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► Form 990

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

2010

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Omnorile Ligaten

<u> </u>	For the 2	2010 calend	lar year, or tax year beginning 7/	<u>'01</u>	, 2010, and ending	6/3			2011
В	Check if ap	plicable					D Employ	rer Identific	ation Number
	Addres	ss change	San Francisco Organizin	ıg Project		.	94-	271647	70
	Name		3215 Cesar Chavez Stree				E Telepho	one number	
	Initial	return	San Francisco, CA 94110	ı		ľ	415	-821 <i>-</i> 5	5000
	Termin	nated							
ŧ	\vdash	ded return					G Gross r	eceipts \$	576,096
SPICE OF	Applica	ation pending	F Name and address of principal officer E	rika Katske	H	(a) Is this a	group retur	n for affiliat	
•		· ·	Same As C Above		H/	. ,	affiliates inc		Yes
	Тах-ехеп	npt status		(insert no) 4947((a)(1) or 527	If 'No,' a	attach a list	(see instru	ctions)
J	Websit		w.sfop.org	·		(c) Group (exemption n	ımber ►	
<u>-</u>			X Corporation Trust Association	Other ►	L Year of Formation				I domicile CA
		Summar					11.		
Ī	1 Bri	efly describ	pe the organization's mission or most	t significant activitie	s SFOP work	s with	h over	30 c	ongregation
			ols representing 40,000						
٤			ts_campaigns_Qur_multi						
Governance			on building relationshi						
8	2 Ch	eck this bo	x If the organization discontin	ued its operations	or disposed of more	than 25	5% of its	net asse	ts
			ting members of the governing body					3	·
8			lependent voting members of the go					4	
			of individuals employed in calendary		line 2a)			5	
ACLIVILIES &			of volunteers (estimate if necessary) d business revenue from Part VIII, co					6 7a	
`			business taxable income from Form					7b	
7	D 140	t uninclated	business taxable income from Form	330 1, inte 04		Pı	rior Year	- / 5	Current Year
-	8 Co	ntributions	and grants (Part VIII, line 1h)		Ì	<u>.</u>	630,0	38.	567,552
Nevenue			ce revenue (Part VIII, line 2g)				31,8		
			come (Part VIII, column (A), lines 3,	4, and 7d)	İ			94.	314
2			(Part VIII, column (A), lines 5, 6d, 8		e)		-5,2		-7,630
	12 Tot	al revenue	- add lines 8 through 11 (must equa	al Part VIII, column	(A), line 12)		657,0	55.	560,236
	13 Gra	ants and sii	milar amounts paid (Part IX, column	(A), lines 1-3)					
١,	14 Ber	nefits paid	to or for members (Part IX, column ((A), line 4)					
- [15 Sal	laries, othe	r compensation, employee benefits (Part IX, column (A)), lines 5-10)		476,9	83.	428,918
Expenses	16a Pro	fessional f	undraising fees (Part IX, column (A),	line 11e)					
2	b Tot	al fundraisi	ng expenses (Part IX, column (D), li	ne 25) ►	77,107.				
ă			es (Part IX, column (A), lines 11a-11e				178,2	00.	140,659
-			s Add lines 13-17 (must equal Part		. 25)		655,1		569,577
		•	expenses Subtract line 18 from line		'		1,8		-9,341
, ;						Beginning	of Curren	$\overline{}$	End of Year
8	20 Tot	al assets (f	Part X, line 16)		ļ		391,4		373,279
			(Part X, line 26)		Ţ		22,6		13,788
3	22 Net	assets or	fund balances Subtract line 21 from	line 20			368,8		359, 491
7		Signatur		into 20			300,0	<u> </u>	305, 451
				anomanuna sebadular	and statements, and to the	boot of m	. beendedee	and haliaf	
nae	lete Declar	ation of prepar	clare that I have examined this return, including a er (other than officer) is based on all information	of which preparer has an	y knowledge	; best or my	y knowledge	and beller,	it is true, correct, and
_									·
ig	n	Signature	e of office			Date	•		
ler			Dog Hear	2000 - 1	X-Chrun	man)	31	5/	2012
		Type or p	That name and Itile RECEIVE	7	- Jane			- /04	~·~
		Print/Type pre	eparer's name	fature 12	Date ₁ 1	T	Check	ıf PTII	N
aic	d		801	518 Lane	Ra 2/27/	10	self-employe	,	
	u parer	Firm's name	- Crosby & Mkaneda, CCP			· * - '	pioye	<u>-</u>	
	Only	Firm's addres	4 6 1 4 4 1 1 1 1 1			 ,	rm's EIN_	N/A	
		, 3 auures	Oakland CA 94612-21				Phone no	(510)	835-2727
			return with the preparer shown abo				HOHE HO		Yes No
<u> </u>	the IDC	dicties this		けららんかんとりひ けいじょう・・マ・・・	ne)				

Forn	n 990 (2010) San Francisco Organizing Project	94-2716470	Page 2
Pa	Statement of Program Service Accomplishments		
	Check if Schedule O contains a response to any question in this Part III		X
1	Briefly describe the organization's mission		
	See Schedule 0		
	Did the organization undertake any significant program services during the year which were not listed or	n the prior	
	Form 990 or 990-EZ?	Yes	X No
	If 'Yes,' describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program se	rvices? Yes	X No
•	If 'Yes,' describe these changes on Schedule O		
4	Describe the exempt purpose achievements for each of the organization's three largest program service	s by expenses. Section	501(c)(3)
·	and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants are expenses, and revenue, if any, for each program service reported	d allocations to others,	the total
	a (Code) (Expenses \$ 128,064. including grants of \$) (F	levenue \$	<u> </u>
•	Engaged over 300 parents, students, and educators in public action		gs to
	secure funding for educator jobs, increase student safety, and in		
	of public education in San Francisco and its public schools.	2172177176	
	(Code (Expenses \$ 116,057. including grants of \$) (R	evenue \$	
7~	Engaged over 400 youth and adult community members in immigrant i		· · ·
	including community safety, citizenship fairs, and safeguarding of		
	rights. Ensuring immigrants have access to housing, education, he	ealthcare and	iobs
	Tighter bhotting that grants have a seeds to hoteling, eddedtern, he	arenearer and	TOD5
	+		
			-
			 -
	A 110.055		
		evenue \$)
	Engaged over 250 members of SF BHVP neighborhood in community org		
	violent homicides through partnership with DA's office, police de		<u>.ce</u>
	providers to create pathways to opportunity for at-risk drivers of		
	community. Implementation of redevelopment organizing by investing		00,000
	in two youth and young adult employment programsproviding educa	tion_and_job	
	training for over 100 youth and young adults between the ages of	14 and 24, conr	ected
	to redevelopment of Bayview Hunters Point shipyard		
4 d	Other program services. (Describe in Schedule O) See Schedule O		
	(Expenses \$ 44,022. including grants of \$) (Revenue \$	١	
	Total program service expenses ► 400, 198.		

Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6_		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7_	_	Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8	_	<u>X</u>
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If Yes, 'complete Schedule D, Part V	10		<u>X</u>
J 1	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, IX, or X as applicable			
•	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	Х	
١	b Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part VII</i> .	11 b		<u>X</u>
•	c Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		x
	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d		<u>X</u>
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		<u>X</u>
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f	Х	·
	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12a	Х	
	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		<u>X</u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		<u>X</u>
14 a	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u>, X</u>
t	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Parts I and IV	14b		<u>X</u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV	15		<u>X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV	16		<u>x</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17	_	<u>X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18	x	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		<u>x</u>
20 a	aDid the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20		<u>X</u>
ь	If 'Yes' to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20 Ь		

Form 990 (2010) San Francisco Organizing Project
Partil Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States 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	a 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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25	24a		х
ı	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
(c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
•	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25	a Section 501(c)(3) and 501(c)(4) 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
-	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		<u>X</u>
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27		Х
28	instructions for applicable filing thresholds, conditions, and exceptions)			
í	a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		<u> </u>
ı	b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
	c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		X
29	· · · · · · · · · · · · · · · · · · ·	29		<u>X</u>
	contributions? If 'Yes,' complete Schedule M	30		<u>x</u>
31		31		<u>X</u>
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		<u>x</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		X
а	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 Yes X No			
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		<u>X</u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	х	
AA		Form	990 (2	2010)

