> End-of-year assets	(f) Direct controlling entity
<u>(1)</u>						
(2)						
<u>(3)</u>						

**Part II** Identification of Related Tax-Exempt Organizations. Complete if the organization answered 'Yes' on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Exempt Code section	<b>(e)</b> Public charity status (if section 501(c)(3))	<b>(f)</b> Direct controlling entity	Sec 512 controlle	<b>g)</b> 2(b)(13) d entity?
						Yes	No
(1) San Diego_State University							
5500 Campanile Dr							
San Diego, CA 92182							
33-0373293	Higher Education	CA	Government		N/A		Х
(2) The Campanile Foundation							
5500 Campanile Dr	-						
San Diego, CA 92182	-						
33-0868418	Philanthropy	CA	501(c)(3)	5	N/A		Х
(3) Aztec Shops, Ltd							
5500 Campanile Dr							
San Diego, CA 92182	Bookstore, Food			11 Type III			
95-0516240	Service	CA	501(c)(3)	Func Int	N/A		Х
(4) Associated Students of SDSU							
5500 Campanile Dr							
San Diego, CA 92182	Student						
95-6042622	Activities	CA	501(c)(3)	5	N/A		Х
BAA For Paperwork Reduction Act Notice, see the Instru	ctions for Form 990		TEEA50011 09/21/21		Schedule <b>R</b> (	Form 990	)) 2021

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

TEEA5001L 09/21/21

Schedule **R** (Form 990) 2021

#### Schedule R (Form 990) 2021 San Diego State University Foundation

95-6042721 Page 2

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

		5						5	, , , , , , , , , , , , , , , , , , ,							
<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign	<b>(d)</b> Direct controllin entity	ng	(e) Predominant i (related, unre excluded fror under secti	elated, m tax ions	(f) Share o incol	of total	Sha end-o	<b>g)</b> are of of-year sets	Dispi tior	h) ropor- nate ations?	K-1 (Form	x Gene x man e part	j) eral or aging ner?	(k) Percentage ownership
		country)			512-514)	)					Yes	No	10`65)	Yes	No	
<u>(1)</u>	-															
	-															
	of Related Organ	nizations	Tavable a		Corporatio			molete	if the (	organiza	tion a	nswe	red 'Ves' on	Form 9		art IV
<b>Part IV</b> Identification of line 34, because	se it had one or	more rela	ated organ	nizati	ons treated	d as a	a corpora	ation or	trust di	uring the	tax v	/ear.	ieu ies oli	1 0111 9	50, 1	art iv,
(a) Name, address, and EIN			(b) ary activity	Leo (sta	<b>(c)</b> gal domicile ite or foreign	C cor	( <b>d)</b> Direct htrolling	( Type o (C corp	(e) of entity , S corp,	(f) Share total in	e of	Sh	<b>(g)</b> are of end-of- year assets	<b>(h)</b> Percentaç ownershi	e Se p con	<b>(i)</b> c 512(b)(13) trolled entity?
					country)	e	entity	ort	rust)						Y	es No
(1) Charitable Remain 5250 Campanile Di San Diego, CA 92	rr		'rust		СА	Res	SDSU search ound	Tru	ıst		C		0.			x
<u>(2)</u>							<u> </u>									
<u>(3)</u>		  														
BAA					TEEA	5002L (	09/21/21						ç	Schedule	(Form	990) 2021

(5)

