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Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

Open to Public Department of the Treasury ► Information about Form 990 and its instructions is at www.irs.gov/form990. Internal Revenue Service Inspection A For the 2013 calendar year, or tax year beginning and ending Check if applicable C Name of organization D Employer identification number KAZAN, MCCLAIN, ABRAMS, FERNANDEZ, LYONS Address change GREENWOOD, OBERMAN, SATTERLY & BOSL FDN X Name change 94-3192688 Doing Business As]Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Termin-510.302.1000 55 HARRISON STREET, SUITE 400 Amende 1,811,541. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Applica-tion OAKLAND, CA 94607 H(a) Is this a group return pending F Name and address of principal officer: DAVID MCCLAIN Yes X No for subordinates? 55 HARRISON STREET, SUITE 400, OAKLAND, H(b) Are all subordinates included? I Tax-exempt status: X 501(c)(3)) ◀ (insert no.) ____ 4947(a)(1) or __ 501(c) (If "No," attach a list. (see instructions) J Website: ► WWW.KAZANLAW.COM/ABOUT/FOUNDATION.PHP H(c) Group exemption number ▶ Trust Association Other -K Form of organization: X Corporation Year of formation: 1993 M State of legal domicile: CA Part I Summary Bnefly describe the organization's mission or most significant activities: TO BENEFIT THE PUBLIC THROUGH Activities & Governance GRANTS TO ORGANIZATIONS. \perp if the organization discontinued its operations or disposed of more than 25% of its net assets Check this box Number of voting members of the governing body (Part VI, line 1a) Ō Number of independent voting members of the governing body (Part VI, line 1b) 0 Total number of individuals employed in calendar year 2013 (Part V, line 2a) 5 0 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column 10 live 30 VED

b Net unrelated business taxable income from Form 990-1, the 34 EVED 7a 7b SOSC **Prior Year Current Year** 1,434,075 1,210,105. Contributions and grants (Part VIII, line 1h) APR 23 2014 -7. Nevenue Ō. 0. Program service revenue (Part VIII, line 2g) 157,562. 77.240. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 06, and 10, 01 1,367,667. 1,511,315 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Expénses ... 1,529,705 1,555,148. Grants and similar amounts paid (Part IX, column (A), lines 1-3) Ō. Ô. Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. **b** Total fundraising expenses (Part IX, column (D), line 25) 8,475 9,240. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) \gg 1,538,180 1,564,388. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) ↔ -26,865. -196,721.Revenue less expenses. Subtract line 18 from line 12 . Se **Beginning of Current Year End of Year** Assets (Balanic 3,747,395. 3,856,829. 20 Total assets (Part X, line 16) 0. ٥. 21 Total liabilities (Part X, line 26) E S 747,395. 3,856,829. 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. Depta ation of preparer (either than officer) is based on all information of which preparer has any knowledge Sign JUST**É**N BOSL. SECRETARY Here Type or print name and title Date Check Print/Type preparer's name Preparer's signature ₽00365375 Paid JOHN PANETTA Firm's name BURR PILGER MAYER 26-3839190 Preparer Firm's EIN Firm's address 500 CALIFORNIA STREET, SUITE 1300 Use Only Phone no. 415. 421. 5757 SAN FRANCISCO, CA 94108

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

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

Form 990 (2013)

X Yes

_					
ŀd	Other program	services	(Describe in	Schedule (D)

(Expenses \$ including grants of \$

Total program service expenses ► 1,563,988.

03,900.

Form 990 (2013)

) (Revenue \$

GREENWOOD, OBERMAN, SATTERLY & BOSL FDN

Form	990 (2013) GREENWOOD, OBERMAN, SATTERLY & BOSL FDN 94-3192	688	P	age 3
Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		.,	
	If "Yes," complete Schedule A		X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	^	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			х
_	public office? If "Yes," complete Schedule C, Part I	3_	-	<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X_
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	Х	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for	-	-	
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			х
	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 endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, 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		Х
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			
	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 Schedule D, Parts XI and XII	12a		x
ь	Was the organization included in consolidated, independent audited financial statements for the tax year?			<u> </u>
_	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
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			х
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	 	<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	46		х
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16	\vdash	
17	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	''	 	
13	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			\Box
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form 990 (2013)

Form 990 (2013) Part IV | Checklist of Required Schedules (continued)

GREENWOOD, OBERMAN, SATTERLY & BOSL FDN

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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			
	Schedule J	23		Х
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	İ		l
	Schedule K. If "No", go to line 25a	24a		Х
	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			
	any tax-exempt bonds?	24c		
	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			X
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
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		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	230	-	
20	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			
	complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or 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		Х
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
	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		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	ļ	Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			i
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?	1		۱.,
	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		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	-	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	٠,		X
25-	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
ь	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?	330	\vdash	
50	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	 ~	 	
٠.	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>	\vdash	
	Note. All Form 990 filers are required to complete Schedule O	38	х	
		Form	990	(2013)

Form 990 (2013) GREENWOOD, OBERMAN, SATTERLY & BOSL FDN
Part V Statements Regarding Other IRS Filings and Tax Compliance

94-3192688

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	Check if Schedule O contains a response or note to any line in this Part V			ᆜ
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	ĺ		
	filed for the calendar year ending with or within the year covered by this return 2a 2	1		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country ▶			l
	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		X
С	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			
	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?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			47
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		v
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		Α_
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			х
_	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	_		Х
a	Did the organization make any taxable distributions under section 4966?	9a 9b		X
b 10	Did the organization make a distribution to a donor, donor advisor, or related person?	90		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter			
''	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			i
U	amounts due or received from them)			
12a		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			1
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
u	Note. See the instructions for additional information the organization must report on Schedule O.			
h	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			
С	Enter the amount of reserves on hand			
14a		14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
<u> </u>			990	(2013)