Form 990 (2010) San Francisco Organizing Project Part VI Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V								
		· · · · · · · · · · · · · · · · · · ·		Yes	No				
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a · 5							
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b (
c	Did the organization comply with backup withholding rules for reportable payments to vendo	ors and reportable gaming							
_	(gambling) winnings to prize winners?	1 1	1c	X					
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-	1.							
	ments, filed for the calendar year ending with or within the year covered by this return	[_2a]13	_						
D	If at least one is reported on line 2a, did the organization file all required federal employme. Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see		2b	X					
2.	Did the organization have unrelated business gross income of \$1,000 or more during the year.	· ·	3a		Х				
	olf 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule C		3b		 ^-				
•	At any time during the calendar year, did the organization have an interest in, or a signature		—						
4 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:								
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and	Financial Accounts							
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax	ax year?	5a		X				
	Did any taxable party notify the organization that it was or is a party to a prohibited tax she	ter transaction?	5 b		Х				
С	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		5c						
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, solicit any contributions that were not tax deductible?	and did the organization	6a		х				
b	If 'Yes,' did the organization include with every solicitation an express statement that such on not tax deductible?	contributions or gifts were		-					
7	Organizations that may receive deductible contributions under section 170(c).		6b						
a 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?									
	If 'Yes,' did the organization notify the donor of the value of the goods or services provided		7a 7b	Х	X				
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file									
	Form 8282?		7c		<u> </u>				
	If 'Yes,' indicate the number of Forms 8282 filed during the year	7d							
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal		7e 7f		X				
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal being the organization received a contribution of qualified intellectual property, did the organization		'' 	-					
9	as required?	1011 IIIE F01111 0099	7 g						
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the Form 1098-C?	e organization file a	7h						
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organization, or a donor advised fund maintained by a sponsoring organization, holdings at any time during the year?	ng organizations. Did the nave excess business	8						
9	Sponsoring organizations maintaining donor advised funds.	•							
а	Did the organization make any taxable distributions under section 4966?		9a						
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9ь						
	Section 501(c)(7) organizations. Enter	l 1							
	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	امما		ŀ					
_	Gross income from members or shareholders	11a							
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11 b							
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of		12a						
	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12b		l					
	Section 501(c)(29) qualified nonprofit health insurance issuers.								
	Is the organization licensed to issue qualified health plans in more than one state?	In O	13a						
	Note. See the instructions for additional information the organization must report on Schedu	ie U.		j					
,	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	13Ь							
	Enter the amount of reserves on hand	13c							
	Did the organization receive any payments for indoor tanning services during the tax year?	0.6.4.4.0	14a	\dashv	<u>X</u>				
b	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in	ocnedule U	14b						

Form 990 (2010) San Francisco Organizing Project 94-2716470 Part VIE Governance. Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 1 b b Enter the number of voting members included in line 1a, above, who are independent 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? 2 X Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? 3 4 Did the organization make any significant changes to its governing documents 4 since the prior Form 990 was filed? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Does the organization have members or stockholders? 6 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 7 a b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 8a X a The governing body? X b Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director or 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 in Schedule O 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. No Yes 10a Does the organization have local chapters, branches, or affiliates? 10 a X b If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, 10b and branches to ensure their operations are consistent with those of the organization? X 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? 11 a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 X 12a Does the organization have a written conflict of interest policy? If 'No,' go to line 13 12 a b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12_b X c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done 12 c 13 Does the organization have a written whistleblower policy? 13 14 Does the organization have a written document retention and destruction policy? 14 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 official 15 a b Other officers of key employees of the organization 15 t If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16 b If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in-joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? 16_b Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed > Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. X Upon request Another's website Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Schedule O

State the name, physical address, and telephone number of the person who possesses the books and records of the organization

▶Luis Flores 3215 Cesar Chavez St San Francisco CA 94110 415-821-5000

Form 990 (2010) San Francisco Organizing Proje	Form 990 (2010)	San	Francisco	Organizing	Project
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94-2716470

age 7

Partivill Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of 'key employee'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees; officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization	on nor any	relate	ed or	gan	ızat	ion co	mpe	ensated any current o	fficer, director, or trus	itee
(A)	(B)	(c)						(D)	(E)	(F)
Name and title	Average				all t	hat app	ly)	Reportable compensation from	Reportable compensation from	Estimated
	hours per week (describe hours for related organiza tions in Schedule O)	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W 2/1099-MISC)	amount of other compensation from the organization and related organizations
(1) Sue England		· · ·								
Co-Chair	1	Х		X				0.	0.	0.
(2) Michelle Antone]									
Co-Chair	41	X	L	X				21,418.	0.	8,241.
(3) Myrna Godinez										
Treasurer .	1_1_	X		X				0.	0.	0.
(4) David Morgenstein										
Secretary	0.75	_ X	$oxed{oxed}$	X				0.	0.	0.
(5) Joyce Calagos										
Director	0.25	X						0.	0.	0.
(6) Shorey Chapman										
Director	0.5	Х	Ш					0.	0.	<u> </u>
O Juan Carlos Estenban				ı						
Director	0.5	Х	\square		\Box			0.	0.	0.
(8) Rev. Cynthia Joseph				ļ						
Director	0.25	<u>X</u>	\sqcup					0.	0.	<u> </u>
(9) Scott Kramer			ľ				ĺ			
Director	0.2	X			_			0.	0.	<u> </u>
(10) Jeff Murata]			Ì	ì	1]			
Director	0.1	X	\Box					0.	0.	0.
(11) Olinda Orellana						1				
Director	0.2	Х		\perp	\Box			0.	0.	<u> </u>
(12) Joan Pierson	[-	ļ				
Director	0.75	X		_				0.	0.	0.
(13) Alise Vincent								·		
Director	0.1	Х			\perp			0.	0.	0.
(14) Rev/Dr Aurelious Walker					ı	ŀ	- 1			
Director	0.2	_ X			_			0.	0.	0.
(15) Lida Zenteno			Ī		ŀ		- 1			· <u> </u>
Director	0.25	_X						0.	0.	0.
(16) Erika Katske		I								
Executive Dir.	44			X				66,846.	0.	4,186.
(17) McKee Addams		I								
Operations Dir.	40			X		\perp	[50,428.	0.	4,186.
BAA	_	TI	EEA0	107L	12/2	21/10				Form 990 (2010)

Egaittais Section A. Officers, Directors, Trus		vey	CII			.c 3,	an			iiib	
(A)	(B) (c)					(D)	(E)		(F)		
Name and title		age Position (check all that apply) Reportable compensation from the organization (W 2/1099-MISC) The large of the large						Reportable compensation frelated organizat (W 2/1099-MIS	om ions C)	Estimated amount of other compensation from the	
	hours for related organi	dual	utiona	e.	Key employee	est co		(2	(** 2 ***)	,	organization and related
	zations in Sch (1)	huste	al trusi		yee.	compensa					organizations
	00.10,		ee			Sa ed					
(18)										_	
(19)											
(20)											
(21)											
(22)											
(23)											,,
(24)											
(25)											
(26)											
(27)											
(28)											
(29)											
1 b Sub-total							>	138,692.		0.	16,613.
c Total from continuation sheets to Part VII, Section	A						>	0.	<u>-</u>	0.	0.
d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited	to thos	se lis	sted	abo	ve)	who	o re	138,692.	\$100,000 in re	0. porta	16,613. ble compensation
from the organization > 0									· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such in	or truste	ee, k	еу (emp	loye	ee, c	or h	ghest compensate	ed employee		Yes No
4 For any individual listed on line 1a, is the sum of repartition and related organizations greater the	oortable	con	npei 0? /	nsat If 'Ye	ion es' d	and com	oth plet	er compensation t e Schedule J for	rom		
such individualDid any person listed on line 1a receive or accrue co	ompens	ation	fro	m a	ny i	unre	late	d organization or	ındıvıdual		4 X
for services rendered to the organization? If 'Yes,' consection B. Independent Contractors	omplete	Sci	nedu	ile J	for	Suc	h p	erson			5 X
Complete this table for your five highest compensate compensation from the organization.	ed indep	end	ent	con	trac	tors	tha	t received more th	an \$100,000 o	f	
(A)		_						(B)			(C)
Name and business address			-					Description o	i services		Compensation
									•		
2 Total number of independent contractors (including t \$100,000 in compensation from the organization ►		ımıte	ed t	o the	ose	liste	ed a	bove) who receive	d more than		