(6) BAA

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes	No	
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations lis	sted in Parts II-IV?					
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity			1a		Х	
<b>b</b> Gift, grant, or capital contribution to related organization(s)			1 b	Х		
c Gift, grant, or capital contribution from related organization(s).						
d Loans or loan guarantees to or for related organization(s).						
e Loans or loan guarantees by related organization(s)			1 e	Х		
f Dividends from related organization(s)			1 f		Х	
g Sale of assets to related organization(s)			1 g		Х	
h Purchase of assets from related organization(s)			1 h		Х	
i Exchange of assets with related organization(s)			1i		Х	
j Lease of facilities, equipment, or other assets to related organization(s)			1j	Х		
k Lease of facilities, equipment, or other assets from related organization(s).			1 k	Х		
Performance of services or membership or fundraising solicitations for related organization(s).						
m Performance of services or membership or fundraising solicitations by related organization(s)						
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)						
o Sharing of paid employees with related organization(s)						
p Reimbursement paid to related organization(s) for expenses			1p	Х		
q Reimbursement paid by related organization(s) for expenses.			1 q	Х		
r Other transfer of cash or property to related organization(s).			1 r		Х	
s Other transfer of cash or property from related organization(s)			1s		Х	
2 If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including covered	ed relationships and trans	saction thresholds.	*			
(a) Name of related organization	<b>(b)</b> Transaction type (a-s)		thod of amount			
(1) San Diego State University	b	23,127,771.Ac	+112]			
(i) Sall Diego State University	U	23,127,771.AC	LUAI			
(2) Com Dione Chata II. Inclusion in the	_		+ <b>1</b>			
(2) San Diego State University	0	5,534,407.Ac	tual			
(3) San Diego State University	р	3,218,941.Ac	tual			
(4)						

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

(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	lated, excluded	Are all   sec 501( organiz	tion	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	tior	h) ropor- nate ntions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana part	i) ral or aging ner?	<b>(k)</b> Percentage ownership
			from tax under sections 512-514)	Yes	No			Yes	No	(101111000)	Yes	No	1
(1)													† – – – – – – – – – – – – – – – – – – –
<u>(1)</u>	1												
	-												
	-												
(2)													
	-												
	-												
	-												
(2)				-				-			-		
(3)	-												
	-												
	-												
<u>(4)</u>	-												
(5)	]												
	1												
(6)													
	1												
	1												
(7)													
<u></u>	1												
	1												
	1												
(9)													
(8)	4												
	4												
	4												
RAA										Schedu			

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

TEEA5005L 09/21/21

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Exempt Code section	<b>(e)</b> Public charity status (if section 501(c)(3))	<b>(f)</b> Direct controlling entity	Sec 512 controlle	<b>g)</b> 2(b)(13) ed entity? <b>No</b>
SDSU Foundation VEBA Trust 5250 Campnaile Drive MC 1947 San Diego, CA 92182							
33-0712822	VEBA Trust	CA	501(c)(9)		N/A		Х
					Sabadula <b>D</b> Cant		

Form <b>8868</b>	
(Rev. January 2022)	

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

► File a separate application for each return.

#### Go to www.irs.gov/Form8868 for the latest information.

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

#### Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.								
	Name of exempt organization or other filer, see instructions.	Taxpayer identification number (TIN)						
File by the	San Diego State University Foundation SDSU Research Foundation Number, street, and room or suite number. If a P.O. box, see instructions. 5250 Campanile Drive MC1947 City, town or post office, state, and ZIP code. For a foreign address, see instructions. San Diego, CA 92182-1947	95-6042721						

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

• The books are in the care of 
Teresa Loren

Telephone No. ► (619) 594-1900

Fax No. ►

	If the organization does not have an office or place of business in the United States, check this box	└──
•	If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)	. If this is for the whole group,
	check this box ► . If it is for part of the group, check this box ► and attach a list with the	e names and TINs of all members
	the extension is for.	

