

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Do not enter Social Security numbers on this form as it may be made public. Open to Public

Department of the Treasury

Inspection ► Information about Form 990 and its instructions is at www.irs.gov/form990. Internal Revenue Service A For the 2013 calendar year, or tax year beginning and ending C Name of organization D Employer identification number Check if applicable Address change Bay Area Council Name change 23-7325853 Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Termin-(415)981-6600 353 Sacramento Street, 10th Floor 5,155,627. Amended G Gross receipts \$ City or town, state or province, country, and ZIP or foreign postal code Applica-San Francisco, CA 94111 H(a) Is this a group return pending Yes X No F Name and address of principal officer. Jim Wunderman for subordinates? Yes No same as C above H(b) Are all subordinates included?) (insert no.) 4947(a)(1) or If "No," attach a list (see instructions) Tax-exempt status: 501(c)(3) X 501(c) (**H(c)** Group exemption number ▶ J Website: ▶ www.bayareacouncil Other > Association Year of formation: 1945 M State of legal domicile: CA K Form of organization: X Corporation Trust Part I Summary Briefly describe the organization's mission or most significant activities. We are business leaders Aptiyities & Governance committed to working with public and civic leaders to make the Bay Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets. 135 Number of voting members of the governing body (Part VI, line 1a) 135 Number of independent voting members of the governing body (Part VI, line 1b) 40 Total number of individuals employed in calendar year 2013 (Part V, line 2a) 5 0 6 Total number of volunteers (estimate if necessary) 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. b Net unrelated business taxable income from Form 990-T, line 34 7b Prior Year **Current Year** ev) RECEIVED 4,899,574 2,355,900. Contributions and grants (Part VIII, line 1h) Expenses SCANINE (Revenue) Program service revenue (Part VIII, line 2g)
Investment income (Part VIII, column (A), lines 3, 4, and (B)) 951,592. 1,092,839. NOV 07 2014 280,246. 341,409. 21,559 935,563. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c 10c, and 11e) 6,152,971 4,725,711. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A Dine, 12) T 75,000. 25,000. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 3,652,563. 2,994,653. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) 497,146. **b** Total fundraising expenses (Part IX, column (D), line 25) 1,470,936. 2,685,829. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 6,413,392 4,490,589. 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 235,122. <260,421. Revenue less expenses. Subtract line 18 from line 12 Assets or Balances **Beginning of Current Year** End of Year 4,383,986. 3,753,449 20 Total assets (Part X, line 16) 2,562,285. 2,166,870 21 Total liabilities (Part X, line 26) ,586,579 821,701 Net assets or fund balances. Subtract line 21 from line 20 | 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. Signature of office Sign Wunderman, President/CEO Here Type or print name and title Date Check Print/Type preparer's name 10 P01775198 Tonetta L. Conner, CPA Paid Firm's EIN ▶ 95-4557617 Firm's name Harrington Group, CPAs, Preparer Firm's address 234 East Colorad Blvd., Use Only Phone no. (626) 403-6801 Pasadena, CA 91/101 X Yes No

332001 10-29-13 LHA For Paperwork Reduction Act Notice, see the separate instructions. See Schedule O for Organization Mission Statement Continuation

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

Form 990 (2013)

Form	990 (2013) Bay Area Council	23-7325853 Page 2
Par	t III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	x
1	Briefly describe the organization's mission	
	We are business leaders committed to working with publi	
	leaders to make the Bay Area the most innovative, globa	lly
	competitive, and sustainable region in the world.	
	We improve the competitiveness and vitality of the Bay	Area region by:
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 X No
	If "Yes," describe these new services on Schedule O	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to oth	ers, the total expenses, and
	revenue, if any, for each program service reported	1 044 050
4a		
	Combined policy programs and projects to include Transp	ortation
	Mobility; Cyber Security, Education reform; Healthcare	reform and CEQA
	reform.	
	Transportation & Mobility	
		-1
	Mission - Provide business community leadership to brin	
	efficient mobility for people and goods in the Bay Area	, supporting a
	strong economy and a high quality of life.	
	(552 420	nue \$
4b	(Code) (Expenses \$ 653,430. Including grants of \$) (Rever Policy Research and the BAC Economic Institute Policy:	nue \$,
	FOILCY Research and the BAC Economic Institute Foilty.	
	Mission - The Bay Area Council Economic Institute commi	ssions top
	quality research projects and provides polling on various	ous subject
	matters. Research and investigative reports are compile	d so that
	objective decisions can be made concerning policy forma	
	work is performed in each of the defined program areas	
	transportation, water, clean tech, energy, education an	d health care.
4c	(Code) (Expenses \$	
	The Bay Area Family of Funds focuses on reducing povert	y and
	encouraging smart growth in Bay Area low and moderate-i	ncome ("LMI")
	neighborhoods.	
	Private Investment	
	Mission - Promote and manage double bottom line investm	ment funds to
	encourage innovation and address systemic regional inec	<u>qualities;</u>
	promote international investment in the Bay Area, espec	cially from
	Pacific Rim countries.	
	The Bay Area Council has four funds that are being mana	iged to insure
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$	
<u>4e</u>	Total program service expenses ▶ 2,876,603.	Form 990 (2013
		⊢orm 99U (2013

332002 10-29-13 Form 990 (2013) Bay Area Council
Part IV Checklist of Required Schedules

rai	t 14 Official of Required Octredules		Va -	———
•	Leather agreement on decembed in control 504(a)(a) = 40.47(a)(4) (about the control 40.000)		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			X
	If "Yes," complete Schedule A	1 2		X
2	Is the organization required to complete Schedule B, Schedule of Contributors? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
3	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
7	during the tax year? If "Yes," complete Schedule C, Part II	4		İ
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 98-197 If "Yes," complete Schedule C, Part III	5	Х	
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	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	_8		<u>X</u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	_		v
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	4.		х
4.4	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	10		A
11				
_	as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		i	
а	Part VI	11a	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	11b		X
С	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	11c		_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	11d		_X_
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			İ
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			v
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	12b	х	
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Λ	x
13	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
14a b	Did the organization maintain an office, employees, or agents outside of the officed offices. Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
D	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	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	_		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		ŀ	
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	<u> </u>	_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	18_	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"		1	,,
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	 	X
<u>b</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	990	<u> </u> (2013)

Part IV Checklist of Required Schedules (continued)

•	Dillius and a second se		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		v	
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	-
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX,			3,7
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		_X_
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		37	
	Schedule J	23	X	ļ
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		 -
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			ļ
	any tax-exempt bonds?	24c		<u> </u>
	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? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			
	complete Schedule L, Part II	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? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?		l	1
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		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? If "Yes," complete Schedule R, Part I	33	X	<u></u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
•	Part V, line 1	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
50	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		<u> </u>	<u> </u>
J1	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	<u> </u>	<u> </u>	
JO	Note. All Form 990 filers are required to complete Schedule O	38	x	
	NOTE: VIII 1 OITH 330 HELS ALE LEGUILEG TO COMPLETE GOLLEGUILE O		990	(2013)
				,,-

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

	990 (2013) Bdy Aled COUNCIL 25-752:	0000	P	age J
Par				$\overline{}$
<u>. </u>	Check if Schedule O contains a response or note to any line in this Part V		<u></u>	
	Saturable number recorded to Day 2 of Say 1 4000 Fits 10 4 to 1 to 1 to 1	<u></u>	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable That the number of Forms W.CO polyded in line 4s. Forth 20 if not applicable	3		
D	Eller to the second of the sec	4		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
0-	(gambling) winnings to prize winners? Enter the number of employees repeated on Form W.3. Transmitted of Wags and Tay Statements.	1c		\vdash
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 2a 4			
.	filed for the calendar year ending with or within the year covered by this return La 4 If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
U	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	20		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	i	X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		 -
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	55		
-Tu	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	x	
b	If "Yes," enter the name of the foreign country. ► China			
-	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		х
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	1		İ
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor	7 <u>a</u>		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		ļ
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c	-	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	4		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	<u> </u>	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		-
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		<u> </u>
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting	8		Ì
^	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	-		
9	Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966?	9a		
a b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
.o	Initiation fees and capital contributions included on Part VIII, line 12		İ	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	7		
11	Section 501(c)(12) organizations. Enter:	7		ľ
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against	7		
	amounts due or received from them.)	_]		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		1	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	<u> </u>	<u> </u>
	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	4	1	1
_	Enter the amount of reserves on hand	1	1	1

14a

Form 990 (2013) Bay Area Council 23-7325853 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. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 135 1a Enter the number of voting members of the governing body at the end of the tax year 1a 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. 135 b Enter the number of voting members included in line 1a, above, who are independent 1b 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? X 2 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? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 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 b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? X 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O 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 b 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 X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c X 13 Did the organization have a written whistleblower policy? 13 14 Did the organization have a written document retention and destruction policy? 14 X 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? X The organization's CEO, Executive Director, or top management official 15a X Other officers or key employees of the organization 15b 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 b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed CA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Upon request → Other (explain in Schedule O) _ Own website X Another's website Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

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

Kenneth R. Regalia - (415)981-6600

353 Sacramento Street, 10th Floor, San Francisco

orm 990 (2013)	Bay Area Council	23-7325853	Page 7
		 	

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

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

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

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

(A)	(B)			(C)			(D)	(E)	(F)
Name and Title	Average	(do		Posi heck i			one	Reportable	Reportable	Estimated
	hours per	box	box, unless person is both an officer and a director/trustee)			s bot	h an	compensation	compensation	amount of
	week	_	, ca a .		, octo	17443		from	from related	other
	(list any hours for	Individual trustee or director				_		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	9	ge			satec		(W-2/1099-MISC)	(***271099*****160)	organization
	organizations	truste	institutional trustee		yee	mper		(11 2) 1000 111100)		and related
	below	dual	nton		Key employee	est co	35			organizations
	line)	PE	Instit	Officer	Keye	Highest compensated employee	Former			
(1) Alton, Greg, J.D.	1.00							_		
Board Member		X						0.	0.	0
(2) Amundson, Maria	1.00									
Board Member		X	<u> </u>					0.	0.	0 .
(3) Apostolopoulos, Christopher	1.00									
Board Member		X	<u> </u>					0.	0.	0
(4) Baer, Laurence	1.00		1				ļ			
Board Member		X					<u> </u>	0.	0.	0
(5) Baker, Anne	1.00									
Board Member		X	_			<u> </u>		0.	0.	0
(6) Ball, Andrew	1.00									
Board Member		X						0.	0.	0
(7) Becker, Gregory	1.00							_		_
Board Member		X			_	<u> </u>		0.	0.	0
(8) Bonner, Kofi	1.00									
Board Member		X	ļ	ļ		ــــ		0.	0.	0
(9) Briggs, Teresa	1.00									
Board Member	1.00	X	-			1	<u> </u>	0.	0.	0
(10) Brown, David	1.00	┨								
Board Member	1 00	X	<u> </u>	_	ļ	ļ.,		0.	0.	0
(11) Brown, William	1.00	- ₋⊦								
Board Member	1 00	X	├			 		0.	0.	0
(12) Bryski, James	1.00	١.,		ļ						
Board Member	1 00	X	_	\vdash	├	┼—	 	0.	0.	0
(13) Burr, Curtis	1.00	٠,			ļ		ļ			
Board Member	1 00	X				-	<u> </u>	0.	0.	0
(14) Cardozo, Raymond	1.00	٠,								
Board Member	1 00	X	┼	+	<u> </u>	+-	 	0.	0.	0
(15) Cohen, Bruno	1.00							0.	0.	
Board Member	1 00	X	\vdash	\vdash	-	+-	-	1	ļ	0
(16) Cook II, Joseph	1.00	\mathbf{x}			1			0.	0.	1
Board Member	1 00		\vdash	 	+	\vdash	\vdash	 	1	0
(17) Covarrubias, Michael	$\begin{array}{c c} 1.00 \\ \hline 1.00 \end{array}$							0.	0.	0
Board Member 332007 10-29-13	1 1.00	11	1	٠	Ц.		1		<u> </u>	Form 990 (201:

Part VII Section A. Officers, Directors, Trus	L	oloy	<u>ees</u>			ghe	st C	1					
(A)	(B)			(C Posi		,		(D)	(E)	1	_	(F)	
Name and title	Average hours per		not c	heck	more	than		Reportable	Reportable compensation			timate	
	week			ss pe id a d				compensation	from related	- 1		nount o other)1
	(list any	Ē						the	organizations	- 1		pensa	tion
	hours for	불				_	i	organization	(W-2/1099-MIS		-	om the	
	related	ee o	ste		l	ısat		(W-2/1099-MISC)	,	<i>'</i> }	org	anızatı	on
	organizations	1 trus	nal fr	1	ě	E .				- 1	and	d relate	∍d
	below	Individual trustee or director	Institutional trustee	ig.	Key employee	Highest compensated employee	Former			1	orga	ınizatı	วทร
	line)	틸	lust	Officer	Š	35	Ē						
(18) Cowan, Ronald	1.00		l			1				_			_
Board Member		X	<u> </u>					0.		0.			0.
(19) Crunican, Grace	1.00						İ						
Board Member		X				<u> </u>		0.		0.			0.
(20) Currall, Steven	1.00												
Board Member	<u></u>	X		<u> </u>				0.		0.			0.
(21) Cush, C. David	1.00									ŀ			
Board Member		X						0.		0.			0.
(22) Dai, Weili	1.00						ŀ						
Board Member		X					L	0.		0.			0.
(23) DeLuca, John	1.00												
Board Member		X						0.		0.			0.
(24) Dean, Lloyd	1.00												
Board Member		X						0.		0.			0.
(25) Del Santo, John	1.00												
Board Member	1.00	X		<u> </u>	<u> </u>			0.		0.			0.
(26) Downey, Paula	1.00]	1	ĺ									
Board Member		X	<u> </u>	<u>l</u>				0.		0.			0.
1b Sub-total								0.		0.			0.
c Total from continuation sheets to Part V	/II, Section A						ightharpoons	1,907,795.		0.			0.
d Total (add lines 1b and 1c)							<u> </u>	1,907,795.		0.			0.
2 Total number of individuals (including but	not limited to t	nose	e list	ed a	bov	e) w	ho r	eceived more than \$100	0,000 of reportable	е			
compensation from the organization													12
										1		Yes	No
3 Did the organization list any former office			e, k	ey eı	mple	oyee	, or	highest compensated e	mployee on		_		
line 1a? If "Yes," complete Schedule J for											3		X
4 For any individual listed on line 1a, is the s									the organization		_	v	ı
and related organizations greater than \$15											4	Х	
5 Did any person listed on line 1a receive or							reia	ted organization or indiv	idual for services		_		v
rendered to the organization? If "Yes," con	<u>npiete Schedu</u>	ie J	tor s	ucn	per	<u>son</u>			·		_5		X
Section B. Independent Contractors								that rangual mare than	\$100,000 of com		otion i	· · · ·	
1 Complete this table for your five highest c										pens	allon	TOTT	
the organization. Report compensation fo	r the calendar	/ear	enu	iiig v	WILII	OI V	VILITI		year))	
(A) Name and busines	s address	N	ON	┎				(B) Description of	services	C		וכ nsatio	n
		TA	OTA	نا								-	
				_									
Total number of independent contractors	(including but	not I	limit	ed to	ı th	nse	ieto.	d above) who received a	nore than				
2 Total number of independent contractors \$100,000 of compensation from the organ			1 1111		- 1110	0_	.316						

Check if Schedule O contains a response or note to any line in this Part VIII (B) Related or (C) Unrelated (D)
Revenue excluded from tax under sections
512 - 514 (A) Total revenue exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a Membership dues 1b 2,280,900, c Fundraising events 1c d Related organizations 1d Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 75,000 24,000 g Noncash contributions included in lines 1a-1f \$_ h Total. Add lines 1a-1f 355 900 Business Code 1,092,839 Program Service Revenue 2 a Program Service Fees 900099 1 092 839 f All other program service revenue g Total. Add lines 2a-2f 1,092,839 Investment income (including dividends, interest, and other similar amounts) 340,009 340,009. Income from investment of tax-exempt bond proceeds 4 5 Royalties (ı) Real (II) Personal 6 a Gross rents **b** Less rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (II) Other assets other than inventory 1,400 b Less. cost or other basis and sales expenses c Gain or (loss) 1,400 d Net gain or (loss) 1,400 1,400, 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See Part IV, line 18 341 878 429.916 b Less: direct expenses c Net income or (loss) from fundraising events 911,962 911,962, 9 a Gross income from gaming activities. See Part IV, line 19 а h b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances а b b Less. cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 16.084. 16,084 11 a Gain on foreign exchange rate 900099 900099 7,517 7,517, **b** Other income d All other revenue 23,601 e Total. Add lines 11a-11d 1,276,972 092 839 Total revenue. See instructions.

Form 990 (2013) Bay Area Council Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must com			mplete column (A)	
	Check if Schedule O contains a respon				(5)
	not include amounts reported on lines 6b, 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	25,000.	25,000.		
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	842,065.	589,448.	101,045.	151,572.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages .	1,442,910.	969,207.	377,107.	96,596.
8	Pension plan accruals and contributions (include				•
	section 401(k) and 403(b) employer contributions)	195,120.	150,226.	37,058.	7,836.
9	Other employee benefits	290,276.	221,369.	53,093.	15,814.
10	Payroll taxes	224,282.	169,596.	39,511.	15,175.
11	Fees for services (non-employees):				· · · · · · ·
а	Management				
b	Legal	38,771.		38,771.	
С	Accounting	61,525.		61,525.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	195,365.	161,365.	34,000.	
12	Advertising and promotion	1,593.	343.	1,250.	
13	Office expenses	128,119.	36,579.	47,642.	43,898.
14	Information technology	96,863.	43,031.	32,657.	21,175.
15	Royalties				
16	Occupancy	90,615.	15,860.	31,627.	43,128.
17	Travel	124,473.	98,991.	25,365.	117.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	94,405.	37,391.	26,217.	30,797.
20	Interest				
21	Payments to affiliates .				
22	Depreciation, depletion, and amortization	52,399.	39,376.	10,770.	<u>2,253.</u>
23	Insurance	14,289.	6,195.	5,715.	2,379.
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 0.)				
а	Trade expense	247,092.	195,092.		52,000.
b	D	123,000.		123,000.	
C	Marketing commissions	78,309.	32,221.	34,000.	12,088.
	China enterprise and ex	59,436.	59,436.	1	
	All other expenses	64,682.	25,877.	36,487.	2,318.
25	Total functional expenses. Add lines 1 through 24e	4,490,589.	2,876,603.	1,116,840.	497,146.
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)				

Form 990 (2013)
Part X Balance Sheet

<u>Par</u>	<u>t X _</u>	Balance Sheet			
·		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	1,728,671.	1	1,975,316
	2	Savings and temporary cash investments	49,853.	2	1,909
	3	Pledges and grants receivable, net		3	
Ì	4	Accounts receivable, net	1,819,569.	4	2,148,159
	5	Loans and other receivables from current and former officers, directors,			-
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other 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			
χ		employees' beneficiary organizations (see instr) Complete Part II of Sch L		6	
set	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	67,591.	9	53,328
	_	Land, buildings, and equipment cost or other			
		basis Complete Part VI of Schedule D 10a 410, 206			
	b	Less. accumulated depreciation 10b 268,328		10c	141,878
	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	22,162.	15	63,396
	16	Total assets. Add lines 1 through 15 (must equal line 34)	3,753,449.	16	4,383,986
	17	Accounts payable and accrued expenses	1,797,870.	17	2,233,885
	18	Grants payable		18	
	19	Deferred revenue	369,000.	19	328,400
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Š	22	Loans and other payables to current and former officers, directors, trustees,			
≝		key employees, highest compensated employees, and disqualified persons			
Liabilities		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	2,166,870.	26	2,562,285
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
S		complete lines 27 through 29, and lines 33 and 34.			
ĕ	27	Unrestricted net assets	1,586,579.	27	1,821,701
<u> </u>	28	Temporarily restricted net assets		28	
<u> </u>	29	Permanently restricted net assets		29	
בַּ	İ	Organizations that do not follow SFAS 117 (ASC 958), check here ▶		'	
<u></u>		and complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	
\SS(31	Paid-in or capital surplus, or land, building, or equipment fund		31	
et 4	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net Assets or Fund Balances	33	Total net assets or fund balances	1,586,579.	33	1,821,701
	34	Total liabilities and net assets/fund balances	3,753,449.	34	4,383,986

orm	990 (2013) Bay Area Council	23-	/325853	Pag	ge 12
Pai	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	_1	4,72	5,7	11.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,49	0,5	<u>89.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3	23!	5,1	<u>22.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,58	5,5	<u>79.</u>
5	Net unrealized gains (losses) on investments .	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	1,82	1,7	01.
Pa	rt XIII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				<u>Ш</u>
				Yes	No
1	Accounting method used to prepare the Form 990: L. Cash LX Accrual L. Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both.				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	_X_	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	<u> </u>	ļ
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O			1
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Aud	ıt		
	Act and OMB Circular A-133?		_3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired aud	ıt		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		1

Form **990** (2013)

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

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

➤ Complete if the organization is described below. ➤ Attach to Form 990 or Form 990-EZ.

➤ See separate instructions. ➤ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2013