	art VIII Statement of Revenue	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
PROGRAM SERVICE REVENUE CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMI AR AMOLINTS	to be Membership dues to Fundraising events. to Related organizations e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in Ins 1a-1f \$ 2,005.				
S	h Total. Add lines 1a-1f	567,552.	1		
TR.	Business Code				
SERVICE REVEN	2a				
RAM	e				
õ	f All other program service revenue g Total. Add lines 2a-2f				
_=	Investment income (including dividends, interest and other similar amounts) Income from investment of tax-exempt bond proceeds	314.			314.
	5 Royalties	······································			· · · · · · · · · · · · · · · · · · ·
	(i) Real (ii) Personal 6a Gross Rents b Less' rental expenses c Rental income or (loss)				
	d Net rental income or (loss)				
	7a Gross amount from sales of assets other than inventory (i) Securities (ii) Other		•		
	b Less: cost or other basis and sales expenses	,			ŕ
	c Gain or (loss)	······			
ÜE	d Net gain or (loss) 8a Gross income from fundraising events (not including \$				
	of contributions reported on line 1c)				
2	See Part IV, line 18 a 7,505.				
OTHER REVEN	b Less direct expenses b 15,860.				
J	c Net income or (loss) from fundraising events	-8,355.			-8,355.
	9a Gross income from gaming activities See Part IV, line 19				
	b Less direct expenses b				·
	C Net income or (loss) from gaining activities				
	10 a Gross sales of inventory, less returns and allowances a				
	b Less. cost of goods sold c Net income or (loss) from sales of inventory				
	Miscellaneous Revenue Business Code				
	11a Miscellaneous	725.			725.
	b				
	c				
- 1	d All other revenue				
ļ	e Total. Add lines 11a-11d	725.			
	12 Total revenue. See instructions	560,236.	0.	0.1	-7,316.

Partitle Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D) (B)
Program service **(D)** Fundraising (A) Total expenses Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. Management and general expenses expenses expenses Grants and other assistance to governments and organizations in the U.S. See Part IV, Grants and other assistance to individuals in 2 the US See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 130,998 trustees, and key employees 63,816 55,111 12,071. Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described 0 in section 4958(c)(3)(B) 0 0. 182,819 228,469 4.382 ,268. Other salaries and wages. 41 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) 37,271 28,642 2,283 6,346. Other employee benefits 32,180 22,328 5,011 4,841. 10 Payroll taxes 11 Fees for services (non-employees) a Management 195 195 **b** Legal 7,300 7,300 c Accounting **d** Lobbying e Professional fundraising services See Part IV, line 17 f investment management fees 6,951 4,822 1,820 309. **q** Other 12 Advertising and promotion 4,977 34,539 21,693 7,869. 13 Office expenses 14 Information technology Royalties 15 34,237 27,390 3,424 3,423. Occupancy 3.170 3,026. 144. 17 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 18,010 16,600 761 649. 19 20 Interest Payments to affiliates 1,070 1,070 Depreciation, depletion, and amortization 5,054 5,054 23 Other expenses Itemize expenses not 24 covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O) 15,000. a PICO membership 15,000. b Leadership development 13,619. 13,619 1,071 c Dues, licenses, service fees 884 187 443. 443 d Miscellaneous f All other expenses 569,577. 92,272 77,107. 400,198 25 Total functional expenses. Add lines 1 through 24f Joint costs. Check here ► X if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational

campaign and fundraising solicitation

Part Balance Sheet

(A) Beginning of year (B) End of year Cash - non-interest-bearing 1 292, 247 2 303,5<u>35</u>. 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 54,250 3 60,000. 28,877 4 4,250 Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) 6 Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 13,106 9 3,558 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10 a 10,901 **b** Less: accumulated depreciation 10b 8,965 3,006. 1,936. 10 c Investments - publicly traded securities 11 Investments - other securities See Part IV, line 11 12 13 Investments - program-related See Part IV, line 11 13 Intangible assets 14 15 Other assets See Part IV, line 11 15 391,486 373,279. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 22,654. 13,788 17 17 Accounts payable and accrued expenses 18 Grants payable 18 19 Deferred revenue 19 Tax-exempt bond liabilities 20 21 21 Escrow or custodial account liability Complete Part IV of Schedule D Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II 22 of Schedule L Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties Other liabilities Complete Part X of Schedule D 25 Total liabilities. Add lines 17 through 25. 22,654 13,788. 26 X and complete lines Organizations that follow SFAS 117, check here ▶ 27 through 29 and lines 33 and 34. 27 Unrestricted net assets 250,359 155,982. 118,473. 28 Temporarily restricted net assets 28 203,509. Permanently restricted net assets 29 R Organizations that do not follow SFAS 117, check here and complete FUND lines 30 through 34. Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 32 Retained earnings, endowment, accumulated income, or other funds 33 Total net assets or fund balances 368,832 33 359,491 391,486 Total liabilities and net assets/fund balances. 373,279.

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Form **990** (2010)

Fo	orm 990 (2010) San Francisco Organizing Project	94-2716470	P	age 12					
P	artixis Reconciliation of Net Assets								
	Check if Schedule O contains a response to any question in this Part XI			\Box					
	1 Total revenue (must equal Part VIII, column (A), line 12)		<u>5</u> 60,	<u> 236.</u>					
	? Total expenses (must equal Part IX, column (A), line 25)								
	Revenue less expenses Subtract line 2 from line 1								
	4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)).	4	368,	832.					
	5 Other changes in net assets or fund balances (explain in Schedule O)	5		0.					
	6 Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	359,	491.					
P	art XIII Financial Statements and Reporting								
	Check if Schedule O contains a response to any question in this Part XII								
			Yes	No					
•	1 Accounting method used to prepare the Form 990 Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.								
:	2a Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X					
	b Were the organization's financial statements audited by an independent accountant?	ļ	2b X						
	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight review, or compilation of its financial statements and selection of an independent accountant?	of the audit,	2c X						
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		Fig. 15 Abril	70574					
	 d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were separate basis, consolidated basis, or both X Separate basis Consolidated basis Both consolidated and separate basis 	issued on a							
;	3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in Audit Act and OMB Circular A-133?	the Single	3a	x					
	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the	required audit	36						

Form **990** (2010)

BAA

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545 0047

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Name	of the organization						Employe	r identifica	tion number	-					
San	Francisco Organizing Pro	ject				_	94-2716470								
Par	Reason for Public Charity S	tatus (All organization	s must	comple	ete this	part.)	See	nstruc	tions.						
The o	organization is not a private foundation b	pecause it is: (For lines 1 th	rough 11	, check o	only one	box.)		_							
1	A church, convention of churches or	r association of churches de	escribed	ın sectio	n 170(b)	(1)(A)(i)).								
2	A school described in section 170(b	(Attach Schedule	e E.)												
3	A hospital or a cooperative hospital	service organization descri	bed in se	ection 17	0(b)(1)(A X iii).									
4	A medical research organization ope	•					0/БУПУ	AYiii) E	nter the ho	spital's	5				
•	name, city, and state	,								-р-ч					
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)														
6 7	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II)														
8	A community trust described in sect		lete Part	II.)											
9	An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)														
10	An organization organized and oper	ated exclusively to test for	public sa	fety. See	section	n 509(a)	(4).								
11	An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h														
	a Type I b Typ	ne il c Type	III – Fun	nctionally	ıntegra	ted		d \square	Type III -	- Othe	er				
е	By checking this box, I certify that the other than foundation managers and section 509(a)(2)	he organization is not control d other than one or more pu	olled dire ublicly su	ctly or in	ndirectly organiza	by one itions de	or more	disqual I in secti	lified perso ion 509(a)(ns I) or					
f	If the organization received a writter check this box	n determination from the IR	S that is	a Type I	, Type I ►	l or Typ	e III sup	porting	organizatio	n,					
g	Since August 17, 2006, has the orga	anization accepted any gift	or contri	bution fr	om any	of the fo	ollowing	persons	s?						
										Yes	No				
	(i) A person who directly or indire below, the governing body of t	he supported organization?	r togethe	er with pe	ersons c	lescribe	d in (ii)	and (III)	11 g (i)						
	(ii) A family member of a person of	described in (i) above?							11 g (ii)		_				
	(iii) A 35% controlled entity of a pe	erson described in (i) or (ii)	above?						11 g (iii)						
h	Provide the following information ab	out the supported organization	tion(s)	_											
	(i) Name of supported (ii) EIN organization	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	column your g	Is the ization in (i) listed in joverning iment?	the organ	ou notify lization in n (i) of upport?	organiz colur organize	s the ation in mn (i) ed in the S ?	(vii) Amoul	nt of sup	port				
			Yes	No	Yes	No	Yes	No							
(A)			4												
(B)															
<u>(C)</u>				_											
(D)									 _						
<u>(E)</u>															
									-						
Total					ئىسىئىد										

Schedule A (Form 990 or 990-EZ) 2010 San Francisco Organizing Project 94-2716470 Part.II: Support Schedule for Organizations Described in Sections 170(bX1XAXvi) and 170(bX1XAXvi)

(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.)

