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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)

2011

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

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

A For the 2011 calendar year, or tax year beginning, 2011, and ending

B Check if applicable ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending		C REDF 221 MAIN STREET #1550 SAN FRANCISCO, CA 94105		D Employer Identification Number 54-2132153
				E Telephone number 415-561-6677
				G Gross receipts \$ 4,535,163.
		F Name and address of principal officer CARLA I. JAVITS 221 MAIN STREET, #1550 SAN FRANCISCO, CA 94105		H(a) Is this a group return for affiliates? ☐ Yes ☒ No H(b) Are all affiliates included? ☐ Yes ☐ No If 'No,' attach a list (see instructions)
I Tax-exempt status ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527		H(c) Group exemption number		
J Website: WWW.REDF.ORG				
K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other		L Year of Formation 2003		M State of legal domicile CA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>REDF CREATES JOBS AND PATHWAYS TO EMPLOYMENT FOR PEOPLE FACING THE GREATEST BARRIERS TO WORK.</u>			
	2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3	Number of voting members of the governing body (Part VI, line 1a)		
	4	Number of independent voting members of the governing body (Part VI, line 1b)		
	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)		
	6	Total number of volunteers (estimate if necessary)		
	7a	Total unrelated business revenue from Part VIII, column (C), line 12		
	7b	Net unrelated business taxable income from Form 990-T, line 34		
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	6,939,616.	4,524,754.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	22,888.	10,409.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,962,504.	4,535,163.
	13	Grants and similar amounts paid (Part IX, column (A), line 3)	508,060.	1,295,284.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,483,335.	1,771,540.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	16b	Total fundraising expenses (Part IX, column (D), line 25)	566,783.	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,186,541.	1,758,306.
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	3,177,936.	4,825,130.
19	Revenue less expenses Subtract line 18 from line 12	3,784,568.	-289,967.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	8,228,250.	8,088,025.
	22	Net assets or fund balances. Subtract line 21 from line 20	122,312.	272,054.
			8,105,938.	7,815,971.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer <u>Carla Javits</u>		Date <u>11-13-12</u>
	Type or print name and title <u>CARLA I. JAVITS</u>		<u>PRESIDENT</u>
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature <u>Deborah K. Bell</u>	Date <u>11-13-12</u>
	Firm's name	DEBORAH K. BELL	Check ☐ if self-employed
	Firm's address	WILLIAMS, ADLEY AND CO. LLP 1330 BROADWAY OAKLAND, CA 94612	PTIN <u>P00904471</u>
			Firm's EIN <u>94-3408364</u> Phone no. <u>(510) 893-8114</u>

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

BAA For Paperwork Reduction Act Notice, see the separate instructions.

TEEA0113L 08/18/11

Form 990 (2011)

19

Part III Statement of Program Service Accomplishments

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

☒**1** Briefly describe the organization's mission:

REDF CREATES JOBS AND PATHWAYS TO EMPLOYMENT FOR PEOPLE FACING THE GREATEST BARRIERS TO WORK.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?☐ Yes ☒ 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 services?☐ Yes ☒ No

If 'Yes,' describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured 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 and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code:) (Expenses \$ 2,464,266. including grants of \$ 1,233,034.) (Revenue \$)

PORTFOLIO RELATIONSHIPS: REDF FUNDS AND SUPPORTS NONPROFIT ORGANIZATIONS IN A HANDS-ON, ENGAGED PARTNERSHIP. THE PORTFOLIO ORGANIZATIONS OWN AND OPERATE SOCIAL ENTERPRISES TO EMPLOY INDIVIDUALS WITH BARRIERS TO WORK. DURING 2011, REDF INCREASED BOTH THE SCALE AND DIVERSITY OF ITS PORTFOLIO. AS OF 12/31/11, REDF HAS SIX ORGANIZATIONS IN ITS PORTFOLIO WITH OPERATIONS IN NORTHERN AND SOUTHERN CALIFORNIA.

4b (Code:) (Expenses \$ 929,831. including grants of \$ 19,000.) (Revenue \$)

LEADERSHIP, INNOVATION AND IMPACT: REDF SEEKS TO ADVANCE THE FIELD OF SOCIAL ENTERPRISE, WORKFORCE DEVELOPMENT AND VENTURE PHILANTHROPY IN ORDER TO:

*DEVELOP MORE EFFECTIVE SOCIAL ENTERPRISE AND WORKFORCE DEVELOPMENT STRUCTURES.

*GENERATE MORE SOUND PHILANTHROPIC FUNDING OF EMPLOYMENT STRATEGIES.

*IDENTIFY "BREAKTHROUGH" APPROACHES THAT COULD SIGNIFICANTLY INCREASE EMPLOYMENT.

4c (Code:) (Expenses \$ 232,112. including grants of \$ 43,250.) (Revenue \$)

DEVELOPING SOCIAL ENTERPRISE LEADERS: REDF THROUGH ITS FARBER PROGRAM, PLACES MBA STUDENTS AND GRADUATES AT REDF AND ITS PORTFOLIO ORGANIZATIONS SIMULTANEOUSLY PROVIDING REDF AND ITS PORTFOLIO ORGANIZATIONS WITH TALENT AND PROVIDING STUDENTS AND GRADUATES WITH A PATHWAY TOWARDS CAREERS THAT FOCUS ON SOCIAL CHANGE.

4d Other program services (Describe in Schedule O.) SEE SCHEDULE O

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 3,626,209.