GREENWOOD, OBERMAN, SATTERLY & BOSL FDN 94-3192688

Form 990 (2013) Page 6 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

	Check if Schedule O contains a response or note to any line in this Part VI			\mathbf{X}
Sec	tion A. Governing Body and Management			
	g = out		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 9		100	
	If there are material differences in voting rights among members of the governing body, or if the governing	1	l	•
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		ļ	[
h	Enter the number of voting members included in line 1a, above, who are independent 1b			
ь	2. The the hamber of vestig themselve included in the fat, above, who are independent	ł	l	ŀ
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	_	<u> </u>	x
•	officer, director, trustee, or key employee?	2_	lacksquare	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	١,		х
	of officers, directors, or trustees, or key employees to a management company or other person?	3	ļ —	X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	-	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	 	_
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	l _		₩
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or		1	٠,,
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		,,	
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
_	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
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	 	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	ļ
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
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	Х	<u> </u>
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	1	l	
	ın Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13		Х
14	Did the organization have a written document retention and destruction policy?	14	Х	<u> </u>
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	ļ	X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		Ì	
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		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	ın joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		<u> </u>
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►CA			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	avaılab	le	
	for public inspection. Indicate how you made these available. Check all that apply			
	Own website X Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and	d finar	ncial	
	statements available to the public duning the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	tion: 🕨	-	
	DAVID MCCLAIN - 510-465-7728			
	55 HARRISON STREET, SUITE 400, OAKLAND, CA 94607			

GREENWOOD, OBERMAN, SATTERLY & BOSL FDN

94-3192688 Form 990 (2013) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Check if Schedule O contains a res	ponse or note to an	v 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.

Check this box if neither the organizati (A)	(B)			(0)			(D)	(E)	(F)
Name and Title	Average	(do	not c	POSI heck	more	than	one	Reportable	Reportable	Estimated
	hours per week					s bot r/trus		compensation from	compensation from related	amount of other
	(list any	ē						the	organizations	compensation
	hours for	Ē	•			ted		organization	(W-2/1099-MISC)	from the
	related	stee	truste		9.1	pensa		(W-2/1099-MISC)		organization
	organizations below	lad fr	ional		ploye	t com				and related organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			Organizations
(1) DAVID MCCLAIN	0.50	_	-							
PRESIDENT		Х	,	Х				0.	0.	0.
(2) STEVEN KAZAN	0.50									
DIRECTOR		Х						0.	0.	0.
(3) DENISE ABRAMS	0.50]		_
EXECUTIVE DIRECTOR		X		X		$ldsymbol{ld}}}}}}$		0.	0.	0.
(4) FRANK FERNANDEZ	0.50									_
DIRECTOR		X						0.	0.	0.
(5) GORDON GREENWOOD	0.50	. ,		V					٠ .	•
VICE PRESIDENT (6) DIANNA LYONS	0.50	Х	<u> </u>	X	_	_	-	0.	0.	0.
TREASURER	0.50	x		х				0.	0.	0.
(7) JAMES OBERMAN	0.50	^		Α		┝	⊢	0.	0.	0.
DIRECTOR	0.50	x						0.	0.	0.
(8) JUSTIN BOSL	0.50	H					_			
SECRETARY		x		X				0.	0.	0.
(9) JOSEPH SATTERLEY	0.50				_		_			
DIRECTOR		Х						0.	0.	0.
								•		
		L								
		_					_			
	 	_			_	ļ			·	
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Form 990 (2013)

Page 7

GREENWOOD, OBERMAN, SATTERLY & BOSL FDN

rait Viij	Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, and	<u> </u>	gne	St C	ompensated Employe	es (continueu)				
	(A) Name and title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					h an	(D) Reportable compensation	from related		am	(F) timated ount cother	
		(list any hours for related organizations below line)	tee or director	Institutional trustee	Officer		Highest compensated employee		the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS		comp fro orga and	otner bensat om the anization relate nization	e on ed
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4h Cub t	atal		<u> </u>	<u> </u>	<u> </u>	<u> </u>		╚	0.		0.			0.
1b Sub-to	otal from continuation sheets to Part V	II. Section A						>	0.		0.			0.
	(add lines 1b and 1c)	,						<u> </u>	0.		0.			0.
	number of individuals (including but r	not limited to th	nose	liste	ed a	bov	e) wl	ho re	eceived more than \$100	0,000 of reportabl	е			0
compe	ensation from the organization												Yes	No
	e organization list any former officer, a? If "Yes," complete Schedule J for s			e, ke	ey er	nplo	oyee	, or	highest compensated e	mployee on		3		х
	ny individual listed on line 1a, is the si elated organizations greater than \$15									the organization		4		х
	ny person listed on line 1a receive or red to the organization? If "Yes," con							relat	ed organization or indiv	idual for services		5		х
	Independent Contractors													
•	lete this table for your five highest co ganization. Report compensation for	•	-								pens	ation f	rom	
110 01	(A) Name and business	······································		ON			<u> </u>		(B) Description of s			(C comper		`
	Name and Dusiness	address	14(OIN.	<u>. </u>	_			Description of the	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		отпро		
		<u>. </u>		_	-									
								_						
					_			\dashv						
2 Total	number of independent contractors (including but i	not I	ımıte	ed to	the	se li	stec	d above) who received r	nore than				
	000 of compensation from the organ						0					Form	990 rs	20131

Form 990 (2013)