Se	ction A. Public Support							
Cal beç	endar year (or fiscal year jinning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total	
1	Gifts, grants, contributions, and membership fees received (Do not include 'unusual grants')	681,305.	716,975.	665,521.	630,038.	567,552.	3,261,391.	
2	Tax revenues levied for the organization's benefit and either paid to it 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	681,305.	716,975.	665,521.	630,038.	567,552.	3,261,391.	
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)						1,091,479.	
6	Public support. Subtract line 5 from line 4			turus Maria			2,169,912.	
Se	ction B. Total Support							
Cale beg	endar year (or fiscal year inning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total	
7	Amounts from line 4	681,305.	716,975.	665,521.	630,038.	567,552.	3,261,391.	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	5,602.	10,952.	3,971.	394.	314.	_21,233.	
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 IV.) See Part IV	1,784.	1,921.	7,381.	1,497.	725.	13,308.	
11	Total support. Add lines 7 through 10						3,295,932.	
12	Gross receipts from related activ	ities, etc (see inst	tructions)			12	87,680.	
	First five years. If the Form 990 organization, check this box and	stop here		nd, third, fourth, o	r fifth tax year as	a section 501(c)(3)	
_	tion C. Computation of Pul							
	Public support percentage for 20 Public support percentage from 2	• •	,,	e 11, column (t))		14	65.8% 57.8%	
16	15 Public support percentage from 2009 Schedule A, Part II, line 14 16a 33-1/3% support test – 2010. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.							
	b 33-1/3% support test — 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization							
17 a	17a 10%-facts-and-circumstances test — 2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.							
18	b 10%-facts-and-circumstances test — 2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions							
BAA	Treate roundation. If the organiz	ation did not chec	on a box on line I	<u>J, 10a, 100, 17a, </u>			0 or 990-EZ) 2010	

Schedule A (Form 990 or 990-EZ) 2010 San Francisco Organizing Project Partill Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails

Section A. Public Support Licitarity are for fixed by beginning in P 1 Girls, grants, contributions received (70 not include any funusual grants) 2 Gross receipts from admis- services performed, or facilities turnished in any activity that is take-empt purpose 3 Gross receipts from admis- services performed, or facilities thraphed in any activity that is take-empt purpose 3 Gross receipts from activities that are not an unrelated fastle thraphed in any activity that is take-empt purpose 3 Gross receipts from activities that are not an unrelated fastle thraphed in any activity that is take-empt purpose 3 Gross receipts from activities that are not an unrelated fastle thraphed in or expended on the organization's benefit and either paid to or expended on 5 The value of services or facilities furnished by a governmental unrul charge 6 Total. Add lates: 1 through 5 7 a Amounts included on lines 1, 2, and 3 received from disqualified persons hat exceed the greater of 35,000 or for the year C Add lines 7 and 70 8 Public support (Subtact line 7 from line 6, unpoort 2 from line 6, unpoort 3 Add lines 7 and 70 8 Public support (Subtact line 7 from line 6, unpoort 9 Amounts from line 6 10 a Gross moment from increased on securities boans, received on se		to quality under the tests i	isted below, pleas	se complete Part	II.)	 		
1 Gits, grants, contributions and controlles and the production of	<u>Sec</u>	tion A. Public Support						
secence (Do not include any furnasis) digrass of the second digras	Caler 1	Gifts, grants, contributions	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
sions, merchandise sold or services performed, or facilities related to the organization's included to the organization's trace-exemple purpose 3 Gross receipts from activities that are not an unrelated foote that are not an unrelated from the organization's benefit and organization's benefit and end on unrelated from the organization's benefit and organization of services or facilities furnished by a governmental unit to the organization of services or facilities furnished by a governmental unit to the organization of services or facilities furnished by a governmental unit to the organization of services organization organizati		received (Do not include			<u> </u>			
furnished in any activity that is related to the organization's last exempl purpose is that are not a numerated irade or business under section 513 4 Tax revenues leved for the organization's benefit and its behalf to or expended on its behalf to organization without charge organization orga	2	sions, merchandise sold or						
that are not an unrelated trade or business under section 513 1 Tax revenues leved for the effect of the engineer of the engi		furnished in any activity that is related to the organization's						
organization's benefit and either part to or expended on the behalf is behal	3	that are not an unrelated trade or business under section 513						- "
5 The value of services or facilities turnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5	4	organization's benefit and either paid to or expended on						
7a Amounts included on lines 1 2, and 3 received from other than disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that it exceed the greater of \$5,000 or 1% of the amount on line 13 for the year. 7 Expulsic support (Subtract line 7; from line 6) 8 Public support (Subtract line 7; from line 6) 8 Public support (Subtract line 7; from line 6) 9 Amounts from line 6 10 Gross income from interest, dividends, payments received on securities loans, rents, similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Ret income from unrelated business acquired after June 30, 1975 c Add lines 10a and 10b 12 Other income Do not include gain or loss from the sale of partial process (Lepton C. Computation of Public Support Percentage Section C. Computation of Public Support Percentage Section D. Computation of Income 2009 Schedule A, Part III, line 15 18 Newstone of Income Percentage from 2009 Schedule A, Part III, line 17 19a 33-13% support lests – 2010. If the organization did not check the box on line 14, and line 15 is more than 33-13%, and line 18 is not more than 33-13%, check this box and stop here. The organization qualifies as a publicly supported organization in line 18 is not more than 33-13%, check this box and stop here. The organization qualifies as a publicly supported organization in line 18 is not more than 33-13%, check this box and stop here. The organization qualifies as a publicly supported organization in line 18 is not more than 33-13%, check this box and stop here. The organization qualifies as a publicly supported organization in line 18 is not more than 33-13%, check this box and stop here. The organization qualifies as a publicly supported organization in line 18 is not more than 33-13%, check this box and stop here. The organization qualifies as a publicly supported organization in line 18 is not more than 33-13%, check this box and stop here	5	The value of services or facilities furnished by a governmental unit to the		-		•		
b 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 c Add lines 7a and 7b 8 Public support (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal yr beginning in) 4 (a) 2006 (b) 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total 9 Amounts from line 6.) 3 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources b Unrelated business taxable income fless section 511 taxes) from unclated business and lines is a regularly carried on the control of the c		Amounts included on lines 1, 2, and 3 received from						
Exection B. Total Support Calendar year (or fiscal yr beginning in) ► 9. Amounts from line 6.) 10. a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 10. b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 C. Add lines 10 a and 10b 11. Net income from unrelated business autivities not included in line 10b, whether or not the business is regularly carned on 2009 and 10b 12. Other income Do not include gain or loss from the sale of capital seases (Sapital in in 1971). The sale of capital seases (Sapital in in 1971) and 10b 13. Total support. (Add line, 9, 10c, 11, and 12) organization, check this box and stop here Section C. Computation of Public Support Percentage 15. Public support percentage from 2009 Schedule A, Part III, line 15. 16. Public support percentage from 2009 Schedule A, Part III, line 15. 17. Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)) 18. Investment income percentage from 2009 Schedule A, Part III, line 17. 19. a 33.173% support tests — 2010. If the organization did not check he box on line 14, and line 15 is more than 33-173%, and line 17 is not more than 33-173%, check this box and stop here. The organization qualifies as a publicly supported organization line 18 is not more than 33-173%, check this box and stop here. The organization qualifies as a publicly supported organization line 18 is not more than 33-173%, check this box and stop here. The organization qualifies as a publicly supported organization line 18 is not more than 33-173%, check this box and stop here. The organization qualifies as a publicly supported organization.	t	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						
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Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)) 18 Investment income percentage from 2009 Schedule A, Part III, line 17 19a 33-1/3% support tests – 2010. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33-1/3% support tests – 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	15	Public support percentage for 20	10 (line 8, column	(f) divided by lin	e 13, column (f))		15	8
Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)) 18 Investment income percentage from 2009 Schedule A, Part III, line 17 19 33-1/3% support tests — 2010. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33-1/3% support tests — 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	_						16	96
18 Investment income percentage from 2009 Schedule A, Part III, line 17 19a 33-1/3% support tests — 2010. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33-1/3% support tests — 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	Sect	tion D. Computation of Inv	estment Incon	ne Percentage				
19a 33-1/3% support tests — 2010. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33-1/3% support tests — 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	17	Investment income percentage for	or 2010 (line 10c,	column (f) divided	d by line 13, colui	mn (f))	17	
is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization • 33-1/3% support tests – 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization								क्ष
line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	18	investment income percentage in	33-1/3% support tests - 2010. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17					
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions		33-1/3% support tests - 2010. If	the organization of this box and stop	did not check the here. The organi	box on line 14, a ization qualifies a	nd line 15 is more s a publicly suppo	e than 33-1/3%, and orted organization	d line 17 ►
PAA	19 a	33-1/3% support tests - 2010. If is not more than 33-1/3%, check 33-1/3% support tests - 2009. If	this box and stop the organization of	here. The organi did not check a bo	ization qualifies a ox on line 14 or li	s a publicly suppo ne 19a. and line 1	orted organization 6 is more than 33-	▶ [