Open to Public Inspection

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

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

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

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

lf the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

	Section 501(c)(4), (5), or (6) organizat	ions, Complete Part III			
		ions complete rarem		1_	
Nam	ne of organization			E	mployer identification number
		a Council			23-7325853
Pa	art I-A Complete if the org	anization is exempt unde	er section 501(c)	or is a section 52	7 organization.
1	Provide a description of the organiz	ation's direct and indirect politica	l campaign activities	ın Part IV.	
2	Political expenditures			l	> \$
3	Volunteer hours				
Pa	art I-B Complete if the org	<u>janization is exempt unde</u>	er section 501(c)	(3).	
	Enter the amount of any excise tax				\$
	Enter the amount of any excise tax	• •		5	► \$
_	If the organization incurred a section	n 4955 tax, did it file Form 4720 f	or this year?		Yes No
	a Was a correction made?				└── Yes
	b If "Yes," describe in Part IV		EOd/o	avant postion 5	04(0)(2)
	<u>-</u>	janization is exempt unde		•	
	Enter the amount directly expended				\$
2	Enter the amount of the filing organ	ization's funds contributed to oth	er organizations for s		
	exempt function activities				\$
3	Total exempt function expenditures	Add lines 1 and 2. Enter here ar	id on Form 1120-POI		
	line 17b				▶ \$
	Did the filing organization file Form	•			Yes No
5	Enter the names, addresses and er	nployer identification number (EIN	l) of all section 527 p	olitical organizations to	which the filing organization
	made acumente For each argeniza	_			
		tion listed, enter the amount paid	from the filing organ	ızatıon's funds. Also ent	er the amount of political
	contributions received that were pr	omptly and directly delivered to a	from the filing organ separate political org	ization's funds. Also ent ganization, such as a se	er the amount of political
		omptly and directly delivered to a	from the filing organ separate political org	ization's funds. Also ent ganization, such as a se t IV.	er the amount of political parate segregated fund or a
	contributions received that were pr	omptly and directly delivered to a	from the filing organ separate political org	ization's funds. Also ent ganization, such as a se t IV. (d) Amount paid fro	er the amount of political parate segregated fund or a cm (e) Amount of political
	contributions received that were propolitical action committee (PAC) if	omptly and directly delivered to a additional space is needed, provi	from the filing organ separate political or de information in Par	ization's funds. Also ent ganization, such as a se t IV. (d) Amount paid fro filing organization	er the amount of political parate segregated fund or a common (e) Amount of political contributions received and
	contributions received that were propolitical action committee (PAC) if	omptly and directly delivered to a additional space is needed, provi	from the filing organ separate political or de information in Par	ization's funds. Also ent ganization, such as a se t IV. (d) Amount paid fro	er the amount of political parate segregated fund or a common (e) Amount of political contributions received and
	contributions received that were propolitical action committee (PAC) if	omptly and directly delivered to a additional space is needed, provi	from the filing organ separate political or de information in Par	ization's funds. Also ent ganization, such as a se t IV. (d) Amount paid fro filing organization	er the amount of political parate segregated fund or a om (e) Amount of political contributions received and promptly and directly delivered to a separate political organization
	contributions received that were propolitical action committee (PAC) if	omptly and directly delivered to a additional space is needed, provi	from the filing organ separate political or de information in Par	ization's funds. Also ent ganization, such as a se t IV. (d) Amount paid fro filing organization	er the amount of political parate segregated fund or a common (e) Amount of political contributions received and promptly and directly delivered to a separate
	contributions received that were propolitical action committee (PAC) if	omptly and directly delivered to a additional space is needed, provi	from the filing organ separate political or de information in Par	ization's funds. Also ent ganization, such as a se t IV. (d) Amount paid fro filing organization	er the amount of political parate segregated fund or a om (e) Amount of political contributions received and promptly and directly delivered to a separate political organization
	contributions received that were propolitical action committee (PAC) if	omptly and directly delivered to a additional space is needed, provi	from the filing organ separate political or de information in Par	ization's funds. Also ent ganization, such as a se t IV. (d) Amount paid fro filing organization	er the amount of political parate segregated fund or a om (e) Amount of political contributions received and promptly and directly delivered to a separate political organization
	contributions received that were propolitical action committee (PAC) if	omptly and directly delivered to a additional space is needed, provi	from the filing organ separate political or de information in Par	ization's funds. Also ent ganization, such as a se t IV. (d) Amount paid fro filing organization	er the amount of political parate segregated fund or a om (e) Amount of political contributions received and promptly and directly delivered to a separate political organization
	contributions received that were propolitical action committee (PAC) if	omptly and directly delivered to a additional space is needed, provi	from the filing organ separate political or de information in Par	ization's funds. Also ent ganization, such as a se t IV. (d) Amount paid fro filing organization	er the amount of political parate segregated fund or a om (e) Amount of political contributions received and promptly and directly delivered to a separate political organization
	contributions received that were propolitical action committee (PAC) if	omptly and directly delivered to a additional space is needed, provi	from the filing organ separate political or de information in Par	ization's funds. Also ent ganization, such as a se t IV. (d) Amount paid fro filing organization	er the amount of political parate segregated fund or a om (e) Amount of political contributions received and promptly and directly delivered to a separate political organization
	contributions received that were propolitical action committee (PAC) if	omptly and directly delivered to a additional space is needed, provi	from the filing organ separate political or de information in Par	ization's funds. Also ent ganization, such as a se t IV. (d) Amount paid fro filing organization	er the amount of political parate segregated fund or a om (e) Amount of political contributions received and promptly and directly delivered to a separate political organization
	contributions received that were propolitical action committee (PAC) if	omptly and directly delivered to a additional space is needed, provi	from the filing organ separate political or de information in Par	ization's funds. Also ent ganization, such as a se t IV. (d) Amount paid fro filing organization	er the amount of political parate segregated fund or a om (e) Amount of political contributions received and promptly and directly delivered to a separate political organization
	contributions received that were propolitical action committee (PAC) if	omptly and directly delivered to a additional space is needed, provi	from the filing organ separate political or de information in Par	ization's funds. Also ent ganization, such as a se t IV. (d) Amount paid fro filing organization	er the amount of political parate segregated fund or a om (e) Amount of political contributions received and promptly and directly delivered to a separate political organization
	contributions received that were propolitical action committee (PAC) if	omptly and directly delivered to a additional space is needed, provi	from the filing organ separate political or de information in Par	ization's funds. Also ent ganization, such as a se t IV. (d) Amount paid fro filing organization	er the amount of political parate segregated fund or a om (e) Amount of political contributions received and promptly and directly delivered to a separate political organization
	contributions received that were propolitical action committee (PAC) if	omptly and directly delivered to a additional space is needed, provi	from the filing organ separate political or de information in Par	ization's funds. Also ent ganization, such as a se t IV. (d) Amount paid fro filing organization	er the amount of political parate segregated fund or a orn (e) Amount of political contributions received and promptly and directly delivered to a separate political organization

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

Schedule C (Form 990 or 990-EZ) 2013

Schedule C (Form 990 or 990 EZ) 2013	Bay A:	<u>rea Co</u>	uncil	504()(0)	23-	7325853 Page 2
Part II-A Complete if the orga			npt under sectio	n 501(c)(3) and file	ea Form 5768	
(election under sect			· · · · · · · · · · · · · · · · · · ·			
				Part IV each affiliated	group member's nar	ne, address, EIN,
expenses, and share	e of exces	s lobbying (expenditures).			
3 Check ► If the filing organizat	ion check	ed box A ar	d "limited control" pro	ovisions apply		
		oying Exper eans amou	nditures nts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	ence pub	lic opinion (grass roots lobbying)			
b Total lobbying expenditures to influ	•	• "				
c Total lobbying expenditures (add lir	•	-	.y (an oot loobying)	Ī	<u>,</u>	
d Other exempt purpose expenditure		1 10)		•		
e Total exempt purpose expenditures		e 1c and 1d	١			
	•		•	h columns	_	
f Lobbying nontaxable amount Ente	,					
If the amount on line 1e, column (a) or	(D) 18.		bying nontaxable am			
Not over \$500,000			the amount on line 1e			
Over \$500,000 but not over \$1,000			O plus 15% of the exc			
Over \$1,000,000 but not over \$1,50			O plus 10% of the exc			
Over \$1,500,000 but not over \$17,0	000,000		O plus 5% of the exce	ess over \$1,500,000.		
Over \$17,000,000		\$1,000,0	000			
g Grassroots nontaxable amount (en		•		}-		
h Subtract line 1g from line 1a. If zero	or less, e	enter -0-		-		
i Subtract line 1f from line 1c If zero	or less, e	nter -0-		L		
j If there is an amount other than zer	ro on eithe	er line 1h or	line 1i, did the organiz	ation file Form 4720		
reporting section 4911 tax for this						Yes No
, -	ations tha	at made a s		Section 501(h) n do not have to comp es 2a through 2f on pa		
	Lobi	ying Expe	nditures During 4-Ye	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a)	2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a Lobbying nontaxable amount						
b Lobbying ceiling amount						
(150% of line 2a, column(e))						
c Total lobbying expenditures						
d Grassroots nontaxable amount						
e Grassroots ceiling amount						
(150% of line 2d, column (e))						
f Grassroots lobbying expenditures						

	/F	000 571 0010	D	3	~	4 -
ichedule C	(Form 990 -	or 990-EZ) 2013	Dav	area	Counc	1

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

f the lobbying activity				
	Yes	No	Amo	ount
During the year, did the filing organization attempt to influence foreign, national, state or				
local legislation, including any attempt to influence public opinion on a legislative matter				
or referendum, through the use of.				
a Volunteers?			}	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
c Media advertisements?				
d Mailings to members, legislators, or the public?				
e Publications, or published or broadcast statements?				
f Grants to other organizations for lobbying purposes?				
g Direct contact with legislators, their staffs, government officials, or a legislative body?			1	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i Other activities?				
j Total. Add lines 1c through 1i				
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b If "Yes," enter the amount of any tax incurred under section 4912		 -	+	
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
			+	
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)	1/5) or s	ection	
	11 50 1(0)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ection	
501(c)(6).				
			Yes	No
501(c)(6).		. [1	Yes X	No
501(c)(6). 1 Were substantially all (90% or more) dues received nondeductible by members?		. 1	+	
501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered		2 3)(5), or s	X	X 2 2 3, ine 3, i
501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? Part III-B Complete if the organization is exempt under section 501(c)(4), section		2 3)(5), or s	X	X
501(c)(6). 1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political expenditures from the prior year? Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "Yes." 1 Dues, assessments and similar amounts from members	"No," O	2 3)(5), or s R (b) Pa	X	X
501(c)(6). 1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political expenditures from the prior year? Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	"No," O	2 3)(5), or s R (b) Pa	X	<u> </u>
501(c)(6). 1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political expenditures from the prior year? Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid).	"No," O	2 3)(5), or s R (b) Pa	X	X
501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). a Current year	"No," O	2 3)(5), or s R (b) Pa	x ection art III-A, lin	X
501(c)(6). 1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political expenditures from the prior year? Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year	"No," O	2 3)(5), or s R (b) Pa	ection art III-A, lin	X
501(c)(6). 1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political expenditures from the prior year? Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total	"No," O	2 3)(5), or s R (b) Pa	ection art III-A, lin	X
501(c)(6). 1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political expenditures from the prior year? Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	"No," O	2 3)(5), or s R (b) Pa	ection art III-A, lin	X
501(c)(6). 1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political expenditures from the prior year? Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds	"No," O	2 3)(5), or s R (b) Pa	ection art III-A, lin	X
1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political expenditures from the prior year? Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceed the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expensions.	"No," O	2 3)(5), or s R (b) Pa	ection art III-A, lin	<u> </u>
501(c)(6). 1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political expenditures from the prior year? 2 Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds	"No," O	2 3)(5), or s R (b) Pa	ection art III-A, lin	X

SCHEDULE D

Department of the Treasury Internal Revenue Service

(Form 990)

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Bay Area Council

Employer identification number 23-7325853

Par	-		ds or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	(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 adv	vised funds
-	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a		be used only
	for charitable purposes and not for the benefit of the donor of		•
	impermissible private benefit?	, , ,	Yes No
Par		ganization answered "Yes" to Form 990,	
1	Purpose(s) of conservation easements held by the organization	ion (check all that apply)	
	Preservation of land for public use (e.g., recreation or e	education) Preservation of an h	nistorically important land area
	Protection of natural habitat	Preservation of a ce	ertified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	ified conservation contribution in the fori	m of a conservation easement on the last
	day of the tax year		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
þ	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic structure	cture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by t	the organization during the tax
	year ▶		
4	Number of states where property subject to conservation ea	asement is located >	_
5	Does the organization have a written policy regarding the pe	eriodic monitoring, inspection, handling c	of
	violations, and enforcement of the conservation easements	ıt holds?	└── Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) about	ive satisfy the requirements of section 17	70(h)(4)(B)(ı)
	and section 170(h)(4)(B)(ii)?		└── Yes └── No
9	In Part XIII, describe how the organization reports conservat		
	include, if applicable, the text of the footnote to the organization	ation's financial statements that describe	es the organization's accounting for
<u> </u>	conservation easements.	CAA III AA III AA AA AA AA AA AA AA AA AA	Other Circiler Assets
Pa	rt III Organizations Maintaining Collections o		Other Similar Assets.
	Complete if the organization answered "Yes" to Form		
1a	If the organization elected, as permitted under SFAS 116 (A		
	historical treasures, or other similar assets held for public ex		erance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that described the footnote to its financial statements.		
b	· · · · · · · · · · · · · · · · · · ·		
	treasures, or other similar assets held for public exhibition, e	education, or research in furtherance of p	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	and the second s	> \$
2	If the organization received or held works of art, historical tre		ciai gain, provide
	the following amounts required to be reported under SFAS	To (ASC 958) relating to these items	▶ •
	Revenues included in Form 990, Part VIII, line 1		
b	Assets included in Form 990. Part X		- Ψ