Part IV 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	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	X	
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		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		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III		X
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		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V		X
11 If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	X	
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? If 'Yes,' complete Schedule D, Part VII		X
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		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		X
e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X		X
f 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		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	X	
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		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV		X
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		X
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		X
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)		X
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	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		X
20a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H		X
b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV 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? <i>If 'Yes,' complete Schedule I, Parts I and II</i>	21 X	
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? <i>If 'Yes,' complete Schedule I, Parts I and III</i>	22	X
23 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	23 X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25</i>	24a	X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
24c 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	
24d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If 'Yes,' complete Schedule L, Part I</i>	25a	X
25b 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? <i>If 'Yes,' complete Schedule L, Part I</i>	25b	X
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? <i>If 'Yes,' complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part III</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)	28	
28a A current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i>	28a	X
28b A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i>	28b	X
28c 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? <i>If 'Yes,' complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M</i>	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II</i>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
35b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>	35b	X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI</i>	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 X	

BAA

Form 990 (2011)

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck 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.	1 a 33	
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1 b 0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c X	
2 a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2 a 22	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)		
3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a	X
b If 'Yes,' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	3 b	
4 a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4 a	X
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 year?	5 a	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b	X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c	
6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6 a X	
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b X	
7 Organizations that may receive deductible contributions under section 170(c).		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7 a	X
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8882?	7 c	X
d If 'Yes,' indicate the number of Forms 8882 filed during the year	7 d	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e	X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f	X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h	
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	X
9 Sponsoring organizations maintaining donor advised funds.		
a Did the organization make any taxable distributions under section 4966?	9 a	X
b Did the organization make a distribution to a donor, donor advisor, or related person?	9 b	X
10 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on Part VIII, line 12	10 a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10 b	
11 Section 501(c)(12) organizations. Enter:		
a Gross income from members or shareholders	11 a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11 b	
12 a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a	
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12 b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a Is the organization licensed to issue qualified health plans in more than one state?	13 a	
Note. See the instructions for additional information the organization must report on Schedule O.		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13 b	
c Enter the amount of reserves on hand	13 c	
14 a Did the organization receive any payments for indoor tanning services during the tax year?	14 a	X
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14 b	

Part VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes 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. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	12	
1b Enter the number of voting members included in line 1a, above, who are independent.	11	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?	2	X
3 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	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
6 Did the organization have members or stockholders?	6	X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	X
7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body?	7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8a	X
b Each committee with authority to act on behalf of the governing body?	8b	X
9 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	X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a	X
10b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X
11b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O		
12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12a	X
12b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done	12c	X
13 Did the organization have a written whistleblower policy?	13	X
14 Did the organization have a written document retention and destruction policy?	14	X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	15a	X
b Other officers of key employees of the organization.	15b	X
If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
16b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► CA

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.

☒ Own website ☒ Another's website ☒ Upon request

19 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 during the tax year. SEE SCHEDULE O

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

► VANESSA COLLINS 221 MAIN STREET, SUITE 1550 SAN FRANCISCO CA 94105 415-561-6679

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response to any question in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1 a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) STUART DAVIDSON SECRETARY/TREAS	1	X						0.	0.	0.
(2) LANDE AJOSE BOARD MEMBER	1	X						0.	0.	0.
(3) HARRIS BARTON BOARD MEMBER	1	X						0.	0.	0.
(4) ELIZABETH Y.A. FERGUSON BOARD MEMBER	1	X						0.	0.	0.
(5) CHET P. HEWITT BOARD MEMBER	1	X						0.	0.	0.
(6) JULIA I. LOPEZ BOARD MEMBER	1	X						0.	0.	0.
(7) BOB PECK BOARD MEMBER	1	X						0.	0.	0.
(8) DAN ROSE BOARD MEMBER	1	X						0.	0.	0.
(9) ADAM SMITH BOARD MEMBER	1	X						0.	0.	0.
(10) RICHARD M. ROSENBERG BOARD MEMBER	1	X						0.	0.	0.
(11) GEORGE R. ROBERTS BOARD CHAIR	1	X						0.	0.	0.
(12) CARLA I. JAVITS PRESIDENT	40			X				175,519.	0.	20,223.
(13) CYNTHIA GAIR MANAGING DIR. OF PROG.	40				X			147,727.	0.	11,174.
(14) EUN K. KIM PORTFOLIO DIRECTOR	40					X		135,022.	0.	12,980.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (cont)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Sch O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) OLIVER TRIMIEW DIR. FUND/ BUS DEV	40					X		124,705.	0.	6,272.
(16) VANESSA L. COLLINS DIR. FIN./ OPER.	40					X		107,700.	0.	10,489.
(17) SAMRA HAIDER PORTFOLIO MANAGER	40					X		107,129.	0.	10,492.
(18) _____										
(19) _____										
(20) _____										
(21) _____										
(22) _____										
(23) _____										
(24) _____										
(25) _____										
1 b Sub-total								797,802.	0.	71,630.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								797,802.	0.	71,630.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **6**

3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual

	Yes	No
3		X
4	X	
5		X

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
PETER LIPPMAN 221 MAIN STREET SAN FRANCISCO, CA 94105	FINANCIAL MANAGEMENT	102,652.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **1**