Scriedule A	upplemental Information. Complete this part to provide the explanations required by Part II. line 10:
(reneral)	upplemental Information. Complete this part to provide the explanations required by Part II, line 10; art II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. See instructions).
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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

► Complete if the organization is described below.

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

2010

OMB No 1545-0047

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If the organization answered 'Yes,' to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations. Complete Parts I-A and C below. Do not complete Part I-B
- Section 527 organizations. Complete Part I-A only

If the organization answered 'Yes,' to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

		s,' to Form 990, Part IV, line 5 (Proxy Tax) organizations Complete Part III	or Form 990-EZ, Part	V, line 35a (Proxy Tax)	, then			
	of organization	Signification Complete variation		Employer identific	ation number			
Sai	n Francisco Organiz	zing Project		94-271647	10			
Pa	til-A Complete if the o	rganization is exempt under secti	on 501(c) or is a					
1		organization's direct and indirect political						
2	Political expenditures			► \$;			
3	Volunteer hours							
Pa	tiliB Complete if the o	rganization is exempt under secti	on 501(c)(3).					
		cise tax incurred by the organization under		▶ \$	0.			
2	Enter the amount of any exc	cise tax incurred by organization managers	under section 4955	► \$	0.			
3	If the organization incurred	a section 4955 tax, did it file Form 4720 fo	r this year?		Yes No			
4:	a Was a correction made?				Yes No			
	b If 'Yes,' describe in Part IV							
Pa	Complete if the o	rganization is exempt under secti	on 501(c) , excep	t section 501(c)(3)				
1	Enter the amount directly ex	pended by the filing organization for section	on 527 exempt function	on activities 🕨 🕈	:			
2	Enter the amount of the filin function activities	g organization's funds contributed to other	organizations for sec	ction 527 exempt	i			
3	Total exempt function exper line 17b	nditures Add lines 1 and 2 Enter here and	on Form 1120-POL,	► \$;			
4	Did the filing organization fil-	e Form 1120-POL for this year?			Yes No			
5								
	(a) 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 Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2010

Yes No

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A Check ► If the filing organization be	elongs to an affiliated group	-	
B Check ► If the filing organization ch	necked box A and 'limited control' provisions ap	ply	
Limits on Lobl (The term 'expenditures' mo	oying Expenditures eans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expenditures to influence	public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a	a legislative body (direct lobbying)	1,635.	
c Total lobbying expenditures (add lines 1a	and 1b)	1,635.	0.
d Other exempt purpose expenditures		567,942.	
e Total exempt purpose expenditures (add	lines 1c and 1d)	569,577.	0.
f Lobbying nontaxable amount. Enter the a both columns	mount from the following table in	110,437.	
If the amount on line le, column (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.	4	
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.	2.5	<u> </u>
g Grassroots nontaxable amount (enter 259	% of line 1f)	27,609.	0.
h Subtract line 1g from line 1a. If zero or le	ess, enter -0-	0.	0.
i Subtract line 1f from line 1c. If zero or les	ss, enter -0-	0.	0.

4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f.)

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

	Lobbyin	g Expenditures During	4-Year Averaging Peri	od	
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a Lobbying non-taxable amount	147,769.	147,293.	123,277.	110,437.	528,776
b Lobbying ceiling amount (150% of line 2a, column (e))					793,164
c Total lobbying expenditures	4,040.	10,562.	19,092.	1,635.	35,329
d Grassroots nontaxable amount	36,942.	<u>3</u> 6,823.	30,819.	27,609.	132,193
e Grassroots ceiling amount (150% of line 2d, column (e))			u. <mark>Th</mark> us results.		198,290
f Grassroots lobbying expenditures	4,040.		11,220.		15,260

BAA

Schedule C (Form 990 or 990-EZ) 2010

Schedule C (Form 990 or 990-EZ) 2010 San Francisco Organizing Project 94-2716470

[Partill B] Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768

	(a)		(b)			
	Yes	No		Am	ount	
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						
a Volunteers?	,		.6			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?						
c Media advertisements?				-		
d Mailings to members, legislators, or the public?						
e Publications, or published or broadcast statements?				-		
f Grants to other organizations for lobbying purposes?						
g Direct contact with legislators, their staffs, government officials, or a legislative body?						-
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	\vdash					
i Other activities? If 'Yes,' describe in Part IV	<u> </u>					
j Total Add lines 1c through 1:			_			
•						
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?						
b If 'Yes,' enter the amount of any tax incurred under section 4912	1000	مكدنا				
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912	فنتشف			·····		,
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? [Partill[AN] Complete if the organization is exempt under section 501(c)(4), section 50	1(0)(5)		_ محــنـا	<u></u>		للبيل
section 501(c)(6).	I(C)(S)	, Or				
					V	T
1. Wassa substantially all (00% as mars) disas recovered pendeductible by marshaus?				•	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?						├
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?				2		┼
3 Did the organization agree to carryover lobbying and political expenditures from the prior year? Partillab Complete if the organization is exempt under section 501(c)(4), section 50	1/cVE\			3		Щ_
section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered 'No' OR if F is answered 'Yes.'	Part III-	A, lin	e 3			
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).						
a Current year		2a				
b Carryover from last year	[2b				
c Total		2c				
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 exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po						
expenditure next year?		4				
5 Taxable amount of lobbying and political expenditures (see instructions)		5				
Partity Supplemental Information						
Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, a Also, complete this part for any additional information	and Part	II-B, I	line 1			
Also, complete this part for any deditional mismission						
					- - -	
						 -

Schedule C (Form 990 or 990-EZ) 2010 San Francisco Organizing Project	94-2716470	Page 4
Partive Supplemental Information (continued)		
•		•
`		
•		
	•	
•		
	,	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