GREENWOOD, OBERMAN, SATTERLY & BOSL FDN

Pai	rt V	Ш	_		or note to see to	ne in this Dort VIII			
			Check if Schedule O conf	ains a response	or note to any in	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1	b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribut All other contributions, gifts, gran similar amounts not included abo	ots, and ove 1f 1,	9,240.				
Con		_	Noncash contributions included in lines Total. Add lines 1a-1f	3 1a-11 3		1,210,105.			
Program Service Revenue	2				Business Code				
P			All other program service reve	enue					
		g	Total. Add lines 2a-2f		<u> </u>				
	4		Investment income (including other similar amounts) Income from investment of ta		•	53,304.			53,304.
	5		Royalties	(ı) Real	(II) Personal				
		b	Gross rents Less: rental expenses Rental income or (loss)	(i) Neal					:
			Net rental income or (loss) Gross amount from sales of	(ı) Securities	(ii) Other	<u>.</u>			
			assets other than inventory Less: cost or other basis and sales expenses	548,132. 443,874. 104,258.					
			Gain or (loss) Net gain or (loss)	104,250.	•	104,258.			104,258.
Other Revenue			Gross income from fundraisir including \$ contributions reported on line Part IV, line 18	of		201,200			
the		b	Less: direct expenses	b					
O			Net income or (loss) from fun	draising events					
			Gross income from gaming a Part IV, line 19 Less: direct expenses	ctivities. See a b					
			Net income or (loss) from gar	ming activities		Ī			
			Gross sales of inventory, less and allowances	а					
			Net income or (loss) from sale		<u> </u>				
	11	<u> </u>	Miscellaneous Reven		Business Code				
	ŀ	ь							
		С							
	l	d	All other revenue						
		е				1,367,667.	0.	0.	157,562.
33200 10-29	12 9 -13		Total revenue. See instructions.			<u> </u>	<u> </u>		Form 990 (2013)

GREENWOOD, OBERMAN, SATTERLY & BOSL FDN Form 990 (2013) GREENWOOD, OB Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must com	plete all columns. All oth	ner organizations must co	omplete column (A)	
	Check if Schedule O contains a respon	nse or note to any line in	this Part IX		
	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	1,555,148.	1,555,148.		
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				
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 salanes and wages				
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				
b	Legal	-			
	Accounting	8,840.	8,840.		
d	Lobbying	<u></u>			
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				<u> </u>
	Other (If line 11g amount exceeds 10% of line 25,				
Ū	column (A) amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion				
13	Office expenses	400.		400.	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses	-			
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance .				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	· · · · · · · · · · · · · · · · · · ·				
b					
С					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,564,388.	1,563,988.	400.	0.
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)				
33201	0 10-29-13	·			Form 990 (2013)

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Form 990 (2013)
Part X | Balance Sheet

Part X	<u> </u>	Balance Sheet				
		Check if Schedule O contains a response or note to any	ine in this Part X			
				(A) Beginning of year		(B) End of year
1	1	Cash - non-interest-bearing	-	1 000 000	1	1 000 710
2	2	Savings and temporary cash investments	1,069,825.	2	1,007,619	
3	3	Pledges and grants receivable, net		3		
4	1	Accounts receivable, net			4	
5	5	Loans and other receivables from current and former office	cers, directors,			
		trustees, key employees, and highest compensated emp	loyees. Complete			
		Part II of Schedule L	ļ	· · · · · · · · · · · · · · · · · · ·	5	
6	ĵ	Loans and other receivables from other disqualified personal	ons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(o	c)(9) voluntary			
2		employees' beneficiary organizations (see instr). Complete		6		
7	7	Notes and loans receivable, net			7	
8 ۲	3	Inventories for sale or use			8	
9	•	Prepaid expenses and deferred charges			9	
10)a	Land, buildings, and equipment: cost or other				
ļ		basis. Complete Part VI of Schedule D 10a				
İ	b	Less accumulated depreciation 10b			10c	
11	1	Investments - publicly traded securities		2,677,570.	11	2,849,210
12	2	Investments - other securities. See Part IV, line 11			12	
13	3	Investments - program-related. See Part IV, line 11			13	
14	4	Intangible assets		14		
15	5	Other assets. See Part IV, line 11			15	
16	3	Total assets. Add lines 1 through 15 (must equal line 34)	3,747,395.	16	3,856,829	
17	7	Accounts payable and accrued expenses			17	
18	3	Grants payable		18		
19	9	Deferred revenue			19	
20	כ	Tax-exempt bond liabilities			20	
21	1	Escrow or custodial account liability Complete Part IV of	Schedule D		21	
ខ្ល 22	2	Loans and other payables to current and former officers,	directors, trustees,			
		key employees, highest compensated employees, and d	squalified persons			
		Complete Part II of Schedule L			22	
□ 23	3	Secured mortgages and notes payable to unrelated third	parties		23	
24	4	Unsecured notes and loans payable to unrelated third pa	urties [24	
25	5	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	6	Total liabilities. Add lines 17 through 25		0.	26	0
		Organizations that follow SFAS 117 (ASC 958), check	here ▶ X and			
န္မ		complete lines 27 through 29, and lines 33 and 34.				2 256 222
E 27	7	Unrestricted net assets		3,747,395.	27	3,856,829
r 28	8	Temporanly restricted net assets			28	
29	9	Permanently restricted net assets			29	
7		Organizations that do not follow SFAS 117 (ASC 958),				
j		and complete lines 30 through 34.				
22 29 30 31 32 32 32 33 32 33 32 33 33 33 33 33 33	0	Capital stock or trust principal, or current funds	ļ		30	
ខ្លឹ 31	1	Paid-in or capital surplus, or land, building, or equipment	fund		31	
<u>ੂੰ</u> 32	2	Retained earnings, endowment, accumulated income, or	other funds		32	0 0 2 2 2 2 2
z 33	3	Total net assets or fund balances	ļ	3,747,395.	33	3,856,829
34	4	Total liabilities and net assets/fund balances		3,747,395.	34	3,856,829 Form 990 (2013