Part 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
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1 a Federated campaigns	1 a				
	b Membership dues	1 b				
	c Fundraising events	1 c				
	d Related organizations	1 d				
	e Government grants (contributions)	1 e 993,561.				
	f All other contributions, gifts, grants, and similar amounts not included above	1 f 3,531,193.				
	g Noncash contributions included in lns 1a-1f: \$	5,562.				
	h Total. Add lines 1a-1f		4,524,754.			
PROGRAM SERVICE REVENUE	Business Code					
	2 a _____					
	b _____					
	c _____					
	d _____					
	e _____					
	f All other program service revenue					
	g Total. Add lines 2a-2f					
OTHER REVENUE	3 Investment income (including dividends, interest and other similar amounts)		10,767.			10,767.
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real (ii) Personal				
	b Less: rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
	b Less: cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss)		-358.			-358.
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a				
	b Less: direct expenses	b				
	c Net income or (loss) from fundraising events					
	9 a Gross income from gaming activities. See Part IV, line 19	a				
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities					
	10 a Gross sales of inventory, less returns and allowances	a				
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code				
11 a _____						
b _____						
c _____						
d All other revenue						
e Total. Add lines 11a-11d						
12 Total revenue. See instructions		4,535,163.	0.	0.	10,409.	

Part IX Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	1,295,284.	1,295,284.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	354,646.	284,671.	16,608.	53,367.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7 Other salaries and wages	1,155,069.	754,153.	240,763.	160,153.
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)	27,050.	20,095.	5,378.	1,577.
9 Other employee benefits	125,169.	67,878.	41,137.	16,154.
10 Payroll taxes	109,606.	74,455.	20,286.	14,865.
11 Fees for services (non-employees):				
a Management				
b Legal	11,295.	5,625.	5,670.	
c Accounting	114,968.	20,536.	94,432.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses	24,701.	13,486.	8,383.	2,832.
14 Information technology	151,914.	104,222.	26,501.	21,191.
15 Royalties				
16 Occupancy	253,337.	130,199.	98,774.	24,364.
17 Travel	92,420.	69,823.	15,730.	6,867.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	52,803.	41,764.	6,793.	4,246.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	695.		695.	
23 Insurance	9,115.	5,801.	2,141.	1,173.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <u>INDUSTRY EXPERTISE</u>	712,663.	647,157.	14,125.	51,381.
b <u>EVENTS</u>	195,233.	26,166.	310.	168,757.
c <u>OUTREACH PROMOTION</u>	47,863.	27,113.	1,672.	19,078.
d <u>PAYROLL SERVICES</u>	33,983.	21,729.	8,052.	4,202.
e All other expenses	57,316.	16,052.	24,688.	16,576.
25 Total functional expenses. Add lines 1 through 24e	4,825,130.	3,626,209.	632,138.	566,783.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
ASSETS	1 Cash — non-interest-bearing	1,194,535.	1	2,407,388.
	2 Savings and temporary cash investments.	3,188,577.	2	2,540,616.
	3 Pledges and grants receivable, net	3,633,030.	3	3,047,954.
	4 Accounts receivable, net	180,751.	4	10,308.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 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	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	10,736.	9	19,644.
	10a Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D.	10a 4,574.		
	b Less: accumulated depreciation	10b 695.	10c	3,879.
	11 Investments — publicly traded securities		11	
	12 Investments — other securities. See Part IV, line 11		12	
	13 Investments — program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11.	20,621.	15	58,236.
16 Total assets. Add lines 1 through 15 (must equal line 34)	8,228,250.	16	8,088,025.	
LIABILITIES	17 Accounts payable and accrued expenses	122,312.	17	272,054.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	122,312.	26	272,054.
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29 and lines 33 and 34.			
	27 Unrestricted net assets	3,879,922.	27	4,577,550.
	28 Temporarily restricted net assets	4,226,016.	28	3,238,421.
	29 Permanently restricted net assets.		29	
	Organizations that do not follow SFAS 117, check here ☐ and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	8,105,938.	33	7,815,971.
34 Total liabilities and net assets/fund balances	8,228,250.	34	8,088,025.	

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Form 990 (2011)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response to any question in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,535,163.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,825,130.
3	Revenue less expenses. Subtract line 2 from line 1	3	-289,967.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	8,105,938.
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	7,815,971.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question in this Part XII ☐

- 1 Accounting method used to prepare the Form 990 ☐ Cash ☒ 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?
- b Were the organization's financial statements audited by an independent accountant?
- c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both.
☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

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Form 990 (2011)

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

2011

Open to Public
Inspection

Name of the organization

REDF

Employer identification number

54-2132153

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 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 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☒ 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 **section 170(b)(1)(A)(vi)**. (Complete 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 operated exclusively to test for public safety. See **section 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 ☐ Type II
 - c ☐ Type III — Functionally integrated
 - d ☐ Type III — Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f ☐ If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box.
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?		
(ii) A family member of a person described in (i) above?		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?		