1 I request an automatic 6-month extension of time until 5/15, 20 23, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

calendar year 20
 or

►	X tax year beginning	_ <u>7/01</u> , 20	<u>21</u> , and ending	_ <u>6/30</u> , 20	<u>22 -</u> ·
---	----------------------	--------------------	------------------------	--------------------	---------------

2	If the tax year entered in line 1 is for less than 12 months, check reason:	Initial return	Final return
	Change in accounting period		

3 a	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a	\$ 0.
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b	\$ 0.
c	Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c	\$ 0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2022)

	For calendar		Exempt Entity //01 , 2021, and ending _ 6/3(	) 20 <b>20 20</b>	
Department of the Treasury Internal Revenue Service		2021			
Name of filer San Diego State University Foundation SDSU Research Foundation				EIN or SSN 95-6042721	
Name and title of officer or perso		-			
Levinson, Lesli	e R CFO				
		Return Information			
and Form 5330 filers ma 6a, 7a, 8a, 9a, or 10a be	ay enter dollar low, and the a rhichever is ap	rs and cents. For all other form amount on that line for the retu oplicable, blank (do not enter -0	nd enter the applicable amount, if s, enter whole dollars only. If y rn being filed with this form wa: D-). But, if you entered -0- on th	ou check the box s blank, then leav	on line <b>1a, 2a, 3a, 4a, 5a,</b> /e line <b>1b, 2b, 3b, 4b, 5b,</b>
1a Form 990 check he	ere 🕨 🗙		990, Part VIII, column (A), line		
2a Form 990-EZ chec	k here 🕨	b Total revenue, if any (Form	990-EZ, line 9)		2b
3a Form 1120-POL ch	eck here⊾		line 22)		
4a Form 990-PF chec	k here 🕨		<b>Icome</b> (Form 990-PF, Part V, Ii		
5a Form 8868 check h	nere 🕨		ne 3c)		
6a Form 990-T check	here 🕨	b Total tax (Form 990-T, Part	III, line 4)		6b
7a Form 4720 check h	nere 🕨	b Total tax (Form 4720, Part I	II, line 1)		7b
8a Form 5227 check h	nere 🕨		year (Form 5227, Item D)		
9a Form 5330 check h	nere ►	b Tax due (Form 5330, Part II	, line 19)		9b
10a Form 8038-CP che	ck here. 🕨		requested (Form 8038-CP, Part		
Part II Declaration	and Signa	ture Authorization of Of	ficer or Person Subject to	o Tax	
Under penalties of perjury,			above entity or 🗌 I am a per		with respect to
and belief, they are true, electronic return. I conse IRS and to receive from processing the return or re initiate an electronic funds of the federal taxes ower U.S. Treasury Financial financial institutions invo inquiries and resolve iss	, correct, and ent to allow m the IRS ( <b>a</b> ) ar fund, and ( <b>c</b> ) ti withdrawal (di d on this retur Agent at 1-88 blved in the pr ues related to	complete. I further declare tha y intermediate service provider n acknowledgement of receipt of he date of any refund. If applicab rect debit) entry to the financial in rn, and the financial institution 8-353-4537 no later than 2 bus ocessing of the electronic payr	ccompanying schedules and state t the amount in Part I above is r, transmitter, or electronic return or reason for rejection of the tra- le, I authorize the U.S. Treasury a institution account indicated in the to debit the entry to this accoun- iness days prior to the paymen nent of taxes to receive confide a personal identification number	the amount show rn originator (ERC ansmission, <b>(b)</b> the nd its designated f tax preparation so nt. To revoke a pa t (settlement) dat ential information	In on the copy of the D) to send the return to the e reason for any delay in Financial Agent to offware for payment ayment, I must contact the e. I also authorize the necessary to answer
PIN: check one box only					
X I authorize <u>Rich</u>	ard H Rec	chif Jr CPA ERO firm name	to enter my PIN		
		ERO IIIM name		Enter five numbers, b do not enter all zeros	
on the tax year 20 agency(ies) regulatii return's disclosure	ng charities as	part of the IRS Fed/State program	ed within this return that a cop n, I also authorize the aforementi	y of the return is l oned ERO to enter	being filed with a state my PIN on the
return. If I have indi	cated within th	ax with respect to the entity, I will is return that a copy of the return enter my PIN on the return's disclo	I enter my PIN as my signature of is being filed with a state agency osure consent screen.	n the tax year 2021 (ies) regulating cha	electronically filed arities as part of
Signature of officer or person sul	bject to tax 🕨 ►			Date ►	
Part III Certificat	tion and Au	uthentication			
ERO's EFIN/PIN. Enter y number (EFIN) followed		electronic filing identification ligit self-selected PIN.	La construction de la constructi	181955 Fer all zeros	
I certify that the above am submitting this re Providers for Business	turn in accord	is my PIN, which is my signature lance with the requirements of	on the 2021 electronically filed re <b>Pub. 4163,</b> Modernized e-File (	eturn indicated abo MeF) Information	ve. I confirm that I for Authorized IRS <i>e-file</i>
ERO's signature			Date ►		

