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Form **990** 

Department of the Treasury Internal Revenue Service

# **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 By law, the IRS generally cannot redact the information on the form

► Information about Form 990 and its instructions is at <u>www.IRS.gov/form990</u>

OMB No 1545-0047

2013

Open to Public Inspection

A Fo	r the	2013 ca	lendar year, or tax year beginning	ງ 07-01-2013 ,2013, and ending	g 06-30-2014			
<b>B</b> Ch	eck ıf a	pplicable	C Name of organization SAN FRANCISCO FOOD BANK			D Employ	er identif	fication number
☐ Ad	dress cl	hange	Doing Business As			94-30	41517	
∏ Na	me cha	inge	Doing Business As					
Ini	tıal retu	ırn		ail is not delivered to street address) Ro	oom/suite	E Telepho	ne number	-
Te	rmınate	ed	900 PENNSYLVANIA AVENUE			(415)	282-190	00
Am	ended	return	City or town, state or province, cour SAN FRANCISCO, CA 94107	ntry, and ZIP or foreign postal code		(120)		
Г Ар	plication	n pending				<b>G</b> Gross re	ceipts \$ 96	5,532,591
			F Name and address of prir	cipal officer		Is this a group	return fo	
			PAUL ASH 900 PENNSYLVANIA AVEN	UE		subordinates?		┌ Yes ┌ No
			SAN FRANCISCO, CA 941	07	H(b)	Are all subordır	nates	┌ Yes ┌ No
	v-even	npt statu:	F F01(a)(2) F F01(a) ( ) # (	nsert no )		included?	a list (si	ee instructions)
				nsert no )   4947(a)(1) or   527		II NO, attach	a iist (Si	ee instructions)
			WW SFFOODBANK ORG		H(c)	Group exempti	on numb	er <b>►</b>
			Corporation Trust Associatio	n	<b>L</b> Yea	r of formation 198	37 <b>M</b> Sta	ate of legal domicile CA
Pa	rt I	Sun	nmary					
			describe the organization's mission					
a)	.	TO ENI	HUNGER IN SAN FRANCISCO	AND MARIN COUNTY				
Governance								
E								
<u>§</u>	2	Check	his box 🚩 if the organization di	scontinued its operations or dispo	osed of more t	han 25% of its	net asse	ts
	,	Numbo	of voting members of the govern	ing body (Part VI June 1a)		ı	з	23
Activities &	1		of independent voting members of			ŀ	4	22
Ĕ	1		umber of individuals employed in (			ŀ	5	165
≨	1		umber of volunteers (estimate if n			ŀ	6	25,000
∢	1		nrelated business revenue from P			ŀ	7a	0
	1		elated business taxable income fi	, , , , , , , , , , , , , , , , , , , ,		- 1	7b	0
				•		Prior Year	1	Current Year
	8	Cont	ributions and grants (Part VIII, lii	ne 1 h)		88,465,3	88	90,011,409
₫	9		am service revenue (Part VIII, li		264,1	_	309,272	
Rayenue	10	_	stment income (Part VIII, column			189,4		85,758
芒	11		r revenue (Part VIII, column (A ),			36,2	85	39,591
	12		revenue—add lines 8 through 11					
	<u> </u>					88,955,2		90,446,030
	13		s and similar amounts paid (Part			70,732,1	_	73,230,338
	14		fits paid to or for members (Part I				0	0
8	15	5alar 5-10	ies, other compensation, employe	e benefits (Part IX, column (A), I	ines	8,802,1	47	9,223,475
Expenses	16a		ssional fundraising fees (Part IX,	column (A), line 11e)		11,2	18	7,177
흜	Ь	Total f	undraising expenses (Part IX, column (D	, line 25) <b>▶</b> -2,002,417				
ш	17		r expenses (Part IX, column (A),		<del>.</del> .	8,506,8	40	8,652,339
	18		expenses Add lines 13-17 (mus	· · · · · · · · · · · · · · · · · · ·		88,052,3		91,113,329
	19	Reve	nue less expenses Subtract line	18 from line 12		902,8	93	-667,299
<u>১</u>					Beg	inning of Currer	nt	End of Year
Not Assets or Fund Balances		T . L . !	necete (Dawt V. Line 4.5)			Year	60	
A.ss Ba	20 21		assets (Part X, line 16)		· ·	22,628,3		23,013,740
2 E	22		liabilities (Part X, line 26) ssets or fund balances Subtract		· ·	21,227,1	<del>-  </del>	2,032,532
	12 III		nature Block	ille 21 from fille 20		21,227,1	87	20,981,208
Under my k prepa	r pena nowled arer ha	alties of dge and as any l	perjury, I declare that I have example belief, it is true, correct, and constant of the second constant of the sec					
Her	e		L ASH EXECUTIVE DIRECTOR e or print name and title					
		<u> 17 </u>	e or print name and title  Print/Type preparer's name	Preparer's signature	Date	T <sub>Charl</sub> , F , T	PTIN	
Pai	Ч		RANDY G PETERSON	r reparer 5 signature	2015-03-24	Check If self-employed	P0130020	3
	u pare	, r	Firm's name F ARMANINO LLP			Firm's EIN 🟲 94	-6214841	
	on:		Firm's address ► 55 ALMADEN BLVD SU∏	F 600		Phone no (408)	494-1200	I