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in column (i) listed in your governing document?		(v) Did you notify the organization in column (i) of your support?		(vi) Is the organization in column (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

Schedule A (Form 990 or 990-EZ) 2011

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.)	2,930,962.	1,339,359.	779,393.	6,939,616.	4,524,754.	16,514,084.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4 Total. Add lines 1 through 3	2,930,962.	1,339,359.	779,393.	6,939,616.	4,524,754.	16,514,084.
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).						10,337,325.
6 Public support. Subtract line 5 from line 4...						6,176,759.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	2,930,962.	1,339,359.	779,393.	6,939,616.	4,524,754.	16,514,084.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	75,117.	101,285.	77,712.	22,888.	10,767.	287,769.
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			9,923.			9,923.
11 Total support. Add lines 7 through 10						16,811,776.
12 Gross receipts from related activities, etc (see instructions)					12	0.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ ☐						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	36.74 %
15 Public support percentage from 2010 Schedule A, Part II, line 14.	15	39.12 %
16a 33-1/3% support test – 2011. 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 – 2010. 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 ▶ ☐		
17a 10%-facts-and-circumstances test – 2011. 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 ▶ ☐		
b 10%-facts-and-circumstances test – 2010. 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 ▶ ☐		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐		

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Schedule A (Form 990 or 990-EZ) 2011

Part III 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 to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants'.)						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
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) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from 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 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lns 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ ☐						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	%
19a 33-1/3% support tests — 2011. 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 — 2010. 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 ▶ ☐		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐		

Part IV

Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

[illegible]

**SCHEDULE D
(Form 990)**Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Financial Statements

▶ Complete if the organization answered 'Yes,' to Form 990,
Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2011**Open to Public
Inspection**

Employer identification number

REDF

54-2132153

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
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 donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	☐ Yes	☐ No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	☐ Yes	☐ No

Part II Conservation Easements. Complete if the organization answered 'Yes' to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or education)	☐ Preservation of an historically 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 organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.

1 a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(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 art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a ☐ Public exhibition
 b ☐ Scholarly research
 c ☐ Preservation for future generations
 d ☐ Loan or exchange programs
 e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If 'Yes,' explain the arrangement in Part XIV and complete the following table:

	Amount
1c	
1d	
1e	
1f	

- c Beginning balance
 d Additions during the year
 e Distributions during the year
 f Ending balance.

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If 'Yes,' explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if the organization answered 'Yes' to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a 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 of the current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment ▶ _____ %
 b Permanent endowment ▶ _____ %
 c Temporarily restricted endowment ▶ _____ %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

- (i) unrelated organizations.
 (ii) related organizations

b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
3a(i)		
3a(ii)		
3b		

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land.				
b Buildings				
c Leasehold improvements				
d Equipment	4,574.		695.	3,879.
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ▶ 3,879.

BAA

Schedule D (Form 990) 2011

Part VII Investments – Other Securities. See Form 990, Part X, line 12. N/A

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Column (b) must equal Form 990 Part X, column (B) line 12.) ▶		

Part VIII Investments – Program Related. See Form 990, Part X, line 13. N/A

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15. N/A

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, column (B), line 15.) ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.) ▶	

2 FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	4,535,163.
2	Total expenses (Form 990, Part IX, column (A), line 25)	4,825,130.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	-289,967.
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	-289,967.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	4,535,163.
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	2e	
3	Subtract line 2e from line 1	3	4,535,163.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	4,535,163.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	4,825,130.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
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	2e	
3	Subtract line 2e from line 1	3	4,825,130.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	4,825,130.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4, Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Part XIV	Supplemental Information <i>(continued)</i>
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This image shows a full page of white paper with horizontal dashed lines, typical of primary school handwriting practice paper. The lines are evenly spaced and run across the entire width of the page. There are no margins, text, or other markings present.

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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.

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization

REDF

Employer identification number

54-2132153

Part I

Fundraising Activities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a ☐ Mail solicitations
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☒ Special fundraising events

- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☒ No

- b** If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in column (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						0

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		ANNUAL BENEFIT (event type)	(event type)	(total number)	(add column (a) through column (c))
REVENUE	1 Gross receipts	142,770.			142,770.
	2 Less: Charitable contributions ..	75,833.			75,833.
	3 Gross income (line 1 minus line 2) ..	66,937.			66,937.
DIRECT EXPENSES	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs ..	10,105.			10,105.
	7 Food and beverages ..	50,224.			50,224.
	8 Entertainment ..	1,704.			1,704.
	9 Other direct expenses	95,564.			95,564.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				157,597.
	11 Net income summary. Combine line 3, column (d), and line 10				-90,660.

Part III Gaming. Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
REVENUE	1 Gross revenue				
	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
DIRECT EXPENSES	6 Volunteer labor	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Combine lines 1, column (d) and line 7.				

9 Enter the state(s) in which the organization operates gaming activities: _____

a Is the organization licensed to operate gaming activities in each of these states? .. ☐ Yes ☐ No

b If 'No,' explain: _____

10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? .. ☐ Yes ☐ No

b If 'Yes,' explain: _____

SCHEDULE I
(Form 990)

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

OMB No 1545-0047

2011

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 21 or 22.
▶ Attach to Form 990.

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

Employer identification number

REDF

54-2132153

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000.

