SONOMA STATE UNIVERSITY ACADEMIC FOUNDATION, INC

1801 EAST COTATI AVE
ROHNERT PARK, CA 94928

State Charity Registration Number: CT 016122

Check if:
☐ Change of address
☐ Amended report

Corporate or Organization No. 0713584
Federal Employer I.D. No. 99-0157509

Gross Annual Revenue Fee Gross Annual Revenue Fee Gross Annual Revenue Fee
Less than $25,000 0 Between $100,001 and $250,000 $50 Between $1,000,001 and $10 million $150
Between $25,000 and $100,000 $25 Between $250,001 and $1 million $75 Between $10,000,001 and $50 million $225

Gross Annual Revenue Fee
Greater than $50 million $300

PART A - ACTIVITIES

For your most recent full accounting period (beginning 07/01/2011 ending 06/30/2012) list:

Gross annual revenue $11,715,500. Total assets $43,626,888.

PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

Note: If you answer "yes" to any of the questions below, you must attach a separate sheet providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest?
   Yes ☐ No ☑

2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?
   Yes ☐ No ☑

3. During this reporting period, did non-program expenditures exceed 50% of gross revenues?
   Yes ☐ No ☑

4. During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.
   Yes ☐ No ☑

5. During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If "yes," provide an attachment listing the name, address, and telephone number of the service provider.
   Yes ☐ No ☑

6. During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number.
   Yes ☐ No ☑

7. During this reporting period, did the organization hold a raffle for charitable purposes? If "yes," provide an attachment indicating the number of raffles and the date(s) they occurred.
   Yes ☐ No ☑

8. Does the organization conduct a vehicle donation program? If "yes," provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes.
   Yes ☐ No ☑

9. Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?
   Yes ☐ No ☑

Organization's area code and telephone number 707-644-2836

Organization's e-mail address

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete.

LETITIA GORTE CFO

Signature of authorized officer Printed Name Title Date

RRF-1 (3-05)