SAN JOSE, CA 951131605

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

✓ Yes ☐ No

Check if Schedule C contains a response or note to any line in this Pert III	Par	t IIII Statement of Progra	m Service Accomp	olishments		
TO END HUNGER IN SAN FRANCISCO AND MARIN COUNTY BY SOLICITING FOOD DONATIONS NATIONALLY, DISTRIBUTING THE FOOD TO QUALIFYING PUBLIC SERVICE A GENCIES AND NEIGHBORHOOD PANTRIES, ADVOCATING FOR IMPROVED GOVERNMENT FOOD PROGRAMS, AND RAISING PUBLIC AWARENESS  2. Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-627			·	to any line in this Part	:III	
2 Did the organization undertake any significant program services during the year which were not listed on the prior form 990 or 990-627	1	Briefly describe the organization	's mission			
The prior Form 990 or 990-627	F00	D TO QUALIFYING PUBLIC SERV	VICE AGENCIES AND	NEIGHBORHOOD PA		
the prior Form 990 or 990-627						
Services?  11"Yes, 'describe these changes on Schedule O  4 Describe the organization cease conducting, or make significant changes in how it conducts, any program services.  4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported  4	2					
## Poscribe these changes on Schedule O  ## Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501 (c)(3) and 501 (c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.  ### (Code		If "Yes," describe these new serv	rices on Schedule O			
Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.  4a (Code ) (Expenses ) (Exp	3				onducts, any program	
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PAUTRY PROCRAMS 1,474,375 INDIVIDUALS SERVED THE FOOD BANK INS ISTABLISHED A VANCETY OF PANTRY PROCRAMS DESIGNED TO PROVIDE A LIFELINE FOR PROPORE WHO NEED HED THE PANTRIES PROVIDE FOOD TO LOW. INCOME SENDO CTITZENS, FAMILIST THESE INDIVIDUALS, PANALISTS THE POLOMOTION OF THE PROVIDER AND CONTROLLING, PANTRIES SERVING SENDORS, AND NEIGHBORN AND OTHER MAD CONTROLLINGS, THE JOB PANTRIES SERVING SENIORS, AND NEIGHBORNOOD PANTRIES. (MORE DETAILED DESCRIPTIONS OF THESE PANTRIES CAN BE FOUND IN SCHEDULE O) HEALTHY CHLDERN PANTRIES SERVING SENIORS, AND NEIGHBORNOOD PANTRIES. (MORE DETAILED DESCRIPTIONS OF THESE PANTRIES CAN BE FOUND IN SCHEDULE O) HEALTHY CHLDERN PANTRIES THIS PROCRAM COMPANY. THIS PROGRAM COMPANY CHURCH SENIORS. (MORE DETAILED DESCRIPTIONS OF THESE PANTRIES CAN BE FOUND IN SCHEDULE O) HEALTHY CHURCH PANTRIES. THE FOOD BANK CONTROLLING