Part II can be duplicated if additional space is needed

1 (a) Name and address of organization or government	(b) EIN or government	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) <u>BUCKELEW PROGRAMS</u> 900 FIFTH AVE., SUITE 150 SAN RAFAEL, CA 94901	23-7088977	501 (C) (3)	13,000.	0.	CASH	N/A	ENTERPRISE
(2) <u>BUCKELEW PROGRAMS</u> 900 FIFTH AVE., SUITE 150 SAN RAFAEL, CA 94901	23-7088977	501 (C) (3)	118,428.	0.	CASH	N/A	ENTERPRISE
(3) <u>BUCKELEW PROGRAMS</u> 900 FIFTH AVE., SUITE 150 SAN RAFAEL, CA 94901	23-7088977	501 (C) (3)	78,121.	0.	CASH	N/A	ENTERPRISE
(4) <u>CENTER FOR EMPLOYMENT OPPORT.</u> 32 BROADWAY, 15TH FLOOR NEW YORK, NY 10004	13-3843322	501 (C) (3)	122,166.	0.	CASH	N/A	ENTERPRISE
(5) <u>CENTER FOR EMPLOYMENT OPPORT.</u> 32 BROADWAY, 15TH FLOOR NEW YORK, NY 10004	13-3843322	501 (C) (3)	15,000.	0.	CASH	N/A	EVALUATION GRANT
(6) <u>CENTER FOR EMPLOYMENT OPPORT.</u> 32 BROADWAY, 15TH FLOOR NEW YORK, NY 10004	13-3843322	501 (C) (3)	93,303.	0.	CASH	N/A	ENTERPRISE
(7) <u>CHRYSLIS</u> 516 SOUTH MAIN STREET LOS ANGELES, CA 90013	95-3972624	501 (C) (3)	182,298.	0.	CASH	N/A	ENTERPRISE
(8) <u>CHRYSLIS</u> 516 SOUTH MAIN STREET LOS ANGELES, CA 90013	95-3972624	501 (C) (3)	50,901.	0.	CASH	N/A	ENTERPRISE

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

9

3 Enter total number of other organizations listed in the line 1 table

0

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

TEEA3901L 06/01/11

Schedule I (Form 990) (2011)

Continuation Sheet for Schedule I (Form 990)

2011

► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

Continuation Page 1 of 1

Name of the organization REDF	Employer identification number 54-2132153
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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHRYSA LIS 516 SOUTH MAIN STREET LOS ANGELES, CA 90013	95-3972624	501(C) (3)	77,962.		CASH	N/A	ENTERPRISE
COMMUNITY HOUSING PARTNERSHIP 20 JONES STREET, SUITE 200 SAN FRANCISCO, CA 94102	94-3112338	501(C) (3)	74,422.		CASH	N/A	ENTERPRISE
COMMUNITY HOUSING PARTNERSHIP 20 JONES STREET, SUITE 200 SAN FRANCISCO, CA 94102	94-3112338	501(C) (3)	83,334.		CASH	N/A	ENTERPRISE
SAN FRANCISCO CONSERVATION CO 241 5TH STREET SAN FRANCISCO, CA 94103	94-2934014	501(C) (3)	30,000.		CASH	N/A	ENTERPRISE
SOCIETY OF ST. VINCENT DE PAU 9235 SAN LEANDRO STREET OAKLAND, CA 94603	94-1156493	501(C) (3)	30,000.		CASH	N/A	ENTERPRISE
URBAN STRATEGIES 720 OLIVE STREET, SUITE 2600 ST. LOUIS, MO 63101	43-1141027	501(C) (3)	118,268.		CASH	N/A	ENTERPRISE
VOLUNTEERS OF AMERICA BAY ARE 1601 HARBOR BAY PKWY, S 150 ALAMEDA, CA 94502	94-1279807	501(C) (3)	78,744.		CASH	N/A	ENTERPRISE
WEINGART CENTER ASSOCIATION 566 SOUTH SAN PEDRO STREET LOS ANGELES, CA 90013	95-6054617	501(C) (3)	124,337.		CASH	N/A	ENTERPRISE

SCHEDULE J
(Form 990)Department of the Treasury
Internal Revenue Service**Compensation Information****For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

- ▶ **Complete if the organization answered 'Yes' to Form 990, Part IV, line 23.**
▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No 1545-0047

2011**Open to Public Inspection**

Name of the organization

REDF

Employer identification number

54-2132153

Part I Questions Regarding Compensation

- 1 a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| ☐ First-class or charter travel | ☐ Housing allowance or residence for personal use |
| ☐ Travel for companions | ☐ Payments for business use of personal residence |
| ☐ Tax indemnification and gross-up payments | ☐ Health or social club dues or initiation fees |
| ☐ Discretionary spending account | ☐ Personal services (e.g., maid, chauffeur, chef) |

- b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain

- 2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

- 3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director. Explain in Part III.

- | | |
|--|---|
| ☐ Compensation committee | ☐ Written employment contract |
| ☐ Independent compensation consultant | ☒ Compensation survey or study |
| ☐ Form 990 of other organizations | ☒ Approval by the board or compensation committee |

- 4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?

- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?

- c** Participate in, or receive payment from, an equity-based compensation arrangement?

If 'Yes' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

- 5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?

- b** Any related organization?

If 'Yes' to line 5a or 5b, describe in Part III.

- 6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?

- b** Any related organization?

If 'Yes' to line 6a or 6b, describe in Part III.

- 7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If 'Yes,' describe in Part III

- 8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If 'Yes,' describe in Part III

- 9** If 'Yes' to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1 b

2

4 a

4 b

4 c

5 a

5 b

6 a

6 b

7

8

9

Yes No

X

X

X

X

X

X

X

X

X

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

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable columns (D) and (E) amounts for that individual.

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus and incentive compensation	(iii) Other reportable compensation				
1 CARLA I. JAVITS	(i) 175,519.	(ii) 0.	(iii) 0.	7,200.	13,023.	195,742.	183,709.
2 CYNTHIA GAIR	(i) 147,727.	(ii) 0.	(iii) 0.	1,858.	9,316.	158,901.	153,973.
3	(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
4	(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
5	(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
6	(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
7	(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
8	(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
9	(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
10	(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
11	(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
12	(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
13	(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
14	(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
15	(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
16	(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.