		Council						<u> 23-73</u>	<u> 25853</u>	Pag	e 2
Par	t III Organizations Maintaining Co	ollections of A	rt, Hist	orical Tre	easures, c	or Other	Simila	ar Asse	ts(continu	ied)	
3	Using the organization's acquisition, accession	n, and other record	ls, check	any of the	following tha	t are a sigi	nificant i	use of its	collection	ıtems	
	(check all that apply).										
а	Public exhibition	d	י 🖳 י	oan or excl	hange progra	ams					
b	Scholarly research	е		Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	llections and explai	n how th	ey further th	ne organizati	on's exem _l	pt purpo	se in Parl	XIII.		
5	During the year, did the organization solicit or	receive donations	of art, his	storical treas	sures, or oth	er sımılar a	ssets		_		
r _ -	to be sold to raise funds rather than to be ma								Yes		<u>No</u>
Par			ete if the	organizatio	n answered '	'Yes" to Fo	orm 990	, Part IV, I	ine 9, or		
	reported an amount on Form 990, Part										
1a	Is the organization an agent, trustee, custodia	an or other intermed	liary for o	contribution	s or other as	sets not in	cluded	_	7		
	on Form 990, Part X?								」Yes	ш	No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fo	llowing t	able [.]							
							1		Amount		
С	Beginning balance						1c				
d	Additions during the year			•			1d				
е	Distributions during the year .					•	1e				
f	Ending balance		0.40		• •		1f		٦.,	$\overline{}$	
	Did the organization include an amount on Fo					D . 4 MIII			」 Yes	\vdash	No
Par	t V Endowment Funds. Complete if										
Га	t v Endowment Funds. Complete in		T				1) Thron	onra bank	(=) Four	roore by	
	Bassass of washington	(a) Current year	(0) P	rior year	(c) Two year	IS DACK (C	ı) inree y	ears back	(e) Four	ears ba	1CK
1a	Beginning of year balance										
Đ	Contributions					 -					—
C	Net investment earnings, gains, and losses										—
	Grants or scholarships										
е	Other expenditures for facilities										
	and programs					-					
T	Administrative expenses End of year balance										
9	Provide the estimated percentage of the curr	ent year end haland	l Se (line 1)	a column /s)) held as:				l		
2 a	Board designated or quasi-endowment	erit year erio balarit	%	g, column (e	ijj riola as.						
	Permanent endowment	%	_′°								
_	Temporarily restricted endowment										
C	The percentages in lines 2a, 2b, and 2c shou										
3a	Are there endowment funds not in the posses		ation tha	at are held a	ind administe	ered for the	e organiz	zation			
	pà.						- J-		Ţ,	Yes I	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
b	If "Yes" to 3a(ii), are the related organizations	listed as required of	on Sched	dule R?					3b		
4	Describe in Part XIII the intended uses of the										
Pai	t VI Land, Buildings, and Equipm										
	Complete if the organization answered	d "Yes" to Form 990), Part IV	, line 11a. S	See Form 990), Part X, lır	ne 10.				
	Description of property	(a) Cost or o	other	(b) Cost	t or other	(c) Acc	cumulate	ed	(d) Book	value	
		basis (investi	ment)	basis	(other)	depr	eciation				_
1a	Land .										
b	Buildings										
	Leasehold improvements				86,851.		3,6	35.		3,21	
d	Equipment				6,655.					<u>,65</u>	
е	Other			35	6,700.	2	<u>64,6</u>	93.		2,00	
Tota	I. Add lines 1a through 1e (Column (d) must e	qual Form 990, Pari	t X, colur	nn (B), line	10(c))				141	.,87	8.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII X

23-7325853 Page 3

Sche	edule D (Form 990) 2013 Bay Area Council		23-7325853 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Stateme	ents With Revenue per l	Return.
•	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a		
1	Total revenue, gains, and other support per audited financial statements	•	1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains on investments	2a	_
b	Donated services and use of facilities	2b	⊣ 1
С	Recoveries of prior year grants	2c	_
d	Other (Describe in Part XIII)	2d	_
е	Add lines 2a through 2d	•	2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	_
b	Other (Describe in Part XIII)	4b	_
С	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem		r Return.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	•	
1	Total expenses and losses per audited financial statements .		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1	
а	Donated services and use of facilities	2a	_
b	Prior year adjustments	2b	
C	Other losses	2c	_
d	Other (Describe in Part XIII)	2d	_
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1°		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	_
b	Other (Describe in Part XIII)	4b	_
С	Add lines 4a and 4b		4c
_ 5_			5
	rt XIII Supplemental Information.		
	vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Par		e 4, Part X, line 2, Part XI,
lines	s 2d and 4b; and Part XII, lines 2d and 4b Also complete this part to provide any add	ditional information.	
ъ-	mb V Iima).		
Pa	rt X, Line 2:		· .
D	planation: Bay Area Council Inc. is exempt	from tavation	under Internal
<u>LX</u>	planation: bay Area Council inc. is exempt	c iiom caxacion	under incernar
DΔ	venue Code Section 501(c)(4) and BACF is e	exempt as a 501(c)(3) BAC LLC
<u>ve</u>	venue code Section 501/c/(4/ and DACT is e	exempt as a sort	C/\S/: BRC BBC
i	subject to both Federal and State taxation	on. For the 2013	and 2012
TB	Subject to both redetal and beate taxation	on: For the 2015	ana zuiz
fi	nancial years, BAC LLC had reported no net	income in 2013	and a net loss
	nancial years, bac buc had reported no het	z meome m zorz	and a nee rope
٥f	\$3,925 for 2012. There was no Federal and	d State tax liab	ilities due for
<u> </u>	55,725 for 2012. There was no rederar and	2 DOGGC Car III	2220200 000 201
t h	e years ended December 31, 2013 and 2012.		
<u></u>	e years chaca becomber 31, 2015 and 20121		
		2-17-14E	
Ge	nerally accepted accounting principles pro	oviđe accounting	and disclosure
	norderly decopoon decountry principles		
αn	idance about positions taken by an organiz	zation in its ta	x returns that
<u> </u>			
mi	ght be uncertain. Management has considere	ed its tax posit	ions and
			1
be	lieves that all of the positions taken by	BAC in its fede	ral and state
3320 09-2	54 5-13		Schedule D (Form 990) 2013
09-2	J- 10		

Schedule D (Form 990) 2013 Bay Area Council 23-/325853 Page 5
Part XIII Supplemental Information (continued)
exempt organization tax returns are more likely than not to be sustained
upon examination. BAC's returns are subject to examination by federal and
state taxing authorities, generally for three and four years,
respectively, after they are filed.
The China WOFE is subject to Chinese enterprise income tax ("EIT"), value
added tax (VAT) applied to certain districts in China and business tax
("BIT") prescribed by Chinese tax laws and ordinances. At December 31,
2013 and 2012, the WOFE accrued the equivalent of \$34,903 USD and \$36,046
USD for the estimated EIT and BIT tax liabilities. During 2013, the China
Government tax authorities audited the WOFE for compliance and found no
exceptions in recording our tax liability and subsequent payments
associated with taxes due.

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Statement of Activities Outside the United States

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

➤ Attach to Form 990. ➤ See separate instructions.

► Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

2013
Open to Public

Open to Public Inspection

Name of the organization		

Employer identification number

	Area Counci				23-13258	
Par	 _		ctivities Out	side the United States. Comple	te if the organization answered '	'Yes" on
	Form 990, Part IV			 	-to and allows a	
	_	-		ds to substantiate the amount of its gra		ı.
	the grantees' eligibility fo	or the grants or a	assistance, and	the selection criteria used to award the	grants or assistance?	Yes No
_						A cord or Albora
2		ribe in Part V the	e organization's i	procedures for monitoring the use of its	grants and other assistance ou	tside the
_	United States			to declared field beneficially		
3			ľ	n be duplicated if additional space is n		(0 T-1-1
	(a) Region	(b) Number of offices	(c) Number of employees,	(d) Activities conducted in region (by type) (e g , fundraising, program	(e) If activity listed in (d) is a program service,	(f) Total expenditures
		in the region	employees, agents, and independent contractors	services, investments, grants to	describe specific type	for and
			contractors	recipients located in the region)	of service(s) in region	investments in region
	· 		in region			iii region
				•		
						ł
					<u> </u>	
			1			
		· · · -				
			[
	· · · · · · · · · · · · · · · · · · ·			-		
					 	
	Sub-total		0			0.
b	Total from continuation					
	sheets to Part I		0			0-
C	Totals (add lines 3a					
	and 3b)		0			0.

Page 2

23-7325853

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

Bay Area Council

Schedule F (Form 990) 2013

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
2 Enter total number of the IRS, or for which 3 Enter total number of	Enter total number of recipient organizations listed a the IRS, or for which the grantee or counsel has pro Enter total number of other organizations or entitles	ns listed above that are relatives by has provided a section rentities	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter. Enter total number of other organizations or entities.	foreign country,	recognized as tax-ex	empt by		

Schedule F (Form 990) 2013

23-7325853

Page 3

Bay Area Council

Schedule F (Form 990) 2013

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

(h) Method of valuation (book, FMV, appraisal, other) (g) Description of non-cash assistance (f) Amount of non-cash assistance (e) Manner of cash disbursement (c) Number of recipients cash grant (b) Region (a) Type of grant or assistance

Schedule F (Form 990) 2013

che <u>du</u>	ule F (Form 990) 2013 Bay Area Council	<u>23-7325853</u>	Page 4
Part	IV Foreign Forms		
1	Was the organization a U.S transferor of property to a foreign corporation during the tax year? If "Yes," the		
	organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign		
	Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization		
	may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and		
	Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With		
	a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes,"		
	the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To		
	Certain Foreign Corporations. (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a		
	qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621,		
	Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund.		
	(see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes,"		
	the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain		
	Foreign Partnerships. (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If		
	"Yes," the organization may be required to file Form 5713, International Boycott Report. (see Instructions		
	for Form 5713)	L Yes	X No

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

Schedule F (Form 990) 2013 Bay Area Council

23-7325853 Page 5

SCHEDULE G

(Form 990 or 990-EZ)

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.

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form 990.

OMB No 1545-0047

2013

Open To Public Inspection

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. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Indicate whether the organization is part. Indicate whether the organization is part. Indicate whether the organization is part. Indicate whether the organization is part. Indicate whether the organization is part. Indicate whether the organization is part. Indicate whether the organization is part. Indicate whether the organization is part. Indicate whether the organization is part. Indicate whether the organization is part. Indicate whether the organization is part. Indicate whether the organization is part. Indicate whether the organization is part. Indicate whether the organization is part. Indicate whether the organization is part. Indicate whether the organization is part. Indicate whether the organization is part. Indicate whether the organization of non-government grants Indicate whether the organization of one-government grants Indicate whether the organization of one-government grants Indicate whether the organization of operation of one-government grants Indicate whether the organization of operation of one-government grants Indicate whether the organization of operation of one-government grants Indicate whether the organization of operation of one-government grants Indicate whether the organization of operation of operation of operations of operation of operations of operations of operations of operations of operations of operations of operations of operat	ot
a Mail solicitations b Internet and email solicitations c Phone solicitations g Special fundraising events d In-person solicitations 2 a 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? 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 from activity (iv) Gross receipts from activity (vi) Amount paid to (or retained by) fundraiser listed in col. (i) (vi) Amount paid to (or retained by) fundraiser listed in col. (ii)	
(i) Name and address of individual or entity (fundraiser) (ii) Activity (iii) Activity (iv) Gross receipts to (or retained by) fundraiser ave custody or control of contributions? (iv) Gross receipts from activity fundraiser have custody or control of contributions?	No
Yes No	ned by)
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.	

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

of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b List events with gross receipts greater than \$5,000 (c) Other events (a) Event #1 (b) Event #2 (d) Total events Outlook Annual (add col. (a) through Dinner Conference col (c)) (event type) (event type) (total number) Gross receipts 583,100. 597,150. 161,628. 1,341,878. 2 Less: Contributions 597,150. 161,628. 1,341,878. 583,100. Gross income (line 1 minus line 2) Cash prizes Noncash prizes Direct Expenses 16,518. Rent/facility costs 16,518. 36,565. 98,790. 135,355. Food and beverages 8 Entertainment 77,472 278,043. 200,571. 9 Other direct expenses 429,916. 10 Direct expense summary. Add lines 4 through 9 in column (d) ▶ <u>911,962.</u> 11 Net income summary. Subtract line 10 from line 3, column (d) 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. (b) Pull tabs/instant (d) Total gaming (add (c) Other gaming (a) Bingo Revenue bingo/progressive bingo col. (a) through col (c)) Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes Yes Yes No 6 Volunteer labor No No Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization operates gaming activities: Yes a Is the organization licensed to operate gaming activities in each of these states? **b** If "No," explain: __ 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? _ Yes b If "Yes," explain:

Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000

Schedule G (Form 990 or 990 EZ) 2013 Bay Area Council

23-7325853 Page 2

Sch	edule G (Form 990 or 990 EZ) 2013 Bay Area Council	<u> 13-7</u>	<u>325853</u>	Page 3
11	Does the organization operate gaming activities with nonmembers?		Yes	No
12	is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	No
13	Indicate the percentage of gaming activity operated in:			
	The organization's facility		13a	%
	An outside facility	,	13b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and record	s.		
	Name			
	Address >			
45-	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	□ No
IJa	Does the organization have a contract with a third party from whom the organization receives gaining revende.			
b	olf "Yes," enter the amount of gaming revenue received by the organization > \$ and the amou	nt		
	of gaming revenue retained by the third party > \$			
c	; If "Yes," enter name and address of the third party.			
	Name			
	Address >			
16	Gaming manager information:			
	Name			
	Gaming manager compensation \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions			
á	a is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	☐ No
ŧ	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	n the		
<u> </u>	organization's own exempt activities during the tax year > \$	ort III. lu	non 0. Ob. 1	0b 15b
Pā	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (III) and (v), and Part IV, and 17b, as applicable. Also complete this part to provide any additional information (see instruction)		1165 9, 90, 1	00, 150,
_				
				····