SUPPORT CENTERS AND OTHER CHILD-FOCUSED LOCATIONS BROWN BAG PANTRIES SERVING SENIORS. THIS PROGRAM PANALES THE FOOD BANK TO HER JOUR -INCOME SENIOR CITIZENS AND ADULTS STRUGGLING BROWN BAG PANTRIES SERVING SENIORS. THIS PROGRAM PANALES THE FOOD BANK TO HER JOUR -INCOME SENIOR CITIZENS AND ADULTS STRUGGLING BROWN BAG PANTRIES SERVING SENIORS FOOD THE FOOD BANK PROVIDES WEEKLY BAGS OF GROCERES TO THOUSANDS OF OLDER ADULTS STRUGGLING TO MAINTAIN THEIR HALLTH AND INDEPENDENCE IN THE 3-14 FISCAL YEAR, THE FOOD BANK CONTROLLING TO SENIOR SAND ADULTS WITH DESABLITIES IN SENIOR FORCE PROCREMS PROGRAM, PROVIDED RECEIVED TO WARD ADULTS WITH DESABLITIES IN SENIOR PROCRAMS, AND DEATH OF THE SAND PROGRAM, PROVIDED RECEIVED TO WARD ADULTS WITH DESABLITIES IN SENIOR PROCRAMS, AND DEATH OF THE SAND PROGRAM, PROVIDED BANK ESTABLES TO SENIOR SENIOR PROGRAMS, AND DEATH OF THE SAND PROGRAMS, AND DEATH OF THE SAND PROGRAMS, AND DEATH OF THE PROCRAMS AND DEATH OF THE PROGRAMS AND DEATH OF THE PROGRAMS AND SENIOR CHURCH BASISTANCE PROGRAMS, AND SENIOR PROGRAMS, AND SUPPORT PROGRAMS AND CHILD CARE CENTERS, VISIT THE WARRHOUSE ON A REGULAR BASIST TO SERVE FOOD TO FAMILIES LINKING IN PROGRAMS, A	4	expenses Section 501(c)(3) and	l 501(c)(4) organization	is are required to repo		
PEOPLE WHO NEED HELP THE PANTRIES PROVIDE FOOD TO LOW-INCOME SENIOR CITIZENS, FAMILIES, CHILDREN, AND OTHER INDIVIDUALS, ENABLING THEM TO PIAM AND PREPARE MEASIS IN THEIR OWN HOMES, AN ESSENTIAL ASPECT OF PROMOTING GOOD HEALTHY SUPPORT OF GRAITS AND CONTRIBUTIONS, THE FOOD BANK OPERATES THE FOLLOWING TYPES OF PANTRIES HEALTHY CHILDREN PANTRIES, BROWN BAG PANTRIES SERVING SENIORS, AND NEGHEBORHOOD PANTRIES (MORE DETAILED DESCRIPTIONS OF THE SHATELES CAN BE FOUND IN SCHEDULE O) HEALTHY CHILDREN PANTRIES THIS PROGRAM COMBATS CHILD HUNGER BY DISTRIBUTING MUTRITIOUS FOODS EVERY WEEK IN FAMILY-FREIDULE O'HEALTHY CHILDREN PANTRIES THIS PROGRAM COMBATS CHILD HUNGER BY DISTRIBUTING MUTRITIOUS FOODS EVERY WEEK IN FAMILY-FREIDULY ENVIRONMENTS SUCH AS PUBLIC SCHOOLS, CHILDCARE CENTRES, PARENTING SUPPORT CENTRES AND THE RIGHD FOOD THE FOOD BANK ROYALD HUNGEN, THE POOD BANK TO HELP LOW-INCOME SENIORS THIS PROGRAM FRANKES THE FOOD BANK TO HELP LOW-INCOME SENIOR CITIZENS AND ADULTS WITH DISABILITIES IN SECURE IMMEDIATE ACCESS TO NUTRITIOUS FOOD THE FOOD BANK FOOD AND THE SHAD ADULTS WITH DISABILITIES IN THE FOOD BANK FOOD THE SHAD