<u>Form</u>	990 (2013) GREENWOOD, OBERMAN, SATTERLY & BOSL FON	94-	3192688	Page 12
Pai	t XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			<u> </u>
		.	4 26	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		7,667.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,564	1,388.
3	Revenue less expenses Subtract line 2 from line 1	3		721.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		7,395.
5	Net unrealized gains (losses) on investments	5	452	2,444.
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8	-146	5,289.
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,	l		
	column (B))	10	3,856	5,829.
Pa	t XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII		· · ·	
				Yes No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other			ļ
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.		
2 a	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 reviewe	d 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 separate	e basis,		ľ
	consolidated basis, or both.			1
	Separate basis Consolidated basis Both consolidated and separate basis			1
С	if "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,		
	review, or compilation of its financial statements and selection of an independent accountant?		2c	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch			i
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		
	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 requ	ired aud		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	000 (22 : 22
			Form	990 (2013)

SCHEDULE A

· (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

➤ Attach to Form 990 or Form 990-EZ.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 Inspection

Name of the organization KAZAN, MCCLAIN, ABRAMS, FERNANDEZ, LYONS Employer identification number

OMB No 1545-0047

2013

Open to Public Inspection

		GREENWO	OD, OBERMAN,	SATT	ERLY 8	& BOS	L FDN		9	4-3192	688	
Part I	Reason		ity Status (All organiz									
The organ			because it is: (For lines 1									
1			s, or association of churc									
2 🗔			0(b)(1)(A)(ii). (Attach Sc			,						
з 🗔			tal service organization of		n section	170(b)(1)(AYiii).					
4 🗔			operated in conjunction					(b)(1)(A)(ii	i). Enter	the hospital	's nan	ne.
-	city, and state				pa. 0000			- M - M - M -	.,			•
5 🗀	• .		benefit of a college or ur	niversity ov	vned or on	erated by	a governr	nental uni	t describ	ed in		
•	•	(b)(1)(A)(iv). (Comple	•	iiroroity or		0.0.00	u 90.0					
		• • • • • • • • • • • • • • • • • • • •	ent or governmental unit	t described	t in section	n 170/h)/1	VAVol					
7 X	•	. •	eives a substantial part					r from the	general	nublic desc	ribed	ın
لقفا ١	•			oi its supp	oit iioiii a	governine	intai uint o	11011111110	general	pablic acso	11000	
. \Box	•	b)(1)(A)(vi). (Comple	•	(Complete	Dort II \							
8 <u> </u> 9	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from											
9			nctions - subject to certa									
			axable income (less sect									
		509(a)(2). (Complete		11011 5 7 1 14	x, 110111 bu.	311103303 6	icquiica b	y ino orga	a ii Latioi i	and band	,0, 10	· • ·
10 🗀			perated exclusively to te	et for nubli	ic safety S	ae sectio	n 509/a)/4	u				
11 🗀			perated exclusively for the						v out the	numoses d	of one	or
"			ations described in section									•
			organization and compl				.,. 000 00 0		u)(U).			
	a Type I	· · · · · · · · · · · · · · · · · · ·		vpe III · Fui	_		d	тур	e III - No	n-functional	lv inte	arated
e 🗀		•	it the organization is not		•	•						_
·			han one or more publicly									
f			ten determination from t						- (-)(-)		- (/(/	
•		rganization, check th				,,,,,,,	, , , , .					
g		•	organization accepted ar	ny aift or c	ontribution	from any	of the folk	owina per	sons?			
9			irectly controls, either al							<i>/</i> .	Yes	No
			upported organization?	• • • •		•		• • • • • • • • • • • • • • • • • • • •	•	11g(i)		
			n described in (i) above?	,						11g(ii)	1	
	• • •	·	person described in (i)		e?					11g(iii)		
h	• •	-	about the supported or									
		J	••	•	. ,							
(i) Nam	e of supported	(ii) EIN	(iii) Type of organization	(iv) Is the c	rganization	(v) Did you	notify the	(vi) Is	the	(vii) Amoun	t of mo	netary
	ganization	\.,., =	(described on lines 1-9		sted in your	organizat		organization (i) organiz			port	•
•			above or IRC section	governing	document?	(i) of your	support?	U.S	.?			
			(see instructions))	Yes	No	Yes	No	Yes	No			
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_									<u> </u>	<u> </u>		
						-						
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Total		<u>L</u>	<u> </u>						<u>L</u>	<u> </u>		

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

Schedule A (Form 990 or 990-EZ) 2013

332021 09-25-13

KAZAN, MCCLAIN, ABRAMS, FERNANDEZ, LYONS

Schedule A (Form 990 or 990-EZ) 2013 GREENWOOD, OBERMAN, SATTERLY & BOSL FDN 94-3192688 Page 2