Schedule	G (Form 990 or 990-EZ)	Bay Area Council		23-7325853 Page 4
Part IV	Supplemental Infor	Bay Area Council mation (continued)		
•	<u>-</u>			
				
	<u></u>			
	·			
		····		
				10.000
			<u> </u>	
				
		<u> </u>		
				
				· ,
				· · · · · · · · · · · · · · · · · · ·
				
	<u> </u>			

SCHEDULE (Form 990) Department of the Treasury

Internal Revenue Service

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

2013	Open to Public Inspection

OMB No 1545-0047

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

2 Employer identification number 23-7325853 X Yes 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 General Information on Grants and Assistance Bay Area Council criteria used to award the grants or assistance? Name of the organization Part

	λ.	
Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	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	socialists that socialised many than \$5,000 Bort II can be displaced if additional enabled
2	Part	

	(g) Description of (h) Purpose of grant non-cash assistance or assistance	Seneral	
	(f) Method of valuation (book, EMV, appraisal, other)		
ded	(d) Amount of (e) Amount of cash grant assistance	0	
ional space is need	(d) Amount of cash grant	25,000.	
be duplicated if addit	(c) IRC section if applicable	501(c)3	
\$5,000 Part II can	(b) EIN	20 <u>-1826827</u> 501(c)3	
recipient that received more than \$5,000 Part II can be duplicated if additional space is needed	1 (a) Name and address of organization or government	Bay Area Community Foundation 201 California Street, Ste. 1450 San Francisco, CA 94111	

ber of section 501(c)(3) and government organizations listed in the line 1 table	ber of other organizations listed in the line 1 table
Enter total number of section 50	Enter total number of other org
8	3 Ente

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

Schedule I (Form 990) (2013)

Page 2 (f) Description of non-cash assistance 23-7325853 (e) Method of valuation (book, FMV, appraisal, other) Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. does receive grants for specific program work. This information is disclosed in the Bay Area Council Foundation does not contribute or award grants to outside parties. The Bay Area Council Foundation, (d) Amount of non-cash assistance (c) Amount of cash grant 501(c)4(b) Number of recipients Bay Area Council The Bay Area Council 990 tax return filing. 501(c)3 organization, however, (a) Type of grant or assistance Schedule I (Form 990) (2013) Explanation: Schedule I 501(c)3, Part IV Part III

SCHÈDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

➤ Attach to Form 990. ➤ See separate instructions.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

Bay Area Council

Employer identification number 23-7325853

Га	ti Questions negarating compensation		
		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,		ļ
	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	İ	
	Tax indemnification and gross-up payments Health or social club dues or initiation fees		
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)		
ь	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or	1	ļ
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,		
	trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	}	l
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, but explain in Part III		
	Compensation committee X Written employment contract		Ì
	Independent compensation consultant Compensation survey or study		
	X Form 990 of other organizations X 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.		
а	Receive a severance payment or change-of-control payment?		X
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?		X
	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	İ	
	contingent on the revenues of	1	
а	The organization? . 5a	X	
b	Any related organization?		X
	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	1	
	contingent on the net earnings of		
а	The organization?		X
b	Any related organization?	+	X
	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	+	X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the		
	ınıtıal contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in		
	Regulations section 53 4958-6(c)?	1	1

Schedule J (Form 990) 2013

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 (ii) 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 column (D) and (E) amounts for that individual

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	pp	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	Denems	(a)-(i)(a)	in prior Form 990
(1) nemrabuniki samat.	(ii)	455,536.	0	0	0	0	455,536.	0
6	<u> </u>	0	0	0	0	0	0	
(2) Sean Randolph	9	170,250.	0	0	0	0	170,250.	0
Ö	€	4	0	0	0	0.	0	
(3) John Grubb	€	190,089.	0	0	0.	0	190,08	
4	: 🗉	0	0	0.	0	0.		0
	8	158,905.	0	0	0	0.	158,90	0
E.	: €		0	0.	• 0	0.		0
(5) Matt Gardner	€	187,95	0	0	• 0	0.	187,950.	0
Š	: 🗉		0	0	0	0.	0.	0
	Ξ							
	Ξ							
	ε							
	: 🗉							
	Ξ							
	: 🗉							
	ε							
	€							
	(E)							
	ε							
	∷≣							
	(1)							
	҈≣							
	Θ							
	Œ							
	(9)							
	(ii)							
	Ξ							
	▣							
	Ξ							
	Œ							
332112							Sched	Schedule J (Form 990) 2013

Part III | Supplemental Information

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

Part I, Line 5:

Explanation: One of our highly compensated employees is paid commission

on new memberships.

- Expense reporting Schedule J Explanation: The Bay Area Council has a written policy regarding

None of the expense report submission and reimbursement policy.

expenses A11 questions identified in 1.a above apply to the Council. must be supported by evidence of the type of expense, business purpose

and receipts. Business trip travel requiring overnight stays require

pre-aproval.

The Bay Area Council compensation policies and procedures for

determining compensation are outlined in our Employee Policy Manual.

Evaluations and approvals are secured for all staff members including

Regarding BAC Approval is required. the CEO and other officers.

employer contribution for health benefits. BAC provides uniform

employer contributions for those individuals electing various health

The employer benefit may vary between employees benefit coverage.

Schedule J (Form 990) 2013

SCHEDULE O (Form 990 or 990-EZ)

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. ► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. OMB No 1545-0047 Open to Public

Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

Bay Area Council

Employer identification number 23-7325853

Form 990, Part I, Line 1, Description of Organization Mission:
Area the most innovative, globally competitive, and sustainable region
in the world.
Form 990, Part III, Line 1, Description of Organization Mission:
Informing and mobilizing business, civic, and political leaders on the
most critical issues and opportunities facing the region.
What We Do: Inform and mobilize business, civic, and political leaders
on the most critical issues and opportunities facing the region.
Developing solutions for an ambitious vision for the region's future
with participation of business, government, labor, science and
education.
Achieving results through advocacy and committed leadership to realize
this vision.
Form 990, Part III, Line 4c, Program Service Accomplishments:
double bottom line results. Funds include; Bay Area Equity Fund I; Bay
Area Equity Fund II; Bay Area Smart Growth Fund I; Bay Area Smart
Growth Fund II.
Form 990, Part VI, Section A, line 6:
Explanation: Bay Area Council is a business membership organization. Major
companies join the Bay Area Council as members.
Form 990, Part VI, Section A, line 7a:

Employer identification number
23-7325853
_

Form 990, Part VI, Section A, line 7b:

Explanation: The Executive committee of the Board officially meets 4 times during each calendar year or as necessary to approve decisions based upon delegations of authority outlined in the by laws. Should decisions require Board approval, these are voted upon by the entire board during the Annual meeting.

Page 2

Form 990, Part VI, Section B, line 11:

Explanation: The audited financial statements and tax returns are conducted and prepared by an independent CPA audit firm. The genesis of information presented on the 990 tax returns includes all of the audited figures. Copies of the tax return are made available to Board members and the Finance committee upon request. We submit the 990 tax return for posting to Guide Star so that organization's activities are transparent to the public at large.

Form 990, Part VI, Section B, Line 12c:

Explanation: The CEO and CFO has responsibility for monitoring and compliance with our policies. These policies are codified in our employee handbook, acknowledged by each staff member and also reviewed for compliance with current laws and regulations by outside legal council. The independent accountants also test for compliance in performing their independent financial audit at year end.

Form 990, Part VI, Section B, Line 15:

Explanation: The process for determining compensation for the CEO and key Schedule O (Form 990 or 990-EZ) (2013)

Schedule O (Form 990 or 990-EZ) (2013)	
Name of the organization Bay Area Council	Employer identification number 23-7325853
employees is benchmarking against comparability data with	approval by the
Board Chairman.	
The BAC uses salary survey information provided by Opport	unity Knocks as
well as benchmarking the staff salaries with other simila	r 501(c)4
organizations of similar size and financial results.	
Form 990, Part VI, Section C, Line 19:	
Explanation: The organization make its governing document	s, conflicts of
interest policy, and financial statements available to th	e public upon
request and is available in another organization's websit	e

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

▶Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

▶ Attach to Form 990.

Bay Area Council

Name of the organization

Part

▶Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

► See separate instructions.

2013

Open to Public Inspection

Employer identification number 23-7325853

Direct controlling Bay Area Council entity Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. 501(c)4 End-of-year assets **e** Total income Ē Legal domicile (state or Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33 foreign country) ত California eass thru organization for Primary activity China WOFE Name, address, and EIN (if applicable) - 27-0819073 201 California Street, Suite 1450 of disregarded entity CA 94111 LLC Bay Area Council. San Francisco Part II

(g) Section 512(b)(13) ٥ × controlled entity? Yes Bay Area Council Direct controlling entity 501(c)4 status (if section Public charity 501(c)(3)) Line 7 Exempt Code section 501(c)3 Legal domicile (state or foreign country) California Charitable Foundation Primary activity 9 Bay Area Council Foundation - 20-1826827 201 California Street, Suite 1450 Name, address, and EIN of related organization San Francisco, CA 94111

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

Schedule R (Form 990) 2013

332161 09-12-13 LHA

23-7325853 Page 2

Schedule R (Form 990) 2013 Bay Area Council

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

Olganizations treated as a partition in partition as year.	s on Sump during the										
(a)	Ð	<u>છ</u>	(p)	(e)		Œ	(6)	Ē	€	5	3
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or	Direct controlling entity	Predominant income (related, unrelated,	nt income nrelated,	Share of total income	Share of end-of-year	Disproportionate allocations?	Code V-UBI amount in box		General or Percentage managing ownership
		foreign country)		sections 512-514)	12-514)		doselo	Yes No	K-1 (Form 1065)	Yes No	
										_	
	·							-			
	-										
										_	
	.										
	- 									-	
	T-										
	T										
	-				-						
										-	
Part IV Identification of Related Organizations Taxable as a Corporation organizations treated as a corporation or trust during the tax year.	rganizations Taxable	as a Corpound the tax	oration or Trust Co year.	mplete if the	organizatior	answered "Yes	" on Form 990, P	art IV, line 34	on or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related	le or more	e related
(a)			(q)	(၁)	(D)	(e)		()	(a)	<u>ج</u>	(i) Section

(8)	(g)	3	(p)	(e)	£		Œ	€	
Name, address, and EIN of related organization	Primary activity	elio F	Direct controlling entity	Type of entity (C corp, S corp,	ઈ	Share of end-of-year	Percentage 512(b)(13) ownership controlled entity?	512(b)(1) controlle entity?	- <u>8</u> 33 -
		country)		or trust)				Yes	2
							_		
			!						
	·								ŀ
						,			
								1	
								_	1

Schedule R (Form 990) 2013

332162 09-12-13

Yes

19

₽

4 ₽ ₽

¥ 19 두 **;**=

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

	e or more related organizations listed in Parts II-IV?
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule	1 During the tax year, did the organization engage in any of the following transactions with on

did the organization engage in any of the following transactions with one or more related organiz (iii) annuities (iii) rovalties or (iv) rent from a controlled entity
--

- - b Gift, grant, or capital contribution to related organization(s)
- c Gift, grant, or capital contribution from related organization(s)
- d Loans or loan guarantees to or for related organization(s)
 - e Loans or loan guarantees by related organization(s)
- Dividends from related organization(s)
- Sale of assets to related organization(s)
- Purchase of assets from related organization(s)
- Exchange of assets with related organization(s)
- j Lease of facilities, equipment, or other assets to related organization(s)
- k Lease of facilities, equipment, or other assets from related organization(s)

×

¥

×

위 19 ÷ 4

두 9

Ę

- Performance of services or membership or fundraising solicitations for related organization(s)
- m Performance of services or membership or fundraising solicitations by related organization(s)
- n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- Sharing of paid employees with related organization(s)
- Reimbursement paid to related organization(s) for expenses
- Reimbursement paid by related organization(s) for expenses
- r Other transfer of cash or property to related organization(s)
- 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds s Other transfer of cash or property from related organization(s)

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) Bay Area Council Foundation	Z	78,426.FMV	FMV
(2) Bay Area Council Foundation	0	1,245,017.FMV	FMV
(3)			
(4)			
(5)			
(9)			