ADULTS WITH DISABILITIES IN THE FOOD BANK FOOD THE SHAD ADULTS WITH DISABILITIES IN THE FOOD BANK FOOD THE SHAD ADULTS WITH DISABILITIES IN THE FOOD BANK FOOD THE SHAD ADULTS WITH DISABILITIES IN THE FOOD BANK FOOD THE FOOD BANK FOOD THE SHAD ADULTS WITH DISABILITIES IN THE FOOD BANK FOOD THE FOOD TH	4a	(Code ) (Expen	ises \$ 65,383,523	ıncludıng grants of \$	54,728,398 ) (Revenue \$	)
AGENCY DISTRIBUTION SHOPPING PROGRAM APPROXIMATELY 250 OF THE FOOD BANK'S MEMBER AGENCIES, INCLUDING COMMUNITY CENTERS, RELIGIOUS ORGANIZATIONS, SOUP KITCHENS, SHELTERS, AFFORDABLE HOUSING, SENIOR PROGRAMS, AIDS SUPPORT PROGRAMS AND CHILD CARE CENTERS, VISIT THE WAREHOUSE ON A REGULAR BASIS TO SELECT BREAD, DRY GOODS, MEAT, AND FRESH PRODUCE FOR THEIR CLIENTS  4c (Code ) (Expenses \$ 9,277,171 including grants of \$ 8,115,764) (Revenue \$ )  SUPPLEMENTAL FOOD PROGRAM FOR SENIORS THIS PROGRAM PROVIDES A MONTHLY BOX OF NUTRITIOUS USDA FOOD TO APPROXIMATELY 11,100 LOW-INCOME SENIOR CITIZENS  (Code ) (Expenses \$ 1,203,494 including grants of \$ ) (Revenue \$ )  ADVOCACY AND EDUCATION FOOD BANK ADVOCACY EFFORTS FOCUS ON OPTIMIZING UNDER-UTILIZED GOVERNMENT FOOD ASSISTANCE PROGRAMS (E G , CALFRESH, THE STATE'S FOOD STAMP PROGRAM, AND SAN FRANCISCO'S PUBLIC SCHOOL MEALS PROGRAM), ELIMINATING BUREAUCRACY AND RED TAPE THAT PREVENTS LOW-INCOME INDIVIDUALS FROM RECEIVING ASSISTANCE, IMPROVING PROGRAM QUALITY AND PARTICIPATION, AND OFFERING RECOMMENDATIONS TO ELECTED OFFICIALS AND COMMUNITY LEADERS TO REDUCE BARRIERS TO FOOD FOR LOW-INCOME RESIDENTS OF SAN FRANCISCO AND MARIN FOOD BANK EDUCATION PROGRAMS RAISE PUBLIC AWARENESS ABOUT THE PROBLEM OF HUNGER, HELP MOBILIZE SUPPORT FOR GOVERNMENT PROGRAMS AND POLICIES THAT PROVIDE ADEQUATE NUTRITION FOR LOW-INCOME PEOPLE, INFORM AND ASSIST LOW-INCOME HOUSEHOLDS TO APPLY FOR CALFRESH AND PROMOTE HEALTHY EATING AND NUTRITION BASICS  4d Other programs services (Describe in Schedule O)  (Expenses \$ 1,203,494 including grants of \$ ) (Revenue \$ )		PLAN AND PREPARE MEALS IN THEIR O SUPPORT OF GRANTS AND CONTRIBUT PANTRIES SERVING SENIORS, AND NEI CHILDREN PANTRIES THIS PROGRAM AS PUBLIC SCHOOLS, CHILDCARE CENTHIS PROGRAM ENABLES THE FOOD BAFOOD THE FOOD BANK PROVIDES WEI INDEPENDENCE IN THE 13-14 FISCAL GROCERIES TO OVER 285 SENIORS AN DELIVERIES AND COLLABORATES WITH THE TRIP TO PANTRY SITES OR MEAL FINETWORK OF WEEKLY PANTRIES TO SITHE IMMIGRANT FOOD