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

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

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

Sec	ction A. Public Support		-			·	
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants.")	1,540,821.	1,282,788.	1,577,377.	1,434,075.	1,210,105.	7,045,166.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to		1				
	the organization without charge		1				
4	Total. Add lines 1 through 3	1,540,821.	1,282,788.	1,577,377.	1,434,075.	1,210,105.	7,045,166.
5	The portion of total contributions						
	by each person (other than a					j	
	governmental unit or publicly						
	supported organization) included					-	
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						4,885,180.
6	Public support. Subtract line 5 from line 4						2,159,986.
	ction B. Total Support		 				
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Amounts from line 4	1,540,821.	1,282,788.	1,577,377.	1,434,075.	1,210,105.	7,045,166.
	Gross income from interest,						
	dividends, payments received on				l	}	
	securities loans, rents, royalties						
	and income from similar sources	69,970.	59,897.	58,644.	55,430.	53,304.	297,245.
9	Net income from unrelated business					-	
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital		ł		i		
	assets (Explain in Part IV)	1,000.	1,014.	150.			2,164.
11	Total support. Add lines 7 through 10						7,344,575.
12	Gross receipts from related activities.	etc (see instruction	ons)	<u>_</u>		12	
	First five years. If the Form 990 is for			l. fourth, or fifth tax	vear as a section		
	organization, check this box and stor	-			•	```	ightharpoons
Sec	ction C. Computation of Publ		rcentage				
14	Public support percentage for 2013 (line 6, column (f) di	vided by line 11, co	olumn (f))		14	29.41 %
	Public support percentage from 2012					15	30.62 %
16a	33 1/3% support test - 2013. If the	organization did no	t check the box on	line 13, and line 1	4 is 33 1/3% or in	nore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization				▶□
b	33 1/3% support test - 2012. If the		-	ne 13 or 16a, and I	ine 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	tion			▶□
17a	10% -facts-and-circumstances tes	t - 2013. If the org	anization did not cl	neck a box on line	13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac	•					
	meets the "facts-and-circumstances"					-	▶X
b	10% -facts-and-circumstances tes	-			-	7a, and line 15 is	10% or
	more, and if the organization meets the						
	organization meets the "facts-and-circ						▶□
_18	Private foundation. If the organization		•	•			s▶□
						dule A (Form 990	

332022 09-25-13

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II)

Se	ction A. Public Support					-	
Cale	endar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants.")		1_		1		
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513		п				
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						1
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5					1	
	Amounts included on lines 1, 2, and		· · · · · · · · · · · · · · · · · · ·		·- ·-		
	3 received from disqualified persons						
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
•	Add lines 7a and 7b			Ì			
8	Public support (Subtract line 7c from line 6.)						
	ction B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6						
102	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources					-	
t	Unrelated business taxable income						
	(less section 511 taxes) from businesses			1			•
	acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital			-	-		
13	assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12)	1	1				
14		r the organization	's first, second, thi	rd, fourth, or fifth t	tax year as a section	on 501(c)(3) organi	zation,
	check this box and stop here	<u> </u>			• -		▶□
Se	ction C. Computation of Pub	ic Support Pe	ercentage			<u> </u>	
15	Public support percentage for 2013 (line 8, column (f) o	divided by line 13,	column (f))		15	%
16	Public support percentage from 2012	2 Schedule A, Parl	t III, line 15			16	%
Se	ction D. Computation of Inve						
17	Investment income percentage for 20)13 (line 10c, colu	mn (f) divided by li	ne 13, column (f))		17	%
18	Investment income percentage from	2012 Schedule A,	Part III, line 17			18	%
198	33 1/3% support tests - 2013. If the	organization did	not check the box	on line 14, and lin	e 15 is more than	33 1/3%, and line	17 is not
	more than 33 1/3%, check this box a	ind stop here. The	e organization qua	lifies as a publicly	supported organiz	zation	▶□
Ł	33 1/3% support tests - 2012. If the	organization did	not check a box or	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3%,	and
	line 18 is not more than 33 1/3%, che						. [1
20	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check t	this box and see in	structions	<u> </u>
	23 09-25-13					hedule A (Form 99	0 or 990-EZ) 2013

KAZAN, MCCLAIN, ABRAMS, FERNANDEZ, LIONS Schedule A (Form 990 or 990 EZ) 2013 GREENWOOD, OBERMAN, SATTERLY & BOSL FDN 94-3192688 Page 4
Part IV Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12.
Also complete this part for any additional information (See instructions).
PART II, SECTION C, LINE 17A, FACTS AND CIRCUMSTANCES TEST:
EXPLANATION: THE FOUNDATION BELIEVES THAT IT CONTINUES TO SATISTY THE
FACTS AND CIRCUMSTANCES TEST AND CONTINUES TO QUALIFY AS A PUBLIC CHARITY.
THE LEVEL OF PUBLIC SUPPORT IS CURRENTLY IN EXCESS OF 29%. OVER THE PAST
19 YEARS, THE FOUNDATION HAS INCREASED AND BROADENED ITS LEVEL OF PUBLIC
SUPPORT. THE FOUNDATION HAS AN ESTABLISHED RECORD OF MAKING GRANTS TO
HUNDREDS OF OTHER NON-PROFIT ORGANIZATIONS THAT PROVIDED DIRECT SERVICES
TO HUNDREDS OF INDIVIDUALS. THE FOUNDATION HAS RECEIVED NUMEROUS AWARDS
AND IS RECOGNIZED AS AN IMPORTANT FUNDING SOURCE FOR COMMUNITY GROUPS AND
ORGANIZATIONS.

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, 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.c.

Open to Public Inspection

OMB No 1545-0047

Name of the organization

KAZAN, MCCLAIN, ABRAMS, FERNANDEZ, LYONS GREENWOOD, OBERMAN, SATTERLY & BOSL FDN

Employer identification number 94-3192688

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year 265,753. 2 Aggregate contributions to (during year) 505,543. Aggregate grants from (during year) 218,625. Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds X Yes are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring X Yes impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Part II Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure □ Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2a b Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets, Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide

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

the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

Schedule D (Form 990) 2013

a Revenues included in Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

KAZAN, MCCLAIN, ABRAMS, FERNANDEZ, LYONS

		OD, OBERMA							94-31			ige 2
Pai	t III Organizations Maintaining C											
3	Using the organization's acquisition, access	on, and other record	ds, check an	y of the f	following that	t are a s	signif	icant	use of its	collection	ı item:	S
	(check all that apply):											
а	Public exhibition	C	1 ∐ Loa	n or exch	nange progra	ıms						
ь	Scholarly research	6	e LL Oth	er								
С	Preservation for future generations											
4	Provide a description of the organization's co	ollections and expla	in how they t	further th	ne organizatio	on's exe	empt	purp	ose in Par	t XIII.		
5	During the year, did the organization solicit of	r receive donations	of art, histor	ical treas	sures, or othe	er sımıla	ır ass	sets		_		_
	to be sold to raise funds rather than to be m	aintained as part of	the organiza	tion's co	llection?					Yes		No
Pai	t IV Escrow and Custodial Arran	gements. Compl	ete if the org	anızatıor	n answered "	Yes" to	For	n 990	, Part IV, I	ine 9, or		
	reported an amount on Form 990, Pa											
1a	Is the organization an agent, trustee, custod	ian or other interme	diary for con	tribution	s or other as:	sets no	t incl	uded				
	on Form 990, Part X?									Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing table	ə:								
	· •	·	•				ſ			Amount		
С	Beginning balance						Ī	1c				
	Additions during the year						Ī	1d				
	Distributions during the year						Ī	1e				
f	Ending balance						Ī	1f				
2a	B Did the organization include an amount on Form 990, Part X, line 21?											
	bild the organization include an amount on Form 990, Part X, line 217 If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII											
Pai												
<u> </u>		(a) Current year			(c) Two year			hree v	ears back	(e) Four	vears l	nack
1a	(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back a Beginning of year balance											
	b Contributions											
	d Grants or scholarships											
	'			-								
e	Other expenditures for facilities											
	and programs											
1	Administrative expenses											—
g	End of year balance				W I= -1-1							
2	Provide the estimated percentage of the cur	rent year end baland		olumn (a)) neid as:							
а.	Board designated or quasi-endowment		_%									
	Permanent endowment	%										
С	Temporarily restricted endowment	%										
_	The percentages in lines 2a, 2b, and 2c should be a sh	•										
3a	Are there endowment funds not in the posse	ession of the organiz	ation that ar	e held ar	nd administer	red for t	the o	rganiz	zation	г		
	by:										Yes	No
	(i) unrelated organizations									3a(i)		
	(ii) related organizations									3a(ii)		
þ	If "Yes" to 3a(ii), are the related organizations	s listed as required o	on Schedule	R?						3b		
4	Describe in Part XIII the intended uses of the		owment fund	is								
Pai	t VI Land, Buildings, and Equipm											
	Complete if the organization answere	d "Yes" to Form 990				Part X,	line	10	r			
	Description of property	(a) Cost or o		(b) Cost				nulate		(d) Book	value	•
		basis (investi	ment)	basis (otner)	de	prec	ation		-		
1a	Land											
b	Buildings											
С	Leasehold improvements											
d	Equipment											
$\overline{}$	Other											
Total	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, column (l	B), line 1	0(c).)							0.

Schedule D (Form 990) 2013

KAZAN, MCCLAIN, ABRAMS, FERNANDEZ, LYONS GREENWOOD, OBERMAN, SATTERLY & BOSL FDN

94-3192688 Page 3

Schedule D (Form 990) 2013 Part VII Investments - Other Securities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11b See Form 990, Part X, line 12. (c) Method of valuation. Cost or end-of-year market value (b) Book value (a) Description of security or category (including name of security) (1) Financial derivatives (2) Closely-held equity interests (3) Other (A)(B) (C) (D) (E) (F) (G) Total. (Col. (b) must equal Form 990, Part X, col (B) line 12.) Part VIII Investments - Program Related. Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (c) Method of valuation: Cost or end-of-year market value (b) Book value (a) Description of investment (1)(2)(3)(4)(5) (6)(7)(8)(9)Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15 (b) Book value (a) Description (1)(2)(3)(4)(5)(6)(7)(8) Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25. (a) Description of liability (b) Book value (1) Federal income taxes (2)(3) (4)(5)(6) (7)(8) (9)Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) 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

332053 09-25-13

Schedule D (Form 990) 2013

332054 09-25-13 SCHEDULE I (Form 990)

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.

OMB No 1545-0047 Open to Public

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

Name of the organization KAZAN, MCCLAIN, ABRAMS, FERNANDEZ, LYONS

Inspection Employer identification number

GREENWOOD	<u>, OBERMAN</u>	I, SATTERLY	& BOSL FD	N			94-3192688
Part I General Information on Grants a	nd Assistance		•				
Does the organization maintain records criteria used to award the grants or assis Describe in Part IV the organization's pro	stance?				y for the grants or as	sistance, and the selec	tion X Yes No
Part II Grants and Other Assistance to					anization answered "	Yes" to Form 990, Part	IV, line 21, for any
recipient that received more than \$	\$5,000 Part II car	be duplicated if addit	ional space is need	led .			•
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non cash assistance	(h) Purpose of grant or assistance
A HOME AWAY FROM HOMELESSNESS FORT MASON, BUILDING 9							
SAN FRANCISCO, CA 94123	94-3211339	501(C)(3)	6,000.	0.		ļ	GENERAL SUPPORT
ALAMEDA COUNTY COMMUNITY FOOD BANK 7900 EDQEWATER DRIVE OAKLAND, CA 94621	94-2960297	501(C)(3)	27,000.	0.			General Support
ASIAN NEIGHBORHOOD DESIGN, INC 1245 HOWARD ST. SAN FRANCISCO, CA 94103	23-7394580	501(C)(3)	10,000.	0.			GENERAL SUPPORT
BAY AREA LEGAL AID 1735 TELEGRAPH AVE OAKLAND, CA 94612	94-1631316	501(C)(3)	119,000.	0.			GENERAL SUPPORT
BERKELEY HIGH SCHOOL DEVELOPMENT GROUP - PO BOX 519 - BERKELEY, CA 94701	94-3173406	501(C)(3)	10,000.	0.			1st step scholarships
BRANDEIS UNIVERSITY							

Enter total number of other organizations listed in the line 1 table LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

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

04-2103552 501(C)(3)

Schedule I (Form 990) (2013)

GENERAL SUPPORT

332 10 1 10-29-13

WALTHAM, MA 02453

25,000.