Schedule R (Form 990) 2013

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

ا مو	1	ı	I	I		ŀ	1	m
bispropure Code V-UBI General or Percentage bloaded amount in box 20 managing ownership of Schedule K-1 partner? Yes No (Form 1065) Yes No								Schedule R (Form 990) 2013
(j) anaging artner?	· · · ·					. —		(Form
BI S 20 Ge (5) Ye Bi G	-	_				-		dule R
chedule								Sche
of Fr						<u> </u>		
Disproprional tonate allocation						<u> </u>		
(g) Share of end-of-year assets								
(f) Share of total								
(e) Are all partners sec 501(c)(3) orgs? Yes No								
ne parin 7, 50 × × 714) Yes								
(d) Predominant income proceed (related, unrelated, excluded from tax under section 512-514) y								
reign //		, . 						
(c) Legal domicile (state or foreign country)								
Leg								
ivity								
(b) Primary activity								
Prim								
(a) (b) Name, address, and EIN Primary activity (st								
(a) Name, address, and EIN of entity								
(a) address of entif								
Jame, 8								
					1 1 1		1 1 1 1	

Schedule R	(Form 990) 2013	Bay Area	Council	<u>23-7325853 Page</u>	5
Part VII	(Form 990) 2013 Supplemental Infor	mation			
•	Provide additional informs	ation for responses	to questions on Schedule R (see instructions).		
	Trovide additional filloffile	ation for responses	to questions on ochequic in face instructions).		
				- "	—
			· · · · · · · · · · · · · · · · · · ·		
					
	_				
					_
				**	
		Tax .			—
				-	
					_
					_
	· <u>-</u> · · · · ·				
		-	· · · · · · · · · · · · · · · · · · ·	 	

332165 09-12-13

Schedule R (Form 990) 2013

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (A) (B) (C) (D) (E) (F) Name and title Position Reportable Reportable Estimated Average (check all that apply) compensation compensation amount of hours from related other from per the organizations compensation week Highest compensated employee (W-2/1099-MISC) from the individual trustee or director organization (list any (W-2/1099-MISC) organization hours for nstitutional trustee and related related Key employee organizations organizations below Officer line) 1.00 (27) Earley Jr., Tony 0. 1.00 X 0. 0. Board Member 1.00 (28) Eddy, John 0. 0. 0. Board Member 1.00 (29) Edwards, Robert 0. 0 0. X Board Member 1.00 (30) Elliott, Kevin 0 . 0. 0. Board Member 1.00 (31) Fang, Ted 0 . 0. X 0 Board Member 1.00 (32) Fealk Dean 0. 0 0. Board Member 1.00 (33) Fisher Ora X 0 0. 0. Board Member 1.00 (34) Fore Hank 0 0. 0. X Board Member 1.00 (35) Ghielmetti Michael 0. 0 0. X Board Member 1.00 (36) Giacomini Andrew 0 0. 0. 1.00 X Board Member 1.00 (37) Glynn, Dianne 0 0. 0 Board Member 1.00 (38) Herbert, Kristin 0. X 0 0. Board Member 1.00 (39) Heidrich, Joerg 0. 0. 0. X Board Member 1.00 (40) Heller, Jeffrey 0. 0 0. X Board Member 1.00 (41) Hennefer, David 0. 0 . 0. Board Member 1.00 (42) Henry, Jim 0. 0 . 0. 1.00 X Board Member 1.00 (43) Henry Richard 0 0 0. Board Member 1.00 (44) Hillan, Peter 0. 0 0. Board Member 1.00 (45) Hoopes, Jeffrey 0. 0. 0. X Board Member 1.00 (46) Hoxie, Timothy 0. 0. 0. X Board Member Total to Part VII, Section A, line 1c

Bay Area Council 23-7325853

Part VII Section A. Officers, Directors, T . (A)	(B)))			(D)	(E)	(F)
Name and title	Average				-, ition			Reportable	Reportable	Estimated
	hours	(cl	heck	allt	that	арр	ly)	compensation	compensation	amount of
	per							from	from related	other
	week	=				loyee		the	organizations	compensation
	(list any hours for	direct				решр		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	related	ee or	stee			nsate		(44-271033-141100)		and related
	organizations	frust	al tru		yee	ошо				organizations
	below	Individual trustee or director	Institutional trustee	Ę	Key employee	Highest compensated employee	Former			
	line)	īpuj	Inst	Officer	Key	ıвıн	ᅙ			·
(47) Huss, Mary	1.00									
Board Member	1.00	X						0.	0.	0
(48) James, Robert	1.00									
Board Member		X						0.	0.	0.
(49) Johnson, Gregory	1.00									
Board Member		X						0.	0.	0
(50) Knauss, Donald	1.00									
Board Member		X						0.	0.	0
(51) Kowalski, Luke	1.00						ŀ			
Board Member		X	<u> </u>					0.	0.	0
(52) Lamkin, Janet W.	1.00									
Board Member	1.00	X						0.	0.	0
(53) Levine, James	1.00							_		
Board Member	1	X					_	0.	0.	0
(54) Lucas, Luke	1.00	ļ						1	_	
Board Member		X		ļ		<u> </u>		0.	0.	0
(55) Macieira-Kaufmann, Rebecca	1.00									
Board Member	1 00	X	_	_	<u> </u>			0.	0.	0
(56) Marcus, George	1.00									•
Board Member	1 00	X				_		0.	0.	0
(57) Markovich, Paul	1.00	,,							0	•
Board Member	1 00	X	-					0.	0.	0
(58) Martin, John L.	1.00	.			:				0	•
Board Member	1.00	X	-		_			0.	0.	0
(59) Matteson, Duncan	1.00	x						0.	_	0
Board Member	1 00	^						0.	0.	0
(60) Mayer, Stephen	1.00	x						0.	0.	0
Board Member	1.00	_≏					-	0.		0
(61) McAllister, Peg	1.00	X						0.	0.	0
Board Member	1.00	A	╁╾		-			0.		0 (
(62) McCown, George Board Member	1.00	X						0.	0.	0
	1.00	^						•	0.	0.0
(63) McNeely, Kenneth P. Board Member	1.00	x						0.	0.	0 .
(64) Mehran, Alexander R.	1.00	1					\vdash	1	•	
Board Member	1.00	x		1				0.	0.	0
(65) Messemer, Deborah	1.00	<u> </u>		T	\vdash		\vdash	<u>~.</u>		
Board Member	1.00	\mathbf{x}		1				0.	0.	0
(66) Messmer, Harold	1.00	† 	I^-	\vdash	T	T				
Board Member		\mathbf{x}						0.	0.	0
ACCT O VICHOCT			•		•		_	, <u> </u>		

Form 990

23-7325853

Bay Area Council

Form	000

Part VII Section A. Officers, Directors, Tru	stees Key Fr	nnlo	vee	e ar	nd F	liah	est	Compensated Employ	ees (continued)	
· (A)	(B)	(C)					(D)	(E)	(F)	
Name and title	Average	Position (check all that apply)					ls A	Reportable	Reportable	Estimated
	hours per week	(Cr	теск	ant	nat		iy)	compensation from the	compensation from related organizations	amount of other compensation
	(list any hours for related	e or director	stee			sated emplo		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related
	organizations below line)	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
67) Midkiff, Mark	1.00		J#	0	K	Ξ.	<u>.</u>	_		
Board Member		X						0.	0.	0
68) Moore, Constance Board Member	1.00	X						0.	0.	0
69) Morishita, Leroy	1.00									
Board Member		X						0.	0.	0
(70) Morrison, R. Clark Board Member	1.00	X						0.	0.	0
(71) Moyer, Monique	1.00									
Board Member		Х						0.	0.	0
(72) Nallicheri, Narayan	1.00									
Board Member		X						0.	0.	0
73) Nash, Laurie	1.00									
Board Member		X				<u> </u>		0.	0.	0
(74) Paxton, Jay	1.00									
Board Member		X						0.	0.	0
(75) Pedersen, Jes	1.00]								
Board Member		X					<u> </u>	0.	0.	0
(76) Pelos, Perry	1.00									_
Board Member	1.00	X			<u> </u>			0.	0.	0
(77) Perkovic, Olga	1.00								_	
Board Member	1 00	X	_		_	ļ		0.	0.	0
(78) Preite, Russell	1.00								_	_
Board Member	1 00	Х						0.	0.	0
(79) Qayoumi, Mohammad	1.00	v						0.	0.	,
Board Member	1.00	X		<u> </u>				0.	<u> </u>	0
(80) Radcliffe, David	1.00	x						0.	0.	0
Board Member	1.00	^	-		-			0.	0.	
(81) Radine, Gary	1.00	X				1		0.	0.	0
Board Member (82) Rajgopal, Kausik K.	1.00		 					·	<u> </u>	
(82) Rajgopai, Rausik K. Board Member	1.00	x						0.	0.	0
(83) Reilly, Clinton	1.00	~~	t	 					<u> </u>	
Board Member		x						0.	0.	0
(84) Roberts, George	1.00	T -				1				
Board Member		x				L		0.	0.	0
(85) Rodriquez, Dennis	1.00									
Board Member		x			<u></u>	L	L	0.	0.	0
(86) Saloner, Garth	1.00									
•		\mathbf{x}	1	ì	1	1	1	0.	0.	0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (A) (B) (C) (D) (E) **(F)** Name and title Reportable Reportable Estimated Average Position (check all that apply) compensation amount of hours compensation from related from other per organizations compensation the week Highest compensated employee (W-2/1099-MISC) organization from the (list any ndividual trustee or director (W-2/1099-MISC) organization hours for nstitutional trustee and related related (ey employee organizations organizations below Officer line) 1.00 (87) Sattler, Julie A. 0. 0. 1.00 X 0. Board Member 1.00 (88) Schilling, Leslie Tang 0. 0. 0. Board Member 1.00 (89) Schmitt Robert 0. X 0 0. Board Member 1.00 (90) Shannon, Glenn 0. 0 0. Board Member 1.00 Sharp, William (91) 0 0 0. X Board Member 1.00 Shepherd, J. Michael 0 0. 0. Board Member 1.00 (93) Smith Todd X 0 0 0. Board Member 1.00 (94) Smyrnios Dimitrios 0. 0. 0. Х Board Member 1.00 (95) Sobrato, John 0. 0. 0. Х Board Member 1.00 (96) Sonsini, Larry 0. 0. X 0. Board Member 1.00 (97) Taylor, Stanley 0. 0 0. Board Member $1.0\overline{0}$ (98) Thom, Sharon X 0. 0 0. Board Member 1.00 (99) Tosta, Timothy 0. 0. 0 Board Member 1.00 (100) Trefethen, John 0. 0. 0 X Board Member 1.00 (101) Tyson, Bernard 0. 0. 0. Board Member 1.00 (102) Tyson, Laura 0. X 0. 0. Board Member 1.00 (103) Walker, Michael 0. 0. 0. X Board Member 1.00 (104) Webber, Michael 0. 0 0. Board Member 1.00 (105) Welts, Rick 0. 0. 0. X Board Member 1.00 (106) Whiteley, Mark X 0. 0. 0. Board Member Total to Part VII, Section A, line 1c

23-7325853

Bay Area Council

orm 990

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (A) (D) (E) (F) (B) (C) Reportable Reportable Name and title Average Position Estimated hours (check all that apply) compensation compensation amount of from related from other per organizations the compensation week Highest compensated employee (W-2/1099-MISC) organization from the (list any Individual trustee or director (W-2/1099-MISC) organization hours for nstitutional trustee and related related (ey employee organizations organizations below)fficer line) (107) Wiecha, Elizabeth 1.00 0 0. 0. X Board Member 1.00 (108) Williams, John C. 0 0. 0. 1.00 X Board Member 1.00 (109) Winey, Daniel 0. 0 0 X Board Member 1.00 (110) Witkay, Paul 0. 0. 0. Board Member 1.00 (111) Wong, Leslie 0. 0. 0. X Board Member 1.00 (112) Yeaman Kevin 0. 0. 0. X Board Member 1.00 (113) York, Jed 1.00 X 0. 0. 0. Board Member 40.00 (114) James Wunderman 455,536. 0. 0. X President and CEO 40.00 (115) Jim Tighe 0. X 131,875. 0. Advisor to CEO 40.00 (116) Ken Regalia 0. 0. Х 144,210. CFO 40.00 (117) Sean Randolph X 170,250. 0. 0. Economic Institute Preside 40.00 (118) John Grubb X 190,089. 0. 0. Chief of Staff 40.00 (119) Del Christensen 158,905. 0. 0. Chief of Global Initiative 40.00 (120) Matt Gardner 0 0. X 187,950. Director Membership 40.00 (121) Rufus Jeffris X 116,505. 0. 0. VP Communication 40.00 (122) Bing Wei 0 X 117,396. 0. VP Global Initiative 40.00 (123) Linda Galliher 0 0. X 111,536. VP Education 40.00 (124) Matt Regan 0. 0. 123,543. VP Gov. Relations 1,907,795. Total to Part VII, Section A, line 1c