ASSISTANCE PACOMMUNITY FOOD PARTNERS PANTRIED ISTRIBUTE EASILY PREPARED FRESH SERVICES THE NEIGHBORHOOD GROCE	WN HOMES, AN ESSENTIAL ACTIONS, THE FOOD BANK OPER GHBORHOOD PANTRIES (MO COMBATS CHILD HUNGER BY IERS, PARENTING SUPPORT (INK TO HELP LOW-INCOME SIZELY BAGS OF GROCERIES TO YEAR, THE FOOD BANK COND ADULTS WITH DISABILITIES OTHER COMMUNITY ORGANIOR OF A COMMUNITY ORGANIOR OF A COMMUNITY ORGANIOR OF A COMMUNITY OLISTRE OF A COMMUNITY OLISTRE OLIST OF THE SINITIATIVE FOCUSES OF THE SINITIATIVE FOCUSES OF THE SINITIATIVE FOOD TO FAMAND PACKAGED PRODUCTS TO THE COMBAT OF THE CO	SPECT OF PROMOTING GO ATES THE FOLLOWING TYPE DETAILED DESCRIPTION DISTRIBUTING NUTRITION CENTERS AND OTHER CHILD ENIOR CITIZENS AND ADUIL DITHOUSANDS OF OLDER A TINUED TO EXPAND ITS HO SIN SAN FRANCISCO AND IZATIONS TO SERVE HOME IFY FOR HOME-DELIVERED SESED COMMUNITIES AND GON LOW-INCOME IMMIGRA IMILES LIVING IN PUBLIC HO FORMERLY HOMELESS IN TO FORMERLY HOMELESS IN THE PORT IN THE PROPERTY IN THE PORT IN THE PROPERTY HOMELESS IN TO FORMERLY HOMELESS IN THE PROPERTY TO THE PORT IN THE P	OD HEALTH, NORMALCY AND DIGNITY PES OF PANTRIES HEALTHY CHILDREI NS OF THESE PANTRIES CAN BE FOUT JS FOODS EVERY WEEK IN FAMILY-FF LD-FOCUSED LOCATIONS BROWN BAG TS WITH DISABILITIES SECURE IMME DULTS STRUGGLING TO MAINTAIN THE ME-DELIVERED GROCERY PROGRAM, MARIN THE FOOD BANK PROVIDES T BOUND AND MOBILITY-IMPAIRED IND: MEALS NEIGHBORHOOD PANTRIES T REACHING TARGET POPULATIONS IN ANTS STRUGGLING WITH LANGUAGE DUSING DEVELOPMENTS THE SUPPOR NDIVIDUALS LIVING IN PERMANENT H	RELYING LARGELY ON THE N PANTRIES, BROWN BAG ND IN SCHEDULE O ) HEALTHY RIENDLY ENVIRONMENTS SUCH GO PANTRIES SERVING SENIORS DIATE ACCESS TO NUTRITIOUS LEIR HEALTH AND PROVIDING REGULAR HE FOOD, PERFORMS SOME WIDUALS WHO CANNOT MAKE HE FOOD BANK ESTABLISHED A NEED OF FOOD ASSISTANCE AND CULTURAL BARRIERS THE RITIVE HOUSING PANTRIES OUSING WITH SUPPORTIVE
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SUPPLEMENTAL FOOD PROGRAM FOR SENIORS THIS PROGRAM PROVIDES A MONTHLY BOX OF NUTRITIOUS USDA FOOD TO APPROXIMATELY 11,100 LOW-INCOME SENIOR CITIZENS  (Code	40	(Code ) (Expen	ses \$ 9.277.171	including grants of \$	8 115.764 ) (Revenue \$	)
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(Expenses \$ 1,203,494 including grants of \$ ) (Revenue \$ )	4.1	Other ==== (5	ha in Cakadilla O N			
	40			of \$	)(Revenue ¢	)
					, ( γ	,