Employer identification number

Name of the organization

Sa	n Francisco Organizing Project				94-2716470	
Pă	the organizations Maintaining Dono the organization answered 'Yes'	r Advised Funds or Oth	ı er Similar Fur e 6.	ds or Acc		e ıf
		(a) Donor advised	funds	(b) F	unds and other acc	ounts
1	Total number at end of year					
2	Aggregate contributions to (during year).					
3	Aggregate grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and do funds are the organization's property, subject	nor advisors in writing that the to the organization's exclusive	e assets held in d re legal control?	onor advised	Yes	No
6	Did the organization inform all grantees, dono used only for charitable purposes and not for purpose conferring impermissible private ben	the benefit of the donor or do	ting that grant fun onor advisor, or fo	ds can be r any other	Yes	No
Pa	rt 11 Conservation Easements. Comp	lete if the organization a	inswered 'Yes'	to Form 9	90, Part IV, line	7.
1	Purpose(s) of conservation easements held b	y the organization (check all t	t <u>hat</u> apply)			
	Preservation of land for public use (e.g.,	recreation or education)	Preservation	of an historic	ally important land	area
	Protection of natural habitat		Preservation	of a certified	historic structure	
	Preservation of open space					
2	Complete lines 2a through 2d if the organizate last day of the tax year	ion held a qualified conservat	ion contribution in		a conservation ease	ement on the
					leld at the End of t	ne Tax Year
	a Total number of conservation easements			2a		
	b Total acreage restricted by conservation ease			2 b		
	c Number of conservation easements on a certi		•	2c		
•	d Number of conservation easements included in structure listed in the National Register			2d		
3	Number of conservation easements modified, tax year ▶			ted by the or	ganization during th	ıe
4	Number of states where property subject to co			_		
5	Does the organization have a written policy re and enforcement of the conservation easement	garding the periodic monitoriints it holds?	ng, inspection, ha	ndling of viola	ations, Yes	☐ No
6	Staff and volunteer hours devoted to monitoring	ng, inspecting, and enforcing	conservation ease	ements during	g the year	
7	Amount of expenses incurred in monitoring, if	nspecting, and enforcing cons	ervation easemen	its during the	year	
8	Does each conservation easement reported of 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	n line 2(d) above satisfy the re	equirements of se	ction	Yes	☐ No
9	In Part XIV, describe how the organization reports include, if applicable, the text of the footnote conservation easements	s conservation easements in its to the organization's financial	revenue and expensions that of	ise statement, lescribes the	and balance sheet, organization's acco	and ounting for
Pai	Complete if the organization ans	ctions of Art, Historical wered 'Yes' to Form 990	Treasures, or , Part IV, line	Other Sim 8.	nilar Assets.	
1 a	If the organization elected, as permitted under art, historical treasures, or other similar assets in Part XIV, the text of the footnote to its final	s held for public exhibition, ec	lucation, or resear	nue statemer rch in further:	nt and balance shee ance of public servi	it works of ce, provide,
t	olf the organization elected, as permitted under historical treasures, or other similar assets he following amounts relating to these items.	r SFAS 116 (ASC 958), to rep ld for public exhibition, educa	ort in its revenue tion, or research i	statement ar n furtherance	nd balance sheet wo e of public service, j	orks of art, provide the
	(i) Revenues included in Form 990, Part VIII,	line 1			►\$ ►\$	
	(ii) Assets included in Form 990, Part X				► \$	
2	If the organization received or held works of a amounts required to be reported under SFAS	rt, historical treasures, or othe 116 (ASC 958) relating to the	er similar assets f se items:	or financial g	ain, provide the foll	owing
а	Revenues included in Form 990, Part VIII, line	1			- \$,
b	Assets included in Form 990, Part X				▶\$	
3AA	For Paperwork Reduction Act Notice, see the	Instructions for Form 990.	TEEA3301L	11/15/10	Schedule D (Fo	orm 990) 2010

Schedule D (Form 990) 2010 San I	Francisc	o Organizing P	roject	94-27	16470 Page 2
Part III Organizations Mainta	ining Coll	ections of Art, His	torical Treasures, c	or Other Similar As	sets (continued)
3 Using the organization's acquisition items (check all that apply).	on, accessio	on, and other records,	check any of the following	ng that are a significant	use of its collection
a Public exhibition		d	n or exchange programs	•	
b Scholarly research	•	e 🗍 Oth	- · ·		
c Preservation for future gener	ations				
4 Provide a description of the orga Part XIV.	nization's co	illections and explain h	now they further the orga	inization's exempt purp	ose in
5 During the year, did the organiza assets to be sold to raise funds r	tion solicit o ather than to	r receive donations of be maintained as pa	art, historical treasures, rt of the organization's c	or other similar ollection?	Yes No
Part W. Escrow and Custodia 9, or reported an amo	I Arrangei unt on Foi	ments. Complete i rm 990, Part X, lin	f organization answ e 21.	ered 'Yes' to Form	990, Part IV, line
1 a Is the organization an agent, trus included on Form 990, Part X?	stee, custodi	an, or other intermedia	ary for contributions or o	ther assets not	Yes No
b If 'Yes,' explain the arrangement	in Part XIV	and complete the follo	wing table		
					Amount
c Beginning balance				1 c	
d Additions during the year				_1d	
e Distributions during the year				1e	
f Ending balance				11	
2a Did the organization include an a	mount on Fo	orm 990, Part X, line 2	1?		Yes No
b If 'Yes,' explain the arrangement					
Part V. Endowment Funds. Co	mplete if	the organization a	nswered 'Yes' to Fo	rm 990, Part IV, Iır	ne 10.
	(a) Currer	it year (b) Prior y	ear (c) Two years ba		
1 a Beginning of year balance.					
b Contributions					\$
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					
2 Provide the estimated percentage	=				
a Board designated or quasi-endow		8			
b Permanent endowment ►		\$		•	
c Term endowment	[%]				
3a Are there endowment funds not in organization by:	n the posses	ssion of the organization	n that are held and adm	inistered for the	Yes No
(i) unrelated organizations					3a(i)
(ii) related organizations					3a(ii)
b If 'Yes' to 3a(ıı), are the related o	rganızatıons	listed as required on \$	Schedule R?		3b
4 Describe in Part XIV the intended					·
Part VI Land, Buildings, and E	quipmen	t. See Form 990, F	Part X, line 10.		
Description of investment		(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land		ļ <u>.</u>	 	The second second	

b Buildings. c Leasehold improvements. 10,901. 8,965. 1,936. **d** Equipment e Other 1,936.

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) BAA

Schedule **D** (Form 990) 2010

	D (Form 990) 2010 San Francisco Org			94-27	16470	Page 3
Part VII	Investments-Other Securities. See F		ne 12. N/	'A		
	(a) Description of security or category (including name of security)	(b) Book value		(c) Method of valua Cost or end-of-year ma	ation rket value	
	cial derivatives		L			
	y-held equity interests					
(3) Other			ļ			
				 		
(C)						_
₾						
<u>(E)</u>			ļ			
<u>(F)</u>						
<u>(G)</u>				······································		
₩				·	 	
<u>(1)</u>	(1) 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	<u> </u>	 -			
	mn (b) must equal Form 990 Part X, column (B) line 12.) Investments—Program Related. (See		(mo 12)	N / R		
Part VIII			line (3)	N/A		
	(a) Description of investment type	(b) Book value	,	(c) Method of valua Cost or end-of-year mai	ition: rket value	
(1)						
(2)						
(3)						
(4)						
(5)						
(6)	•					
(7)					·	
(8)						
(9)		ļ <u></u>				_
(10)		ļ				
	mn (b) must equal Form 990, Part X, column (B) line 13.) • Other Assets. (See Form 990, Part X,			·	 	
Part IX		line 15) N/A			(h) Book vo	
(1)		scription			(b) Book va	iue_
(2)						
(3)						
(4)						
(5)						
(6)						
(7)		,	·	·		
(8)						
(9)						
(10)				,		
	lumn (b) must equal Form 990, Part X, column(B	3), line 15)		<u> </u>		
Part X	Other Liabilities. (See Form 990, Part	X, line 25)				
	(a) Description of liability	(b) Amount				3
(1) Fede	ral income taxes					}
(2)			_]			į
(3)						}
(4)			_			Ì
(5)						j
(6)			_			}
(7)						3
(8)			_			ł
(9)						}
(10)						ł
(11)						{
	in (b) must equal Form 990, Part X, column (B) line 25)	<u> </u>				
2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text	of the footnote to the o	rganization's fir	nancial statements that	reports the	