KAZAN, MCCLAIN, ABRAMS, FERNANDEZ, LYONS GREENWOOD, OBERMAN, SATTERLY & BOSL FDN

23-7217027

46-0472041

501(C)(3)

501(C)(3)

Schedule I (Form 990) GREENWOOD	, OBERMAN	SKAMS, FERNA I, SATTERLY	& BOSL FD	N			4-3192688 Pa
Part II Continuation of Grants and Other	Assistance to Go	overnments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa	art II)	· · · · · · · · · · · · · · · · · · ·
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CALIFORNIA RURAL LEGAL ASSISTANCE 631 HOWARD ST STE 300 SAN FRANCISCO, CA 94105	95-2428657	501(C)(3)	17,500.	0.			GENERAL SUPPORT
CANTRAL AMERICAN RESOURCE CENTER CARECEN OF NORTHERN CALIFORNIA - 3101 MISSION ST STE 101 - SAN FRANCISCO, CA 94103	94-3036508	501(C)(3)	15,000.				GENERAL SUPPORT
CHRONICLE SEASON OF SHARING 901 MISSION ST SAN FRANCISCO, CA 94103	94-3019992	501(C)(3)	26,000.	0.	<u>-</u>		GENERAL SUPPORT
CLOSE UP FOUNDATION 1330 BRADDOCK PLACE ALEXANDRIA, CA 22314	23-7122882	501(C)(3)	7,500.	0.			GENERAL SUPPORT
DOLORES STREET COMMUNITY SERVICES INC 938 VALENCIA ST - SAN FRANCISCO, CA 94110	94-2919302	501(C)(3)	5,500.	0.			GENERAL SUPPORT
EAST BAY COLLEGE FUND 6114 LA SALLE AVE 314 OAKLAND, CA 94577	54-2103707	501(C)(3)	42,000.	0.			GENERAL SUPPORT
EAST BAY COMMUNITY LAW CENTER 2921 ADELINE ST BERKELEY, CA 94703	94-3042565	501(C)(3)	98,750.	0.			GENERAL SUPPORT
EQUAL RIGHTS ADVOCATE 180 HOWARD ST STE 300							DENIEDAL CURRONG

Schedule I (Form 990)

GENERAL SUPPORT

GENERAL SUPPORT

332241 05-01-13

SAN FRANCISCO, CA 94105

GLOBAL HEALTH THRU EDUCATIONAL TRNG - 8 N MAIN ST STE 401 -ATTLEBORO, MA 02703

20,000.

11,000.

KAZAN, MCCLAIN, ABRAMS, FERNANDEZ, LYONS

		RAMS, FERNA , SATTERLY				9	4-3192688 Page
Part II Continuation of Grants and Other	Assistance to Go	vernments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa	urt (I)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IMPACT FUND 125 UNIVERSITY AVE BERKELEY, CA 94710	94-3161863	501(C)(3)	36,500.	0.			GENERAL SUPPORT
INSTITUTE FOR JUSTICE & DEMOCRACY IN HAITI - 666 DORCHESTER AVENUE - SOUTH BOSTON, MA 02127	03-0541424	501(C)(3)	25,000.	0			SENERAL SUPPORT
LA RAZA CENTRO LEGAL SAN FRANCISCO 474 VALENCIA ST STE 295 SAN FRANCISCO, CA 94103	94-2295723	501(C)(3)	10,000.	0.			GENERAL SUPPORT
LIPELONG MEDICAL CARE PO BOX 11247 BERKELEY, CA 94712	94-2502308	501(C)(3)	6,000.	0.			GENERAL SUPPORT
LINCOLN CHILD CENTER 4368 LINCOLN AVE OAKLAND, CA 94602	94-1156501	501(C)(3)	15,600.	0.			GENERAL SUPPORT
MESOTHELIOMA APPLIED RESEARCH FOUNDATION INC 1317 KING ST - ALEXANDRIA, VA 22314	75-2816066	501(C)(3)	100,000.	0.			GENERAL SUPPORT
MISSISSIPPI CENTER FOR JUSTICE PO BOX 1023 JACKSON, MS 39215	13-4203234	501(C)(3)	16,500.	0.			GENERAL SUPPORT
MOSAIC PROJECT 580 GRAND AVE STE 303 OAKLAND, CA 94610		501(C)(3)	29,000.	0			GENERAL SUPPORT
NATIONAL MEDICAL ASSOCIATION INC 8403 COLESVILLE RD STE 920 SILVER SPRING, MD 20910	53-6010805	501(C)(3)	12,500,	0.			GENERAL SUPPORT

Schedule I (Form 990)