Part IV	Checklist of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	140
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part $I^{\bullet}$	3		No
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	Yes	
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		No
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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
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? If "Yes," complete Schedule D, Part IV.	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
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	Yes	
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		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
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		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
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	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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		No
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		No
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? <i>If</i> " <i>Yes," complete Schedule F, Parts III and IV</i>	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
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	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
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	Yes	
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	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	23	Yes	
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		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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		No
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		No
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		No
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		No
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		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
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? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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		No
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		No
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		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	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	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm <b>99</b> 0	(2013)

	Statements Regarding Other 1RS Filings and Tax Compliance			_
	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>	Yes	. J No
•	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable   1a   27		163	140
	Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable  1b  0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c		
3	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			
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
ı	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		No
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
ı	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		No
	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	<u> </u>		
		5c		
	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		N
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).  Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a	Yes	
	services provided to the payor?	7b	Yes	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to		165	
	file Form 8282?	7c		N
			1	
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		N
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		N
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	Yes	
	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12   10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b	-		
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
	Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O	13a		
	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			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		N
	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14h		

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

36	ction A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	23			
	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			-		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	22			
2	Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?		relationship with any	2		No
3	Did the organization delegate control over management duties customarily performed supervision of officers, directors or trustees, or key employees to a management cor	d by d		3		No
4	Did the organization make any significant changes to its governing documents since filed?		· · · · · · · · · · · · · · · · · · ·	4		No
5	Did the organization become aware during the year of a significant diversion of the or	· ·aanız	ation's assets?	5		No
6	Did the organization have members or stockholders?			6		No
	Did the organization have members, stockholders, or other persons who had the power more members of the governing body?		elect or appoint one or	7a		No
h	Are any governance decisions of the organization reserved to (or subject to approval		mambars stackholders	7b		No
	or persons other than the governing body?					110
	Did the organization contemporaneously document the meetings held or written action year by the following	ons ui	ndertaken during the			
а	The governing body?			8a	Yes	
b	Each committee with authority to act on behalf of the governing body?			8b	Yes	
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule</i>	0.		9		Νo
Se	ection B. Policies (This Section B requests information about policies not i	requi	ired by the Internal R	eveni	ue Cod	e.)
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a	Yes	No No
	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization	ivitie	s of such chapters,	10a 10b	Yes	
b	If "Yes," did the organization have written policies and procedures governing the act	ivitie on's e	s of such chapters, xempt purposes?	10b	Yes	
b 11a	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization has the organization provided a complete copy of this Form 990 to all members of its	ivitie on's e s gov	s of such chapters, xempt purposes? erning body before filing 	10b		
b 11a b	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization has the organization provided a complete copy of this Form 990 to all members of its the form?	ivitie on's e s gov orm 9	s of such chapters, xempt purposes? erning body before filing 	10b		
b 11a b 12a	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization Has the organization provided a complete copy of this Form 990 to all members of its the form?	on's es gov orm 9	s of such chapters, xempt purposes? erning body before filing 190 trests that could give	10b	Yes	
b 11a b 12a b	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of its the form?  Describe in Schedule O the process, if any, used by the organization to review this Form the organization have a written conflict of interest policy? If "No," go to line 13.  Were officers, directors, or trustees, and key employees required to disclose annuall rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with	s gov orm S y inte	s of such chapters, xempt purposes? erning body before filing	10b 11a 12a 12b	Yes Yes Yes	
b 11a b 12a b	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of its the form?  Describe in Schedule O the process, if any, used by the organization to review this F Did the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annuall rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done.	s gov orm S y inte	s of such chapters, xempt purposes? erning body before filing	10b 11a 12a 12b 12c	Yes Yes Yes	