Schedule D (Form 990) 2010 San Francisco Organizing Proje	ct 94-2	716470 Page 4
Reconciliation of Change in Net Assets from Form 990 to Audited	Financial Statements	
1 Total revenue (Form 990, Part VIII, column (A), line 12)		560,236.
2 Total expenses (Form 990, Part IX, column (A), line 25)		569,577.
3 Excess or (deficit) for the year Subtract line 2 from line 1		-9,341.
4 Net unrealized gains (losses) on investments		
5 Donated services and use of facilities		
6 Investment expenses		
7 Prior period adjustments		
8 Other (Describe in Part XIV)		
9 Total adjustments (net) Add lines 4 through 8		
10 Excess or (deficit) for the year per audited financial statements. Combine	lines 3 and 9	-9,341.
Racassill Reconciliation of Revenue per Audited Financial State		
1 Total revenue, gains, and other support per audited financial statements	7	560,236.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a Net unrealized gains on investments	2a	
b Donated services and use of facilities	2b	
c Recoveries of prior year grants	2c	
d Other (Describe in Part XIV)	2d	
e Add lines 2a through 2d.		e !e
3 Subtract line 2e from line 1		
	bor.	300,230.
a Investments expenses not included on Form 990, Part VIII, line 12, but not on line 1		,
b Other (Describe in Part XIV.)	4a 4b	
,	· · · · · · · · · · · · · · · · · · ·	
c Add lines 4a and 4b		560,236.
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line PartXIII) Reconciliation of Expenses per Audited Financial Sta		
Total expenses and losses per audited financial statements	1	569,577.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25		305,377.
a Donated services and use of facilities	2a	
b Prior year adjustments	2b	
c Other losses	2c	
d Other (Describe in Part XIV)	2d	
e Add lines 2a through 2d.		
3 Subtract line 2e from line 1		569,577.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		309,377.
a Investments expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIV)	4b	
c Add lines 4a and 4b		c
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin	h	
PartXIX Supplemental Information		
Complete this part to provide the descriptions required for Part II, lines 3, 5, and Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part any additional information	19, Part III, lines 1a and 4; Part IV, line XIII, lines 2d and 4b Also complete thi	es 1b and 2b, s part to provide
Part X - FIN 48 Footnote		
The Internal Revenue Service and the California	Franchise Tax Board hav	e <u>determined</u>
<u>that the Organization is exempt from federal an</u>	<u>d state income taxes und</u>	er Internal
Revenue Code Section 501 (c) (3) and the Califo	rnia <u>Revenue and Taxatio</u>	n Code
Section_23701(d). The Organization has evaluate	<u>d its current tax positi</u>	ons_and_has
concluded that as of June 30, 2011, the Organiz	ation does not have any	significant
uncertain_tax_positions_for_which_a_reserve_wou	ld be necessary.	
BAA TEEA3304L 02/11/11	Sch	edule D (Form 990) 2010

Schedule D (Form 990) 2010	San Francisco Organizing Project	94-2716470	Page 5
Part XIV Supplement	al Information (continued)		
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SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

2010

Employer identification number

सीम्प्रेनीकाराण व्यक्तिस्त्रा

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization Complete if the organization answered 'Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

San Francisco Orga	nizing Project				94-271647	0
Fundraising Activit Form 990-EZ filers	ties. Complete if the orgation are not required to complete to complete to complete to complete the complete to complete the complete t	nization a lete this p	nswered " art.	Yes' to Form 990, Part	IV, line 17.	
1 Indicate whether the org	ganization raised funds th	rough any	of the fol	lowing activities. Check	all that apply	
a Mail solicitations			е	Solicitation of non-	government grants	
b Internet and email s	solicitations		f	Solicitation of gove	ernment grants	
c Phone solicitations			g	H	_	
d In-person solicitation	ns				,	
2a Did the organization have	ve a written or oral agreer	nent with	any indivi	dual (including officers,	directors, trustees or k	ev
employees listed in Forr	m 990, Part VII) or entity	ın connec	tion with p	professional fundraising	services?	Yes X No
	5,000 by the organization	tities (fund	draisers) p	oursuant to agreements	under which the fundra	iser is to be
(i) Name and address of in	dividual (ii) Activity		fundraiser	(iv) Gross receipts	(v) Amount paid to	(vi) Amount paid to
or entity (fundraiser	,		dy or control libutions?	from activity	(or retained by) fundraiser listed in column (i)	(or retained by) organization
		Yes	No		()	
1					,	
2						
3						
4						
						
5						
6						
7						
8						
	-					
9 						
10						
	· · · · · · · · · · · · · · · · · · ·					
Total			►	<u> </u>		0.
3 List all states in which the or licensing	ie organization is registeri	ed or licer	nsed to so	licit contributions or has	s been notified it is exei	mpt from registration
					·	
		. – – –				
					·	
		· - ·	-			
		-				
		-				
			-			
			-			

		G (Form 990 or 990-EZ) 2010 San Fra				16470 Page 2
Pä		Fundraising Events. Complete if reported more than \$15,000 of fu and 6a. List events with gross re-	indraising event co	ntributions and gros	orm 990, Part IV, I ss income on Forn	ine 18, or n 990-EZ, lines 1
		and ba. List events with gross to	(a) Event #1 SOTC 2011	(b) Event #2	(c) Other events	(d) Total events (add column (a) through column (c))
REV			(event type)	(event type)	(total number)	
REVENUE	1	Gross receipts	40,269.			40,269.
Ł	2	Less Charitable contributions	32,764.			32,764.
	3	Gross income (line 1 minus line 2)	7,505.			7,505.
	4	Cash prizes				
D	5	Noncash prizes				
DIRECT	6	Rent/facility costs	13,855.			13,855.
	7	Food and beverages				
X P	8	Entertainment				
EXPENSES	9	Other direct expenses	2,005.	<u> </u>		2,005.
S	10	Direct expense summary Add lines 4- to	hrough 9 in column (d)		•	15,860.
	11	Net income summary Combine line 3, co				-8,355.
Pa	a III	Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a	ation answered 'Ye	s' to Form 990, Par	t IV, line 19, or re	ported more than
	_	<u> </u>	T	42 D. II 4-1-11-14-14	4-2 0/1	(D.T.)
REVENUE			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
N)	•				
_Ĕ	1	Gross revenue				
_ E	2	Cash prizes				
DIRES	3	Non-cash prizes				
C S T E S	4	Rent/facility costs	-			
	5	Other direct expenses				
	6	Volunteer labor	Yes%	Yes %	Yes%	
	7	Direct expense summary Add lines 2 thr	ough 5 in column (d)		•	
	8	Net gaming income summary Combine i	ines 1, column (d) and	line 7	•	
а	Ente	er the state(s) in which the organization op ie organization licensed to operate gaming o,' explain	perates gaming activitie gactivities in each of th	s ese states?		Yes No
		e any of the organization's gaming license es,' explain:	s revoked, suspended	or terminated during the	tax year?	Yes No
BAA			TEEA3702L 0	1/13/11	Schedule G (For	m 990 or 990-EZ) 2010

Sch	edule G (Form 990 or 990-EZ) 2010 San Flancisco Organizing Flojecc	94-2710470	Page 3
11	Does the organization operate 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 enadminister charitable gaming?	ntity formed to Yes	No
13	Indicate the percentage of gaming activity operated in		
	a The organization's facility	13a	ફ
	b An outside facility	13b	용
14	Enter the name and address of the person who prepares the organization's gaming/special events boo	oks and records	
	Name ►		
	Address ► .		
15:	a Does the organization have a contact with a third party from whom the organization receives gaming i	revenue? Yes	No
i	b If 'Yes,' enter the amount of gaming revenue received by the organization ► \$	and the amount	_
	of gaming revenue retained by the third party \$		
•	c If 'Yes,' enter name and address of the third party		
	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 state gaming license?	Yes	No
t	Enter the amount of distributions required under state law to be distributed to other exempt organization	ons or spent in the	
T-V-5	organization's own exempt activities during the tax year > \$	anne d'ha Daniel Trac	Oh
	Supplemental Information. Complete this part to provide the explanations recolumns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as this part to provide any additional information (see instructions).	applicable. Also com	20, plete
			