Part III Supplemental Information

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

PART I, LINE 7 - NON-FIXED PAYMENTS NOT LISTED

NON-FIXED PAYMENTS NOT INCLUDED ELSEWHERE RELATED TO BONUSES

COMPENSATION FROM UNRELATED ORGANIZATIONS

THE PROCESS FOR DETERMINING COMPENSATION INCLUDES BENCHMARKING BY A THIRD PARTY FIRM,

FOLLOWED BY REVIEW AND APPROVAL BY THE BOARD OF DIRECTORS

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

**Open to Public
Inspection**

Name of the organization

REDF

Employer identification number

54-2132153

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION

ORGANIZATION

REDF BEGAN AS A PROJECT OF THE ROBERTS FOUNDATION IN 1997 AND WAS INCORPORATED IN
NOVEMBER 2003 AS AN INDEPENDENT NONPROFIT CORPORATION UNDER THE LAWS OF THE STATE OF
CALIFORNIA TO CREATE OPPORTUNITIES FOR HOMELESS AND LOW INCOME PERSONS TO MOVE OUT
OF POVERTY.

WORK TRANSFORMS LIVES, STRENGTHENS COMMUNITIES AND IS AN EFFECTIVE STRATEGY FOR
ENDING CHRONIC POVERTY. HOWEVER, FOR THE PAST TWENTY YEARS IN AMERICA THE POVERTY
NEEDLE HAS REMAINED STUCK FOR MANY WORKING-AGE ADULTS. FOR DISCRETE POPULATIONS OF
LOW-INCOME INDIVIDUALS, HOMELESS PEOPLE, AT-RISK YOUTH, THOSE THAT HAVE BEEN
INCARCERATED OR STRUGGLE WITH MENTAL ILLNESS AND ADDICTION, JOBLESSNESS EXACERBATES
AND PROTRACTS ALREADY DIFFICULT CIRCUMSTANCES. REDF ADDRESSES BOTH THIS OPPORTUNITY
AND CHALLENGE BY CREATING JOB OPPORTUNITIES FOR PEOPLE WHO FACE THE GREATEST
BARRIERS TO EMPLOYMENT.

APPROVAL OF NEW 2011-2015 STRATEGY

DURING THE FALL OF 2010, REDF'S BOARD OF DIRECTORS APPROVED REDF'S NEW FIVE-YEAR
STRATEGY. BETWEEN 2011 AND 2015, REDF AIMS TO: HELP 2,500 MORE PEOPLE WHO FACE
SIGNIFICANT BARRIERS MOVE INTO THE WORKFORCE THROUGH SOCIAL ENTERPRISE JOBS CREATED
BY NONPROFITS IN THE SAN FRANCISCO BAY AREA, LOS ANGELES, AND OTHER CALIFORNIA
COMMUNITIES; AND TO CREATE A SUSTAINABLE, SCALABLE, REPLICABLE SOCIAL ENTERPRISE
MODEL THAT CAN EMPLOY TENS OF THOUSANDS MORE PEOPLE IN CALIFORNIA AND THROUGHOUT THE
UNITED STATES.

Name of the organization

REDF

Employer identification number

54-2132153

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION**REDF 2011 PROGRAM ACCOMPLISHMENTS**

2011 WAS A PERIOD OF TREMENDOUS GROWTH AND SUCCESS FOR REDF AND WITHIN ITS PORTFOLIO. WITH THE CONTINUATION OF THE \$3 MILLION FEDERAL SOCIAL INNOVATION FUND AWARD AND SIGNIFICANT AWARDS FROM MAJOR CORPORATIONS AND FOUNDATIONS, REDF DEEPENED ITS SAN FRANCISCO BAY AREA PRESENCE, LAUNCHED A SUCCESSFUL REGIONAL EXPANSION TO SOUTHERN CALIFORNIA, ADDED NEW ORGANIZATIONS TO ITS PORTFOLIO AND MADE PROGRESS TOWARD ITS GOAL OF ESTABLISHING THE SOCIAL ENTERPRISE MODEL AS A SUSTAINABLE PATHWAY TO EMPLOYMENT FOR CHRONICALLY UNEMPLOYED CALIFORNIANS.

REDF'S CURRENT PORTFOLIO ORGANIZATIONS HAVE MADE PROGRESS IN EXPANDING THEIR SOCIAL ENTERPRISES TO CREATE NEW JOBS AND EMPLOY INDIVIDUALS WHO WOULD OTHERWISE FACE LIMITED PROSPECTS FOR ENTERING INTO AND STAYING IN THE WORKFORCE. HIGHLIGHTS OF THIS PROGRESS INCLUDE:

BUCKELEW PROGRAMS (SAN RAFAEL, CA)

- * ENGAGED A MARKETING EXPERT TO DEVELOP A BRANDING STRATEGY FOR A NEW FRESH-CUT PRODUCE SOCIAL ENTERPRISE, PEOPLE'S HARVEST.
- * COMPLETED BID FOR \$75,000 JANITORIAL CONTRACT WITH MARIN COUNTY.

COMMUNITY HOUSING PARTNERSHIP (SAN FRANCISCO, CA)

- * HIRED A DIRECTOR OF SOCIAL ENTERPRISE AND INITIATED RECRUITING FOR A SALES MANAGER TO ENHANCE ENTERPRISE GROWTH AND MARKET SHARE.
- * RE-BRANDED CHP ENTERPRISES TO SOLUTIONS SF.