b 11a b 12a b c	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization Has the organization provided a complete copy of this Form 990 to all members of its the form?  Describe in Schedule O the process, if any, used by the organization to review this F Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annuall rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done  Did the organization have a written whistleblower policy?	s gov s gov orm S y inte	s of such chapters, xempt purposes? erning body before filing	10b 11a 12a 12b 12c 13	Yes Yes Yes Yes	
b 11a b 12a b	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of its the form?  Describe in Schedule O the process, if any, used by the organization to review this Form the organization have a written conflict of interest policy? If "No," go to line 13.  Were officers, directors, or trustees, and key employees required to disclose annuall rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a revi	y inte	s of such chapters, xempt purposes? erning body before filing	10b 11a 12a 12b 12c	Yes Yes Yes	
b 11a b 12a c 13 14	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of its the form?  Describe in Schedule O the process, if any, used by the organization to review this F Did the organization have a written conflict of interest policy? If "No," go to line 13.  Were officers, directors, or trustees, and key employees required to disclose annuall rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a revisite persons, comparability data, and contemporaneous substantiation of the	ivitie on's e s gov form 9 y inte the p ew are	s of such chapters, xempt purposes? erning body before filing	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	
b 11a b 12a c 13 14 15	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of its the form?  Describe in Schedule O the process, if any, used by the organization to review this F Did the organization have a written conflict of interest policy? If "No," go to line 13.  Were officers, directors, or trustees, and key employees required to disclose annuall rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done.  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a revisite organization of the organi	civitie on's e s gov  form S  y inte  the p  ew ar e deli	s of such chapters, xempt purposes? erning body before filing	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	
b 11a b 12a c 13 14 15	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of its the form?  Describe in Schedule O the process, if any, used by the organization to review this F Did the organization have a written conflict of interest policy? If "No," go to line 13.  Were officers, directors, or trustees, and key employees required to disclose annuall rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done.  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a revisite persons, comparability data, and contemporaneous substantiation of the The organization's CEO, Executive Director, or top management official.  Other officers or key employees of the organization	civitie on's e s gov  form S  y inte  the p  ew ar e deli	s of such chapters, xempt purposes? erning body before filing	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	
b 11a b 12a c 13 14 15 a b	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of its the form?  Describe in Schedule O the process, if any, used by the organization to review this F Did the organization have a written conflict of interest policy? If "No," go to line 13.  Were officers, directors, or trustees, and key employees required to disclose annuall rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a revisite organization for the organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	y inte	s of such chapters, xempt purposes? erning body before filing	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	
b 11a b 12a c 13 14 15 a b	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of its the form?  Describe in Schedule O the process, if any, used by the organization to review this F Did the organization have a written conflict of interest policy? If "No," go to line 13.  Were officers, directors, or trustees, and key employees required to disclose annuall rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a revindependent persons, comparability data, and contemporaneous substantiation of the The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture of taxable entity during the year?	y inte the p	s of such chapters, xempt purposes? erning body before filing	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	
b 11a b 12a c 13 14 15 a b	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization Has the organization provided a complete copy of this Form 990 to all members of its the form?  Describe in Schedule O the process, if any, used by the organization to review this F Did the organization have a written conflict of interest policy? If "No," go to line 13.  Were officers, directors, or trustees, and key employees required to disclose annuall rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a revindependent persons, comparability data, and contemporaneous substantiation of the The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture of	civitie on's e s gov  form 9  y inte  the p  ew are e deli  zatione step	s of such chapters, xempt purposes? erning body before filing	10b  11a  12a  12b  12c  13  14  15a  15b	Yes Yes Yes Yes Yes Yes	No
b 11a b 12a c 13 14 15 a b 16a b	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of its the form?  Describe in Schedule O the process, if any, used by the organization to review this F Did the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annuall rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done.  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a revindependent persons, comparability data, and contemporaneous substantiation of the The organization's CEO, Executive Director, or top management official.  Other officers or key employees of the organization.  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture of taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organicant participation in joint venture arrangements under applicable federal tax law, and take	civitie on's e s gov  form 9  y inte  the p  ew are e deli  zatione step	s of such chapters, xempt purposes? erning body before filing	10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes	No
b 11a b 12a c 13 14 15 a b 16a b	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it: the form?  Describe in Schedule O the process, if any, used by the organization to review this F Did the organization have a written conflict of interest policy? If "No," go to line 13.  Were officers, directors, or trustees, and key employees required to disclose annuall rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a revindependent persons, comparability data, and contemporaneous substantiation of the The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture of taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization point venture arrangements under applicable federal tax law, and take organization's exempt status with respect to such arrangements?	civitie on's e s gov  form 9  y inte  the p  ew are e deli  zatione step	s of such chapters, xempt purposes? erning body before filing	10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes	No

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

- 19 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
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization
  ►PAUL ASH 900 PENNSYLVANIA AVENUE
  SAN FRANCISCO,CA 94107 (415) 282-1900

Form 990	(2013	
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#### 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 . . . . . . . . . . . . . . . . .