			
		- <u> </u>	

* SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2010

eligação Colorgal

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

San Francisco Organizing Project	94-2716470
Form 990, Part III, Line 1 - Organization Mission	
SFOP is an alliance of congregations and other comm	unity organization located in the
city and county of San Francisco, California. This	alliance is comprised of
voluntary and non-profit constituency groups that a	re based on religious principle
and are quided by democratic values.	
Form 990, Part III, Line 4d - Other Program Services Description	•
Three SFOP Leaders completed a year-long process of	representing SFOP on a city
committee appointed to assess the effect of federal	health care reform on Healthy
SF. As a result of SFOP leaders' work, the new Inst	itute on Aging campus in San
Francisco includes 150 units of affordable housing	for seniors.
Form 990, Part VI, Line 11b - Form 990 Review Process	
The Form 990 is reviewed by the Executive Director,	the Operations Manager and
either the Board Co-Chair or the Board Treasurer be	fore filing with the IRS.
Form 990, Part VI, Line 19 - Other Organization Documents Public	cly Available
Available on Guidestar and upon request	

Form 800	6 (Rev 1-2011)					Page
• If you	are filing for an	Additional (Not Automatic) 3-Mont	th Extensio	n, complete only Part II and check	this box	•
Note. Only	ly complete Part	II if you have already been granted	l an automa	atic 3-month extension on a previou	ısly filed Form 8868	
If you	are filing for an	Automatic 3-Month Extension, cor	nplete only	Part I (on page 1)		
Part	Additional (I	Not Automatic) 3-Month Exte	ension of	Time. Only file the original (no copies needed).	
	Name of exempt of				Employer identification number	7
_						
Type or	San Franc	cisco Organizing Projec	- +		94-2716470	
print		id room or suite number. If a P.O. box, see inst			134 2/104/0	
File by the						
extended due date for		Kaneda, CPAs				
filing the return See		egraph Ave Ste 318 office, state, and ZIP code For a foreign address				
instructions	(' '		ss, see instructi	ions		
	Oakland,	CA 94612-2151		 		
Enter the	Return code for	the return that this application is fo	or (file a sep	parate application for each return)		01
Application	on		Return	Application		Return
Is For			Code	ls For		Code
Form 990			01		的。如在这种原理	SEA SE
Form 990-	-BL		02	Form 1041-A		08
Form 990-	-EZ		03	Form 4720		09
Form 990-	-PF		04	Form 5227		10
Form 990-	-T (section 401(a	a) or 408(a) trust)	05	Form 6069		11
Form 990-	-T (trust other th	an above)	06	Form 8870		12
STOP! Do	not complete P	art II if you were not already grante	ed an auton	natic 3-month extension on a previ	ously filed Form 8868.	
The bo	oks are in care of	Luis Flores				····
Teleph	none No ►_415	-821-5000	FAX No ►	415-821-5009		
		s not have an office or place of bus			•	▶ □
	-	eturn, enter the organization's four			If this	is for the
whole grou	up, check this bo	ox If it is for part of the gro	oup, check t	his box 🕨 🗌 and attach a list wi	th the names and EINs o	f all
_	the extension is		, .			
		al 3-month extension of time until	5/15	. 20 12		
5 For c	calendar vear	, or other tax year beginning	7/01	20 10 and ending	6/30 20 1	1
		d in line 5 is for less than 12 month		eason I Initial return	Final return	=
	Change in accou		,			
		ou need the extensionTaxpa	ver res	spectfully requests add	ditional time to	,
		nation necessary to fil				<u></u>
ع يوو			<u> </u>	marche and decarage ca	~ 100uIII	
		000 DL 000 DE 000 T 47	20	 		
		or Form 990-BL, 990-PF, 990-T, 47 s See instructions	20, or 6069	, enter the tentative tax, less any	8a \$	
		or Form 990-PF, 990-T, 4720, or 60	169 enter a	ny refundable credits and estimates		
paym	nents made Incl	ude any prior year overpayment alle	owed as a c	credit and any amount paid previou		
with F	Form 8868					
c Balan	nce due. Subtrac	t line 8b from line 8a Include your	payment w	with this form, if required, by using	\	
EFTP	PS (Electronic Fe	ederal Tax Payment System) See i			8c \$	
				Verification		
Under penalties correct, and co	es of perjury, I declare complete, and that I am	that I have examined this form, including accordant authorized to prepare this form	mpanying sched	dules and statements, and to the best of my kno	owledge and belief, it is true,	,
	1 weeks	. allangele	CPA	•	. 0/0	1,2
Signature	NOTA	Title Title	U1 7.	7	Date ► 0 0	10
BAA			FIFZ0502L	11/15/10	Form 8868 (F	Rev 1-2011)
		i			•	

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No 1545 1709

Form 8868 (Rev 1-2011)

► X

Department of the Treasury Internal Revenue Service

• If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box

	re filing for an Additional (Not Automatic) 3-Mon t Inplete Part II unless you have already been grante				
Electronic f corporation request an e Associated	illing (e-file). You can electronically file Form 8866 required to file Form 990-T), or an additional (no extension of time to file any of the forms listed in With Certain Personal Benefit Contracts, which ming of this form, visit www.irs gov/efile and click	B if you nee t automatio Part I or P nust be sen	ed a 3-month automatic extension of time.) 3-month extension of time. You can e Part II with the exception of Form 8870, It to the IRS in paper format (see instruc	ne to file (6 months for lectronically file Forn Information Return for	n 8868 to or Transfers
Part A	Automatic 3-Month Extension of Time.	Only subr	nit original (no copies needed).		
	on required to file Form 990-T and requesting an			complete Part I only	v ►∏
•	rporations (including 1120-C filers), partnerships,				
	Name of exempt organization			Employer identification	number
Type or print	San Francisco Organizing Proje			94-2716470	
File by the due date for	Number, street, and room or suite number If a P O box, see ii	nstructions			
filing your return See	3215 Cesar Chavez St.				
instructions	City, town or post office, state, and ZIP code. For a foreign add	lress, see instru	uctions		
<u>.</u>	San Francisco, CA 94110				
Enter the Re	eturn code for the return that this application is fo	or (file a sep	parate application for each return)		03
Application Is For		Return Code	Application Is For		Return Code
Form <u>990</u>		01	Form 990-T (corporation)		07
Form 990-BL	-	02	Form 1041-A		08
Form 990-E2	7	03	Form 4720		09
orm 990-PF		04	Form 5227		10
Form 990-T	(section 401(a) or 408(a) trust)	05	Form 6069		11
orm 990-T	(trust other than above)	06	Form 8870		12
Telephone If the org If this is the extent I request	s are in the care of M. Todd Addams e No 415-821-5000 canization does not have an office or place of bus for a Group Return, enter the organization's four s box If it is for part of the group, check ision is for st an automatic 3-month (6 months for a corpora 2/15, 20 _12, to file the exempt organization is for the organization's return for	digit Group this box	Exemption Number (GEN) If and attach a list with the names a d to file Form 990-T) extension of time	this is for the whole and EINs of all memi	► ☐ e group, bers
X	calendar year 20 or tax year beginning 7/01, 20_10			al return	
_	nge in accounting period			· 	
nonrefu	pplication is for Form 990-BL, 990-PF, 990-T, 472 ndable credits. See instructions			3a \$	0.
paymen	pplication is for Form 990-PF, 990-T, 4720, or 60 ts made. Include any prior year overpayment allo	owed as a c	redit .] ЗЫ \$	0.
EFTPS	e due. Subtract line 3b from line 3a Include your (Electronic Federal Tax Payment System) See in	nstructions		36 S	0.
aution. If yo ayment instr	u are going to make an electronic fund withdraw uctions	al with this	Form 8868, see Form 8453-EO and For	m 88 79-EO for	

BAA For Paperwork Reduction Act Notice, see Instructions.

010	Schedule	A, Part	IV - Supple	mental Infor	mation	Page
lient SFOP07		San Fran	ncisco Organizi	ng Project		94-27164
127/12						09·12/
Part II, Line 10 - Oth	er Income					
Nature and Source	:e	2010	2009	2008	2007	2006
Miscellaneous	Total \$	725. 725.	1,497. \$ 1,497.	7,381. \$ 7,381.	1,921. 1,921.	1,784. 3 1,784.
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