KAZAN, MCCLAIN, ABRAMS, FERNANDEZ, LYONS

		I, SATTERLY				9	04-3192688 Page
Part II Continuation of Grants and Other	Assistance to G	overnments and Orga	ınızations ın the U	nited States (Sch	edule I (Form 990), Pa	art II)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTRO LEGAL DE LA RAZA INC. 2501 INTERNATIONAL BLVD OAKLAND, CA 94601	23-7181456	501(C)(3)	10,000.	0.			GENERAL SUPPORT
OBERMAN FOUNDATION PO BOX 6054 MORAGA, CA 94570	26-1277338	501(C)(3)	22,816.	0.			SENERAL SUPPORT
PACHAMAMA ALLIANCE 1009 GENERAL KENNEDY DR PRESIDIO BI SAN FRANCISCO, CA 94129	94-3249793	501(C)(3)	16,000.	0.			GENERAL SUPPORT
SEVEN TEPEES YOUTH PROGRAM 3177 17TH ST SAN FRANCISCO, CA 94110	94-3231059	501(C)(3)	60,577.	0.			GENERAL SUPPORT
STANFORD UNIVERSITY BOARD OF TRUSTEES OF THE LELAND STANFORD JU - 3145 PORTER DRIVE - PALO ALTO, CA 94304	94-1156365	501(C)(3)	75,000.	0.			GENERAL SUPPORT
THE CENTER FOR STUDY OF PUBLIC POLICY - 44 FOSKETT STREET - SOMERVILLE, MA 02144	- 04-2449341	501(C)(3)	75,000.	0.			GENERAL SUPPORT
UC HASTINGS FOUNDATION 11422 MIRACLE HILLS DRIVE OMARA, NE 68154	51-0247972	501(C)(3)	40,000.	0,			CENTER FOR GENDER & REFUGEE STUDIES
UCSF FOUNDATION 220 MONTGOMERY ST PL 5 SAN FRANCISCO, CA 94104	94-2829914	501(C)(3)	175,000.	0.			SENERAL SUPPORT IN SUPPORT WITH BASIC MISSION
WEST BAY LOCAL DEVELOPMENT CORPORATION - 1290 FILLMORE ST STE 200 - SAN FRANCISCO, CA 94115	94-2921729	501(C)(3)	38,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

		RAMS, FERNA , SATTERLY				9	4-3192688 Page 1
Part II Continuation of Grants and Other	Assistance to Go	vernments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa	rt II)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non cash assistance	(h) Purpose of grant or assistance
WEST VIRGINIA FUND FOR LAW/PUBLIC INTEREST - PO BOX 4308 - MORGANTOWN, WV 26504	55-0680592	501(C)(3)	10,000.	0.			GENERAL SUPPORT
WORKSAFE 55 HARRISON STREET OAKLAND, CA 94607	94-2927954	501(C)(3)	74,125.	0.			GENERAL SUPPORT
OAKLAND TECHNICAL HIGH SCHOOL 4351 BROADWAY OAKLAND, CA 94611		501(C)(3)	7,000.	0.		ľ	SUPPORT THE CLOSE UP PROJECT

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KAZAN, MCCLAII Schedule I (Form 990) (2013) GREENWOOD, OBI					94-3192688 Page
Part III Grants and Other Assistance to Individuals in the Part III can be duplicated if additional space is neede		plete if the organiz	zation answered "Yes	to Form 990, Part IV, line 22	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
					
<u> </u>				,, ,	
	1		+		
Part IV Supplemental Information Provide the information	rocurred to Dort Libr	o 2. Doet III. ookum	n (h) and any ather a	deltanelustametra	
	required in Part I, iii	ie z, Part III, Colum	n (b), and any other a	aditional information	·,··,
SCHEDULE I PART I					
EXPLANATION: ALL GRANTS ARE AWARI	DED TO ORG	ANIZATION:	S EXEMPT UN	DER IRC	
501 (C)(3), WHO ARE REQUIRED TO	COMPLY WIT	H ALL RUL	ES AND REGU	LATIONS	
FOR CHARITABLE ENTITIES.				<u>.</u> .	
·					
				· · · · · · · · · · · · · · · · · · ·	
					
332102 10-29-13		32			Schedule I (Form 990) (2013

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2013
Open to Public Inspection

Name of the organization

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 KAZAN, MCCLAIN, ABRAMS, FERNANDEZ, LYONS Empl

SATTERLY & BOSL FDN

Employer identification number 94-3192688

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

SAFETY, AND PUBLIC HEALTH;

- ENHANCE ACCESS TO, PARTICIPATION IN, AND EDUCATION ABOUT THE LEGAL SYSTEM AND GOVERNMENT PROCESSES;
- ADVANCE PROGRAMS THAT PROVIDE SERVICES WHICH LESSEN THE BURDENS OF GOVERNMENT AND/OR PROVIDE FOR INDIVIDUAL AND COMMUNITY EDUCATION AND SELF-SUFFICIENCY;
- PROVIDE RELIEF FOR THE POOR, DISTRESSED OR UNDERPRIVILEGED;
- DEFEND HUMAN AND CIVIL RIGHTS SECURED BY LAW;

GREENWOOD, OBERMAN,

COMBAT COMMUNITY DETERIORATION AND LESSEN NEIGHBORHOOD TENSIONS.

FORM 990, PART VI, SECTION B, LINE 11:

EXPLANATION: THE PRESIDENT AND EXECUTIVE DIRECTOR REVIEW THE FORM 990 BEFORE IT WAS FILED, AND ALL BOARD MEMBERS RECEIVE A COPY.

FORM 990, PART VI, SECTION B, LINE 12C:

EXPLANATION: TO ENSURE THE ORGANIZATION OPERATES IN A MANNER CONSISTENT
WITH CHARITABLE PURPOSES AND DOES NOT ENGAGE IN ACTIVITIES THAT COULD
JEOPARDIZE ITS TAX-EXEMPT STATUS, PERIODIC REVIEWS SHALL BE CONDUCTED. THE
PERIODIC REVIEWS SHALL AT A MINIMUM, INCLUDE THE FOLLOWING SUBJECTS:

- A. WHETHER COMPENSATION ARANGEMENTS AND BENEFITS ARE REASONABLE, BASED ON
- COMPETENT SURVEY INFORMATION AND THE RESULT OF ARM'S LENGTH BARGAINING.
- B. WHETHER PARTNERSHIPS, JOINT VENTURES, AND ARANGEMENTS WITH MANAGEMENT
 ORGANIZATIONS CONFORM TO THE ORGANIZATION'S WRITTEN POLICIES, ARE PROPERLY

RECORDED, REFLECT REASONABLE INVESTMENT OR PAYMENTS FOR GOODS AND SERVICES,

FURTHER CHARITABLE PURPOSES AND DO NOT RESULT IN INUREMENT, IMPERMISSIBLE

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Schedule O (Form 990 or 990-EZ) (2013)