IRS *e-file* Signature Authorization for a Tax Exempt Entity

Form **8879-TE** 

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

TEEA8800L 11/29/21

Form 8879-TE	IRS e-file Signature Authorization		OMB No. 1545-0047
	<b>for a Tax Exempt Entity</b> For calendar year 2021, or fiscal year beginning $7/01$ , 2021, and ending $6/30$ , 2	20 2022	
	► Do not send to the IRS. Keep for your records.	<u>2022</u>	2021
Department of the Treasury Internal Revenue Service	► Go to www.irs.gov/Form8879TE for the latest information.		
Name of filer San Diego	State University Foundation	or SSN	
SDSU Research F	oundation 95	5-6042721	
Name and title of officer or perso			
Levinson, Lesli	e R CFO		
	Return and Return Information		
and Form 5330 filers ma 6a, 7a, 8a, 9a, or 10a bel 6b, 7b, 8b, 9b, or 10b, w line below. <b>Do not</b> comp	rn for which you are using this Form 8879-TE and enter the applicable amount, if any, y enter dollars and cents. For all other forms, enter whole dollars only. If you ch ow, and the amount on that line for the return being filed with this form was blar hichever is applicable, blank (do not enter -0-). But, if you entered -0- on the ret lete more than one line in Part I.	eck the box on line nk, then leave line urn, then enter -0-	e 1a, 2a, 3a, 4a, 5a, 1b, 2b, 3b, 4b, 5b, on the applicable
1a Form 990 check he	re ▶ b Total revenue, if any (Form 990, Part VIII, column (A), line 12).	1b	
2a Form 990-EZ check			
3a Form 1120-POL ch			
4a Form 990-PF check			
5a Form 8868 check h		5b	
6a Form 990-T check			
7a Form 4720 check h			
8a Form 5227 check h			
9a Form 5330 check h			
10a Form 8038-CP che	ck here. ► b Amount of credit payment requested (Form 8038-CP, Part III, li	ne 22) 10b	
Part II Declaration	and Signature Authorization of Officer or Person Subject to Tax	x	
and belief, they are true, electronic return. I conse IRS and to receive from processing the return or re initiate an electronic funds of the federal taxes owed U.S. Treasury Financial financial institutions invo inquiries and resolve issu	I declare that X I am an officer of the above entity or I am a person s (EII) d a copy of the 2021 electronic return and accompanying schedules and stateme correct, and complete. I further declare that the amount in Part I above is the a nt to allow my intermediate service provider, transmitter, or electronic return ori the IRS (a) an acknowledgement of receipt or reason for rejection of the transmis fund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its withdrawal (direct debit) entry to the financial institution account indicated in the tax p d on this return, and the financial institution to debit the entry to this account. To Agent at 1-888-353-4537 no later than 2 business days prior to the payment (set lived in the processing of the electronic payment of taxes to receive confidential use related to the payment. I have selected a personal identification number (PII) the consent to electronic funds withdrawal.	N)	est of my knowledge ne copy of the end the return to the on for any delay in al Agent to for payment t, I must contact the so authorize the sary to answer
PIN: check one box only			
X I authorize <u>Richa</u>		94918 five numbers, but t enter all zeros	as my signature
on the tax year 202 agency(ies) regulatir return's disclosure	21 electronically filed return. If I have indicated within this return that a copy of thing charities as part of the IRS Fed/State program, I also authorize the aforementioned	ne return is being f	ïled with a state N on the
return. If I have indic	on subject to tax with respect to the entity, I will enter my PIN as my signature on the cated within this return that a copy of the return is being filed with a state agency(ies) r ogram, I will enter my PIN on the return's disclosure consent screen.	tax year 2021 electro egulating charities a	onically filed as part of
Signature of officer or person sub	ject to tax ► D	ate 🕨	
Part III Certificat	ion and Authentication		
	our six-digit electronic filing identification         by your five-digit self-selected PIN.         336901819         Do not enter all a		
l certify that the above am submitting this re Providers for Business	numeric entry is my PIN, which is my signature on the 2021 electronically filed return i turn in accordance with the requirements of <b>Pub. 4163,</b> Modernized e-File (MeF) Returns.	ndicated above. I co Information for Au	onfirm that I thorized IRS <i>e-file</i>
ERO's signature	Date ►		