Idea	Note, Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868. ¶ I 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 filler's identifying number, see instructions.	Form 886	8 (Rev 1-2014)					Page 2			
If you are filing for an Automatic 3-Month Extension, complete only Part I (no page 1). Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed). Enter file* litentifying number, see instructions. Employer identification number (EIN) or right in the tyres.	Part II Additional (Not Automatic) 3-Month Extension, complete only Part I (or page 1). Fart III Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed). Fart III Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed). Fart III Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed). Fart III Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed). Fart III Additional (Not Automatic) 3-Month Extension or the file result in the fil	● If you a	re filing for an Additional (Not Automatic) 3-Month Ex	tension, c	complete only Part II and check this	box		▶ X			
If you are filing for an Automatic 3-Month Extension, complete only Part I (or 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. Employer identification number (EiN) or rint in the tyres.	Part II Additional (Not Automatic) 3-Month Extension, complete only Part I (or page 1). Fart III Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed). Fart III Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed). Fart III Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed). Fart III Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed). Fart III Additional (Not Automatic) 3-Month Extension or the file result in the fil	-					8868.				
Name of exempt organization or other filer, see instructions.	Enter filer's identifying number. see instructions. Employer dentification number (EIN)										
Special Council Special Co	Name of exempt organization or other filer, see instructions. Employer identification number (EIN) or print it is by the five year file year of the grant of	Part II	Additional (Not Automatic) 3-Month E	xtensio	n of Time. Only file the origin	al (no c	opies neede	d).			
Special Council Special Co	Name of exempt organization or other filer, see instructions. Employer identification number (EIN) or print it is by the five year file year of the grant of				Enter filer's	identifyir	ng number, see	instructions			
Bay A rea Council 23-7325853	Bay Area Council Number, street, and room or suite no if a P.O. box, see instructions. Social security number (SSN)	Type or	Name of exempt organization or other filer, see instru-	ctions.							
Number, street, and room or sute no. If a P.O. box, see instructions. Social security number (SSN)	Number, street, and room or suite no. If a P.O. box, see instructions. \$353 Sacramento Street, 10th Floor City, town or post office, state, and ZIP code, for a foreign address, see instructions. San Francisco, CA 94111 Enter the Return code for the return that this application is for (file a separate application for each return) \$\begin{array}{c} 0 \] Application Return Application Return Is For Code Code Is For Code Code Is For Code Code Is For Code Code Code Is For Code Code Code Code Is For Code Code Code Code Code Code Code Code Is For Code Code Code Code Code Code Code Code Code Code Code Code Code Code Code Code Code	print									
Name states, and work processes and work processes are structions. Sar Francisco Cay Sacramento Street 10th Floor	Transport (Schriff Section Section 1) State of the Color (Schriff Section Sec	-	Bay Area Council				23-7325853				
Signature in the Return code for the return that this application is for (file a separate application for each return) San Francisco, CA 94111	San Francisco Street, 10th Floor City, town or post office, state, and ZIP code, for a foreign address, see instructions. Enter the Return code for the return that this application is for (file a separate application for each return) Application SFOR Return Application SFOR Code Form 990 or Form 990-EZ Comp 990-BL Code Form 990 or Form 990-EZ Comp 990-BL Code Form 990-PF Code Form 990-PF Code Form 990-T (exc. 401(a) or 408(a) trust) Comp 990-T (exc. 401(a) or 408(a) trust) Code Form 990-T (exc. 401(a) or 408(a) trust) Code		Number, street, and room or suite no If a P.O. box, so	Social se	ocial security number (SSN)						
San Francisco CA 94111	San Francisco, CA 94111 Enter the Return code for the return that this application is for (file a separate application for each return) Old Application Return Return Serr Code Serr Code Serr Code Serr Code Serr Code Serr Code Serr Serri 990.0F Code Form 1041-A 08 Form 990.0F Code Form 990.0F Co		353 Sacramento Street, 10th	F100	r						
Application Set or Code Set o	Application Service Application Return Code IsFor Code Code IsFor Code	instructions	City, town or post office, state, and ZIP code. For a fo	reign add	ress, see instructions.						
Return Spore Code Is For Code Is For Code Spore Spore Code Is For Code Spore Spore Spore Code Spore Spore Code Spore Spore Code Spore Spore Code Spore Spore Code Spore Spore Code Spore Spore Code Spore Spore Code Spore Code Spore Code Spore Code Spore Code Spore Code Spore Code Spore Code Spore Code Code Spore Code Spore Code Code Code Code Code Code Code Cod	Application s For Code S For Code S For Code s For Code S For Code s For Code S For Code s For Code S For Code s For Code S For Code s For S For S For Code s For S For S For Code s For S For S For Code s For S For S For Code s For S For S For Code s For S For S For Code s For S For S For Code s For S For S For Code s For S For S For Code s For S For S For Code s For S For S For Code s For S For S For Code s For S For S For Code s For S For S For Code s For S For S For S For S For S For s For S For S For S For S For S For s For S For S For S For S For S For S For S For s For S Fo		San Francisco, CA 94111								
Return Spore Code Is For Code Is For Code Spore Spore Code Is For Code Spore Spore Spore Code Spore Spore Code Spore Spore Code Spore Spore Code Spore Spore Code Spore Spore Code Spore Spore Code Spore Spore Code Spore Code Spore Code Spore Code Spore Code Spore Code Spore Code Spore Code Spore Code Code Spore Code Spore Code Code Code Code Code Code Code Cod	Application s For Code S For Code S For Code s For Code S For Code s For Code S For Code s For Code S For Code s For Code S For Code s For S For S For Code s For S For S For Code s For S For S For Code s For S For S For Code s For S For S For Code s For S For S For Code s For S For S For Code s For S For S For Code s For S For S For Code s For S For S For Code s For S For S For Code s For S For S For Code s For S For S For Code s For S For S For Code s For S For S For S For S For S For s For S For S For S For S For S For s For S For S For S For S For S For S For S For s For S Fo										
Series Code Is For Code Is For Code Is For Code Is For Code Is For Comm 990 or Form 990 er	SFOr Code SFOr Code SFOr Code SFOr Code SFOr Code SFOr Code SFOr SPOPS Code SFOr SPOPS Code SFOr SPOPS Code SFOr SPOPS Code SFOr SPOPS Code SFOr SPOPS Code SFOr SPOPS Code SFOr SPOPS Code SFOr SPOPS Code SFOr SPOPS Code SFOr SPOPS Code SFOr SPOPS Code SFOr SPOPS Code SFOR SPOPS Code SFOR SPOPS Code SFOR SPOPS Code SFOR SFOR SPOPS Code SFOR SPOPS Code SFOR SF	Enter the	Return code for the return that this application is for (file	a separa	te application for each return)			01			
Series Code Is For Code Is For Code Is For Code Is For Code Is For Comm 990 or Form 990 er	SFOr Code SFOr Code SFOr Code SFOr Code SFOr Code SFOr Code SFOr SPOPS Code SFOr SPOPS Code SFOr SPOPS Code SFOr SPOPS Code SFOr SPOPS Code SFOr SPOPS Code SFOr SPOPS Code SFOr SPOPS Code SFOr SPOPS Code SFOr SPOPS Code SFOr SPOPS Code SFOr SPOPS Code SFOr SPOPS Code SFOR SPOPS Code SFOR SPOPS Code SFOR SPOPS Code SFOR SFOR SPOPS Code SFOR SPOPS Code SFOR SF										
Sorm 990 or Form 990 EZ O1 O2 Form 1041-A O8 O8 Form 4720 (individual) O3 Form 4720 (individual) O3 Form 4720 (individual) O9 Form 990-F O4 Form 5227 O5 Form 6069 O6 Form 8870 O7 Form 8970 O7 Form 990-T (rust other than above) O6 Form 8870 O7 Form 8870 O7 O7 O7 O7 O7 O7 O7	Form 990 or Form 990-EZ Form 990-BL 02 Form 1041-A 03 Form 4720 (other than individual) 03 Form 4720 (other than individual) 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 STOPI Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868. Kenneth R. Regalia - 353 Sacramento Street, 10th Floor - The books are in the care of San Francisco, CA 94111 Telephone No. (415) 981-6600 Fax No. (415) 981-6408 If the organization does not have an office or place of business in the United States, check this box II fit his for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the size of a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the size of a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the size of a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the size of a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the size of a Group Return, enter the vince of business in the United States, check this box II this is for the whole group, check this box II fit is for part of the group, check this box II fit is for part of the group, check this box II fit is for part of the group, check this box II fit is for part of the group, check this box II fit is for part of the group, check this box II fit is for part of the group, check this box II fit is for part of the group check this box II fit is for part of the group check this box II fit is for part of the group, check this box II fit is for part of the group check this box II fit is for part of the group check this box II fit is for part of the group check this box II fit is for part of the group check this box II fit is for part of the group check this box II	Applicati	on	Return	Application			Return			
Sorm 990-BL Q2 Form 1041-A Q8	Form 990-BL Form 990-BL Form 990-PF	ls For		Code	Is For			Code			
orm 4720 (other than individual) 03 Form 4720 (other than individual) 05 Form 990-PF 04 Form 592-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 orm 990-T (trust other than above) 06 Form 8870 12 ord 709 Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868. Kenneth R. Regalia - 353 Sacramento Street, 10th Floor - The books are in the care of ► San Francisco, CA 94111 Telephone No. ► (415)981-6600 Fax No. ► (415)981-6408 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 a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the size of a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the size of a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the size of a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the size of a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the size of a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the size of a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the size of a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the size of a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the size of a Group Return, enter the organization's for a Group Return Number (GEN) If the size of a Group Return, enter the organization's for Intelligent Action of the extension of the whole group, check this box If the size of a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the tax year entered in line 5 is for less than 12 months, check reason Intelligent Telephone Intelligent Telephone State in detail why you need the	Form 4720 (individual) O3 Form 4720 (other than individual) O4 Form 990-F O5 Form 990-F O6 Form 6669 O6 Form 6679 O7 Form 990-T (trust other than above) O7 Form 8870 O7 Form 8870 O7 Form 8870 O7 Form 8670 O7 Form 990-BL, 990-F, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. O7 Form 8688 O7 Balance due. Subtract line 86 from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions. O7 Form 870-Form 990-Fire 90-Fire orm 990	or Form 990-EZ	01	<u>[</u>							
form 990-PF form 990-T (sec. 401(a) or 408(a) trust) form 990-T (sec. 401(a) or 408(a) trust) form 990-T (trust other than above) form 990-T (sec. 401(a) or 408(a) trust) for pagnicular (sec. 401(a) or 408(a) trust) form 990-T (sec. 401(a) or 408(a) trust) for calcular (sec. 401(a) or 408(a) trust) for above in the care of V San Francisco, CA 94111 form 990-T (sec. 401(a) or 408(a) trust) for calcular (sec. 401(a) or 408(a) trust) for calcular (sec. 401(a) or 408(a) trust) form 990-T (sec. 401(a) or 408(a) trust) form 990-T (sec. 401(a) or 408(a) trust) form 990-T (sec. 401(a) or 408(a) trust) form 990-T (sec. 401(a) or 408(a) trust) form 990-T (sec. 401(a) or 408(a) trust) form 990-T (sec. 401(a) or 408(a) trust) form 990-T (sec. 401(a) or 408(a) form 990-T (sec. 401(a) or 408(a) form 990-T (sec. 401(a) or 408(a) form 990-T (sec. 401(a) or 408(a) form 990-T (sec. 401(a) or 408(a) form 990-T (sec. 401(a) or 408(a) form 990-T (sec. 401(a) form 990-T (sec. 401(a) form 990-T (sec. 401(a) f	Form 990-PF Form 990-T (sec. 401(a) or 408(a) trust) Form 990-T (trust other than above) STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868. Kenneth R. Regalia - 353 Sacramento Street, 10th Floor - The books are in the care of San Francisco, CA 94111 Telephone No. (415) 981-6600 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 part of the group, check this box and attach a list with the names and EINs of all members the extension is for I request an additional 3-month extension of time until The companies of the state of the group, check this box in the United States, check this box. If this is for part of the group, check this box in the United States, check this box. If this is for part of the group, check this box in the United States, check this box. If this is for the whole group, check this box. November 15, 2014. For calendar year 2013, or other tax year beginning. If the tax year entered in line 5 is for less than 12 months, check reason. November 15, 2014. State in detail why you need the extension. We are currently undergoing a certified audit of financial statements and wish to await a completion before filling. Tax returns will be filed as expeditiously as possible. Ba If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. Ba \$ 0 If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. 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.	Form 990	-BL	02	Form 1041-A	80					
Torm 990-T (sec. 401(a) or 408(a) trust) 50 Form 6069	Form 990-T (sec. 401(a) or 408(a) trust) Form 990-T (trust other than above) STOPI Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868. Kenneth R. Regalia - 353 Sacramento Street, 10th Floor - The books are in the care of San Francisco, CA 94111 Telephone No. (415) 981-6600 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 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 request an additional 3-month extension of time until November 15, 2014. For calendar year 2013, or other tax year beginning If the tax year entered in line 5 is for less than 12 months, check reason Initial return Final return Change in accounting period State in detail why you need the extension We are currently undergoing a certified audit of financial statements and wish to await a completion before filling. Tax returns will be filled as expeditiously as possible. 8a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 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.	Form 472	0 (individual)	03	Form 4720 (other than individual)	Form 4720 (other than individual)					
STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868. Kenneth R. Regalia - 353 Sacramento Street, 10th Floor - The books are in the care of San Francisco, CA 94111 Telephone No. (415) 981-6600 Fax No. (415) 981-6408 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 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 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 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 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 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 this is for part of the group, check this box If this application group and the extension of time until November 15, 2014. If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. San State in detail why you need the extension San State in Gentland and the state part of the group of the gro	Form 990-T (trust other than above) STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868. Kenneth R. Regalia - 353 Sacramento Street, 10th Floor - The books are in the care of ▶ San Francisco, CA 94111 Telephone No. ▶ (415) 981-6600 Fax No. ▶ (415) 981-6408 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)	Form 990	-PF	04	Form 5227		10				