Name of the organization

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54-2132153

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION**CENTER FOR EMPLOYMENT OPPORTUNITIES (OAKLAND AND SAN DIEGO, CA)**

- * LAUNCHED FIRST GOLDEN STATE WORKS (GSW) WORK CREW IN CONJUNCTION WITH THE CITY OF OAKLAND AND VOLUNTEERS OF AMERICA, BAY AREA IN AUGUST.
- * SECURED A CONTRACT IN SAN DIEGO, CALIFORNIA TO CREATE WORK CREWS AT A SAN DIEGO UNIVERSITY.

URBAN STRATEGIES/MCCORMACK BARON REGAN (SAN FRANCISCO, CA)

- * ASSISTED URBAN STRATEGIES IN FORMALIZING THE GREEN STREETS RECYCLING/COMPOSTING PROGRAM WITH AFFORDABLE HOUSING PARTNER MCCORMICK, BARON AND REGAN.
- * HIRED A DIRECTOR OF SOCIAL ENTERPRISE.
- * BEGAN PROCESS TO ENABLE URBAN STRATEGIES TO HIRE GREEN STREETS STAFF AND PROVIDE HEALTH BENEFITS.

IN ADDITION TO ASSISTING WITH SOCIAL ENTERPRISE GROWTH AT THE SAN FRANCISCO BAY AREA-BASED PORTFOLIO ORGANIZATIONS, REDF ALSO FACILITATED STRATEGIC PLANNING AND START-UP ACTIVITIES WITH TWO NEW SOUTHERN CALIFORNIA PORTFOLIO ORGANIZATIONS:

CHRYSLIS (LOS ANGELES, CA)

- * LAUNCHED PARTNERSHIP WITH SKID ROW HOUSING TRUST IN WHICH CHRYSLIS WILL PROVIDE FRONT-DESK STAFFING SERVICE, RESULTING IN 20 NEW OPPORTUNITIES FOR EMPLOYMENT.
- * PROVIDED SUPPORT AND A REDF FARBER FELLOW (POST-MBA) TO ASSIST IN RESEARCH ON BUSINESS EXPANSION AND A TRANSITIONAL EMPLOYMENT MODEL.

WEINGART CENTER ASSOCIATION (LOS ANGELES, CA)

- * COMPLETED FEASIBILITY AND MODELING OF A PEST-CONTROL SOCIAL ENTERPRISE AND

Name of the organization

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54-2132153

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION

INITIATED START-UP PHASE.

IN REGARD TO REDF'S ROLE IN ADVANCING THE FIELD OF SOCIAL ENTERPRISE, REDF, IN PARTNERSHIP WITH THE SOCIAL ENTERPRISE ALLIANCE, CONVENED A NATIONAL WORKING GROUP OF MORE THAN 100 SOCIAL ENTERPRISE PRACTITIONERS FROM FOURTEEN STATES TO SERVE AS A SOUNDING BOARD AS REDF WORKS TO DEVELOP A NATIONALLY REPLICABLE, SCALABLE MODEL FOR SOCIAL ENTERPRISE. THIS WORKING GROUP, ENTITLED "SE4JOBS", MEETS ON A QUARTERLY BASIS AND WILL ALSO SERVE AS A POTENTIAL POOL OF TALENT FOR FUTURE EXPANSION OF SOCIAL ENTERPRISE IN LIGHT OF POTENTIAL LARGE-SCALE PROCUREMENT OPPORTUNITIES FROM PRIVATE COMPANIES OR GOVERNMENT THAT MAY REQUIRE SOCIAL ENTERPRISE PARTICIPATION BEYOND CALIFORNIA.

REDF CONTINUES TO MAKE PROGRESS IN THE AREA OF BROKERING RELATIONSHIPS BETWEEN SOCIAL ENTERPRISES AND BOTH PUBLIC AND PRIVATE SECTOR COMPANIES, RESULTING IN THE FOLLOWING:

- * EXPLORATION OF POSSIBILITY FOR PROCUREMENT CONTRACTS BETWEEN SOCIAL ENTERPRISES AND COMPANIES SUCH AS DEL MONTE, FIRST DATA, AND TOYS "R" US, US FOODS.
- * PRESENTATION TO THE CHIEF PROCUREMENT OFFICERS OF KOHLBERG KRAVIS ROBERTS (KKR) NORTH AMERICAN PORTFOLIO COMPANIES.
- * FEASIBILITY ANALYSIS OF A COMMERCIAL HYDROPONIC PRODUCE FARM SOCIAL ENTERPRISE IN BAYVIEW-HUNTERS POINT PRESENTED TO THE SAN FRANCISCO UTILITIES COMMISSION.

REDF INVESTED CONSIDERABLE TIME AND RESOURCE INTO EXPANDING THE MANAGEMENT CAPACITY OF SOCIAL ENTERPRISE LEADERS. ONE KEY WAY IN WHICH THIS WAS ACCOMPLISHED WAS THROUGH REDF'S SIGNATURE FARBER PROGRAM, IN WHICH MBA INTERNS WERE DEPLOYED TO EACH PORTFOLIO ORGANIZATION IN THE SUMMER OF 2011. FARBER INTERNS PLAYED AN IMPORTANT

Name of the organization

REDF

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54-2132153

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION

ROLE IN SUPPORTING THE ORGANIZATIONS IN REDF'S NEW SOUTHERN CALIFORNIA PORTFOLIO.