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

Department of the Treesury	For calenda	r year 2021, or fiscal year beginning _ 7	(01 , 2021, and ending 6/30 RS. Keep for your records.	, 20 <u>2022</u>	2021		
Department of the Treasury Internal Revenue Service		Go to www.irs.gov/Form8	879TE for the latest information	on.			
Name of filer San Diego SDSU Research F Name and title of officer or perso	oundatio		EIN or SSN 95-6042721				
Levinson, Lesli	,						
Part I Type of F	Return and	Return Information					
Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line <b>1a</b> , <b>2a</b> , <b>3a</b> , <b>4a</b> , <b>5a</b> , <b>6a</b> , <b>7a</b> , <b>8a</b> , <b>9a</b> , or <b>10a</b> below, and the amount on that line for the return being filed with this form was blank, then leave line <b>1b</b> , <b>2b</b> , <b>3b</b> , <b>4b</b> , <b>5b</b> , <b>6b</b> , <b>7b</b> , <b>8b</b> , <b>9b</b> , or <b>10b</b> , whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.							
1a Form 990 check he	ere ►	<b>b Total revenue,</b> if any (Form 9	990, Part VIII, column (A), line	12) <b>1</b>	b		
2a Form 990-EZ check	k here 🕨	<b>b</b> Total revenue, if any (Form 9					
3a Form 1120-POL ch	ieck here⊾	b Total tax (Form 1120-POL, lin					
4a Form 990-PF check	k here 🕨	b Tax based on investment inc					
5a Form 8868 check h	nere ►	b Balance due (Form 8868, line	e 3c)	5	b		
6a Form 990-T check	here 🕨	b Total tax (Form 990-T, Part I	II, line 4)	6	b		
7a Form 4720 check h	nere►X	b Total tax (Form 4720, Part II					
8a Form 5227 check h		b FMV of assets at end of tax y					
9a Form 5330 check h		<b>b Tax due</b> (Form 5330, Part II,					
10a Form 8038-CP che	ck here. ►	b Amount of credit payment re	equested (Form 8038-CP, Part	III, line 22) <b>10</b>	b		
Part II Declaration	and Signa	ture Authorization of Offi	cer or Person Subject to	Tax			
Under penalties of perjury, I declare that X I am an officer of the above entity or I am a person subject to tax with respect to (name of entity)							
return's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.							
Signature of officer or person subject to tax				Date ►			
Part III Certificat	tion and Au	uthentication					
number (EFIN) followed	by your five-c	electronic filing identification ligit self-selected PIN. is my PIN, which is my signature of	336901 Do not ente	er all zeros	I confirm that I		
am submitting this re Providers for Business	turn in accord	lance with the requirements of <b>F</b>	Pub. 4163, Modernized e-File (N	MeF) Information fo	r Authorized IRS e-file		
ERO's signature			Date ►				

IRS *e-file* Signature Authorization for a Tax Exempt Entity

Form 8879-TE

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

TEEA8800L 11/29/21