Kenneth R. Regalia - 353 Sacramento Street, 10th Floor - The books are in the care of San Francisco, CA 94111 Telephone No. (415)981-6600 Fax No. (415)981-6408 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 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 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 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 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 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 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 this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this a group If the extension is for Forms 95 is for less than 12 months, check reason. If this application is for Forms 950-BL, 950-FL,	STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868. Kenneth R. Regalia - 353 Sacramento Street, 10th Floor - The books are in the care of San Francisco, CA 94111 Telephone No. (415)981-6600 Fax No. (415)981-6408 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 If it is for part of the group, check this box If it is for part of the group, check this box If it is for part of the group, check this box If it is for part of the group, check this box If it is for part of the group, check this box If it is for part of the group, check this box If it is for part of the group, check this box If it is for part of the group, check this box If it is for part of the group, check this box If it is for part of the group, check this box If it is for part of the group, check this box If it is for part of the group, check this box If it is for part of the group, check this box If the same and the group in group is for It is for part of the whole group, check this box If the tax year entered in line 5 is for less than 12 months, check reason Initial return I	Form 990	-T (sec. 401(a) or 408(a) trust)	05	Form 6069		11				
Kenneth R. Regalia - 353 Sacramento Street, 10th Floor - The books are in the care of ▶ San Francisco, CA 94111 Telephone No. ▶ (415)981-6600 Fax No. ▶ (415)981-6408 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 required and additional 3-month extension of time until November 15, 2014. For calendar year 2013, or other tax year beginning and ending and ending fit the tax year entered in line 5 is for less than 12 months, check reason Initial return Final return Change in accounting period State in detail why you need the extension We are currently undergoing a certified audit of financial statements and wish to await a completion before filling. Tax returns will be filled as expeditiously as possible. 8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 8a \$ 0. b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. 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. 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 anythelief,	Kenneth R. Regalia - 353 Sacramento Street, 10th Floor The books are in the care of ► San Francisco, CA 94111 Telephone No. ► (415)981-6600 Fax No. ► (415)981-6408 If the organization does not have an office or place of business in the United States, check to: 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 ► and attach a list with the names and EINs of all members the extension is for the quest an additional 3-month extension of time until November 15, 2014. For calendar year 2013, or other tax year beginning and attach a list with the names and EINs of all members the extension is for Change in accounting period If the tax year entered in line 5 is for less than 12 months, check reason Initial return Final return Change in accounting period State in detail why you need the extension We are currently undergoing a certified audit of financial statements and wish to await a completion before filing. Tax returns will be filed as expeditiously as possible. 8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 8a \$ 0 b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any pror year overpayment allowed as a credit and any amount paid previously with Form 8868. C Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFIPS (Electronic Federal Tax Payment System) See instructions. 8a \$ 0	Form 990	-T (trust other than above)	06	Form 8870 1						
The books are in the care of San Francisco, CA 94111 Telephone No. (415)981-6600 Fax No. (415)981-6408 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 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 the question of time until November 15, 2014. For calendar year 2013, or other tax year beginning, and ending. If the tax year entered in line 5 is for less than 12 months, check reason in Initial return. Change in accounting period State in detail why you need the extension We are currently undergoing a certified audit of financial statements and wish to await a completion before filling. Tax returns will be filled as expeditiously as possible. 8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. 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. 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 the file of the payment with this form, including accompanying schedules and statements, and to the best of my knowledge and the file of the payment with this form.	The books are in the care of ▶ San Francisco, CA 94111 Telephone No.▶ (415)981-6600 Fax No.▶ (415)981-6408 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 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 request an additional 3-month extension of time until For calendar year 2013, or other tax year beginning If the tax year entered in line 5 is for less than 12 months, check reason Initial return Final return Change in accounting period State in detail why you need the extension We are currently undergoing a certified audit of financial statements and wish to await a completion before filling. Tax returns will be filed as expeditiously as possible. 8a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. 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. 8a \$ 0	STOP! Do	not complete Part II if you were not already granted	an auton	<u>natic 3-month extension on a prev</u>	iously file	d Form 8868.				
Telephone No. ▶ (415)981-6600 Fax No. ▶ (415)981-6408 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 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 required an additional 3-month extension of time until November 15, 2014. For calendar year 2013, or other tax year beginning and ending and ending and ending and ending and ending and ending If this 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 required in line 5 is for less than 12 months, check reason and ending	Telephone No. ► (415)981-6600 Fax No. ► (415)981-6408 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)					treet	, 10th F	loor -			
If the organization does not have an office or place of business in the United States, check this box	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. If it is for part of the group, check this box. If it is for part of the group, check this box. If it is for part of the group, check this box. If it is for part of the group, check this box. If it is for part of the group, check this box. If it is for part of the group, check this box. If it is for part of the group, check this box. If this is for the whole group, check this box. If this is for the whole group, check this box. If this is for a Group Return, enter the extension is for less than 12 months. November 15, 2014. November 15, 2014. To calendar year 2013, or other tax year beginning. In this lest with the names and EINs of all members the extension is for leave the extension is for leave the extension is for leave the extension. If this ax year entered in line 5 is for less than 12 months, check reason. In this leturn. Final return. Final return. Final return. Final return. Final return. We are currently undergoing a certified audit of financial statements and wish to await a completion before filling. Tax returns will be filled as expeditiously as possible. If this application is for Forms 990-BL, 990-FF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. 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.			CA 9				 			
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 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 ▶ and attach a list with the names and EINs of all members the extension is for 1 request an additional 3-month extension of time until	Teleph	one No. ► (415)981-6600		Fax No. ▶ <u>(415)981-6</u>	408					
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 lequest an additional 3-month extension of time until November 15, 2014. For calendar year 2013, or other tax year beginning	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 I request an additional 3-month extension of time until November 15, 2014. For calendar year 2013, or other tax year beginning					•					
I request an additional 3-month extension of time until November 15, 2014. For calendar year 2013, or other tax year beginning	4 I request an additional 3-month extension of time until November 15, 2014. 5 For calendar year 2013, or other tax year beginning										
For calendar year 2013, or other tax year beginning	For calendar year 2013, or other tax year beginning					all memb	ers the extension	on is for			
If the tax year entered in line 5 is for less than 12 months, check reason. Initial return Final return Change in accounting period State in detail why you need the extension. We are currently undergoing a certified audit of financial statements and wish to await a completion before filling. Tax returns will be filed as expeditiously as possible. 8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 8a \$ 0. b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. 8b \$ 0. 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 \$ 0. 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,	If the tax year entered in line 5 is for less than 12 months, check reason. Initial return Change in accounting period State in detail why you need the extension We are currently undergoing a certified audit of financial statements and wish to await a completion before filing. Tax returns will be filed as expeditiously as possible. 8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. 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. B Initial return Final		· ——	Novem	<u>ber 15, 2014</u> .						
Change in accounting period State in detail why you need the extension We are currently undergoing a certified audit of financial statements and wish to await a completion before filing. Tax returns will be filed as expeditiously as possible. 8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 8a \$ 0. b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. 8b \$ 0. 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 \$ 0. 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,	Change in accounting period State in detail why you need the extension We are currently undergoing a certified audit of financial statements and wish to await a completion before filing. Tax returns will be filed as expeditiously as possible. 8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 8a \$ 0 b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. 8b \$ 0 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 \$ 0										
We are currently undergoing a certified audit of financial statements and wish to await a completion before filing. Tax returns will be filed as expeditiously as possible. 8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 8 \$ 0. b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. 8 \$ 0. 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. 8 \$ 0. 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,	State in detail why you need the extension We are currently undergoing a certified audit of financial statements and wish to await a completion before filing. Tax returns will be filed as expeditiously as possible. 8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 8a \$ 0 b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. 8b \$ 0 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 \$ 0	6 If th		heck reas	on· Initial return	Final r	eturn				
We are currently undergoing a certified audit of financial statements and wish to await a completion before filing. Tax returns will be filed as expeditiously as possible. 8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 8 \$ \$ 0. b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. 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. 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,	We are currently undergoing a certified audit of financial statements and wish to await a completion before filing. Tax returns will be filed as expeditiously as possible. 8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 8a \$ 0 b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. 8b \$ 0 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 \$ 0										
and wish to await a completion before filing. Tax returns will be filed as expeditiously as possible. 8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 8a \$ 0. b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. 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. 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,	and wish to await a completion before filing. Tax returns will be filed as expeditiously as possible. 8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 8a \$ 0 b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. 8b \$ 0 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 \$ 0	7 Sta	te in detail why you need the extension		 						
filed as expeditiously as possible. 8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 8a \$ 0. b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. 8b \$ 0. 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 \$ 0. 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,	filed as expeditiously as possible. 8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 8a \$ 0 b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. 8b \$ 0 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 \$ 0	<u>We</u>	are currently undergoing a	<u>cert</u>	ified audit of fin	ancia	<u>l staten</u>	ments			
If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. 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. 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,	If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. Ba \$ 0 b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. 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. 8a \$ 0 C Belance 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.					<u>eturn</u>	s will b	oe			
nonrefundable credits. See instructions. b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. 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. 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,	nonrefundable credits. See instructions. b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. 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. 8a \$ 0										
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. 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. 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,	b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. 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 \$ 0			or 6069,	enter the tentative tax, less any	ļ		_			
tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. 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. 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,	tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. 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 \$ 0			8a	\$	0.					
previously with Form 8868. 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. 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,	previously with Form 8868. 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. 8b \$ 0			ł							
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. 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,	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 \$ 0	tax	payments made. Include any prior year overpayment all								
EFTPS (Electronic Federal Tax Payment System) See instructions. 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,	EFTPS (Electronic Federal Tax Payment System) See instructions. 8c \$ 0		\$	<u> </u>							
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,			Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using								
Inder 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,		EF1					1 \$	0.			
Inder 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,											
tis true correct, and somelate and that I are authorized to prepare this form	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 have examined to prepare this form.	Under pena	alties of perjury, I declare that I have examined this form, includ	ing accomp	panying schedules and statements, and to	the best o	if my knowledge a	ing belief,			
	Signature > Mm // 11MM Title > President / CEO Date > /// DOIH				dont /CEO	D-7	_ ////	hn14			

Form 8868 (Rev. 1-2014)