WE INVITE YOU TO LEARN MORE ABOUT REDF ON OUR WEBSITE AT [HTTP://WWW.REDF.ORG](http://www.redf.org)

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

PT VI-B, LINE 11A THE PROCESS REDF USES TO REVIEW THE FORM 990 INCLUDES INITIAL REVIEW BY DIRECTOR OF OPERATIONS, FOLLOWING WHICH THE 990 IS MADE AVAILABLE TO REDF'S AUDIT COMMITTEE, WHICH IS COMPRISED OF MEMBERS OF THE BOARD OF DIRECTORS WHO ACT ON BEHALF OF THE BOARD, FOR THEIR REVIEW PRIOR TO FILING. THE 990 IS PROVIDED TO THE FULL BOARD OF DIRECTORS PRIOR TO FILING.

PT VI-B, LINE 12C REDF REGULARLY AND CONSISTENTLY ENFORCES COMPLIANCE WITH OUR CONFLICT OF INTEREST POLICY THROUGH ONGOING MONITORING BY OUR PRESIDENT AS WELL AS ANNUALLY REQUIRING EACH MEMBER OF THE BOARD OF DIRECTORS TO SIGN THE WRITTEN CONFLICT OF INTEREST POLICY.

PT VI-B, LINE 15 THE PROCESS FOR DETERMINING COMPENSATION OF THE PRESIDENT AND KEY EMPLOYEES OF REDF INCLUDES BENCHMARKING BY A THIRD-PARTY FIRM, FOLLOWED BY REVIEW AND APPROVAL BY THE BOARD OF DIRECTORS, AS NOTED IN THEIR APPROVAL OF THE ANNUAL BUDGET.

PT VI-C, LINE 19 REDF MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST VIA DISSEMINATION OF HARD COPY IN PERSON OR VIA POST.

PT III, LINE 4D SEE ATTACHED PROGRAM ACCOMPLISHMENTS STATEMENT.

Name of the organization

REDF

Employer identification number

54-2132153

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

REDF MAINTAINS A CLOSE RELATIONSHIP WITH THE ORGANIZATIONS WE FUND. MONTHLY MEETINGS, WEEKLY CALLS, FREQUENT EMAILS, PERIODIC RISK ASSESSMENTS AND MONITORING AND ONGOING STRATEGIC AND BUSINESS SUPPORT ENABLE US TO MONITOR THE USE OF GRANT FUNDS WE DISBURSE TO EACH ORGANIZATION. IN ADDITION, AND AS APPROPRIATE, WE OFFICIALLY RESTRICT THE USE OF FUNDS TO PARTICULAR PROJECTS OR INITIATIVES AND REQUIRE EVIDENCE THAT THE FUNDS HAVE BEEN SPENT IN ALIGNMENT WITH RESTRICTIONS. WE REVIEW AGENCY AND ENTERPRISE FINANCIALS AND QUARTERLY GRANT SPENDING REPORTS THAT ENSURE APPROPRIATE EXPENDITURES HAVE BEEN MADE BY EACH ORGANIZATION. LASTLY, WE REVIEW EACH ORGANIZATION'S AUDITED FINANCIALS AND IRS FORM 990.

PART II, LINE 10 - OTHER INCOME

NATURE AND SOURCE	2011	2010	2009	2008	2007
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HONORARIA AND OTHER REVENUE					
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TOTAL	\$ 0.	\$ 0.	\$ 9,923.	\$ 0.	\$ 0.
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**Application for Extension of Time To File an
Exempt Organization Return**

OMB No. 1545-1709

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box. ☒
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).A corporation required to file Form 990-T and requesting an automatic 6-month extension – check this box and complete Part I only ☐*All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns.***Enter filer's identifying number, see instructions**

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions	Employer identification number (EIN) or
	REDF	☒ 54-2132153
	Number, street, and room or suite number. If a P.O. box, see instructions	Social security number (SSN)
	221 MAIN STREET #1550	☐
	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
	SAN FRANCISCO, CA 94105	

Enter the Return code for the return that this application is for (file a separate application for each return)

01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ▶ VANESSA COLLINS

Telephone No. ▶ 415-561-6679 FAX No ▶ 415-561-6685

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

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 8/15, 20 12, to file the exempt organization return for the organization named above.
- The extension is for the organization's return for:
- ▶ ☒ calendar year 20 11 or
 - ▶ ☐ tax year beginning _____, 20 _____, and ending _____, 20 _____.

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

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

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box. ☒ **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1)

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print File by the extended due date for filing the return. See instructions.	Name of exempt organization or other filer, see instructions	Employer identification number (EIN) or
	REDF	☒ 54-2132153
	Number, street, and room or suite number. If a P.O. box, see instructions	Social security number (SSN)
	WILLIAMS, ADLEY AND CO. LLP 1330 BROADWAY	☐
	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
	OAKLAND, CA 94612	

Enter the Return code for the return that this application is for (file a separate application for each return)

01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in care of **▶ VANESSA COLLINS**
Telephone No **▶ 415-561-6679** FAX No. **▶ 415-561-6685**
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box ☐ . If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until 11/15 , 20 12.
- 5 For calendar year 2011 , or other tax year beginning _____ , 20 _____ , and ending _____ , 20 _____
- 6 If the tax year entered in line 5 is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period
- 7 State in detail why you need the extension TAXPAYER RESPECTFULLY REQUESTS ADDITIONAL TIME TO GATHER INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE TAX RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a \$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b \$
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c \$

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature **▶**

Title **▶ PRESIDENT**

Date **▶**

BAA

FIFZ0502L 07/29/11

Form 8868 (Rev 1-2012)