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year

List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter - 0 - in columns (D), (E), and (F) if no compensation was paid

◆ List all of the organization's current key employees, if any See instructions for definition of "key employee"

List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

◆ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	more t	han o	one l both	box, an o	heck sofficer (stee) Highest compensated	Former	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations

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

( <b>A</b> ) Name and Title		(B) Average hours per week (list any hours	more than one box, unless cor person is both an officer and a director/trustee) orga						( <b>C</b> Repor comper from organiza	table isation the tion (W-	(E) Reportable compensation from related organizations (W	/-	(F) Estima imount o compens from t	ted fother ation he
		for related organizations below dotted line)	Individual trusties or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099	-MISC)	2/1099-MISC		rganizati relati organiza	ed
												_		
								<b> </b>						
1b c	Sub-Total	· · · · · s to Part VII. S	· · ection A	٠.	•			•						
d	Total (add lines 1b and 1c) .							Þ		1,005,325		0		103,610
2	Total number of individuals (in \$100,000 of reportable compe						d abov	e) w	ho receive	d more th	an	·		
													Yes	No
3	Did the organization list any <b>fo</b> on line 1a? <i>If "Yes," complete S</i>					key	emplo • •	yee, •	or highes .	t compen	sated employee	3		No
4	For any individual listed on line organization and related organ													1
5	Did any person listed on line 1	a receive or acc	rue cor	npen	• satu	• on fr	om an	• / []nr	elated ord	anızatıon	or individual for	4	Yes	
	services rendered to the organ			•					_			5		No
Se	ection B. Independent Co	ntractors												
1	Complete this table for your five compensation from the organization	e highest comp											tax vear	
		(A) ame and business			- '				<u></u>		(B) cription of services	Ī	(C Comper	)
BRUC	E W CHALMERS HOFFMAN INDUSTRIAL			OVATO	CA 9	4947				WAREHOUS	SE SUPPLIES	No.T	Compet	208,429
EDMO	ND JONOUBEH NUBEE MOTORS 1427 (	MISSION ROAD SOU	TH SAN F	RANC	ISCO	CA 9	4080			TRUCK REI	PAIRS AND MAINTENA	NCE		201,999
	Total number of Independent co	ntractors (inclin	dına but	not	lımıt	ed t	o those	e list	ed above)	who rece	ived more than	$\overline{\top}$		
	\$100,000 of compensation from						2 111031		.ca above)		a more chan			

		Check if Schedu	ule O contains a respor	ise or note to any lin	ne in this Part VIII			
					<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
တ 🗷	1a	Federated cam	paigns 1a					
unt	ь	Membership du	es <b>1b</b>					
ا ۾ وڌ	С	Fundraising eve	ents <b>1c</b>	244,872				
ξĀ	_							
Gifts, Grants ilar Amounts	d	_						
ns,	е	Government grants	s (contributions) <b>1e</b>	13,818,109				
tio er S	f	All other contribution similar amounts no	ons, gifts, grants, and <b>1f</b> ot included above	75,948,428				
Contributions, Gifts, Grants and Other Similar Amounts	g		ons included in lines	72,982,476				
Containd	h	Total. Add lines	s 1a-1f	· · · . 🛌	90,011,409			
				Business Code				
Ĕ	2a	SHARED MAINTENA	ANCE FEES	424000	295,437	295,437		
e Ke	ь	WHOLESALE MARK	ET PLACE	424000	13,835	13,835		
ē. H	С				,	,		
ž	d							
3 <u>3</u>	е							
Program Serwde Revenue	f	All other progra	am service revenue					<del>                                     </del>
្វែ	•							
Δ	g		s 2a – 2f		309,272	]		
	3		ome (including dividend ar amounts)		152,435			152,435
	4		tment of tax-exempt bond p					
	5			▶ │				
		,	(ı) Real	(II) Personal				
	6a	Gross rents						
	ь	Less rental						
	c	expenses Rental income						
	4	or (loss)	me or (loss)					
	d	Net rental incol	(i) Securities	(II) Other				
	7a	Gross amount	(i) Securities	(II) O tilel				
	, -	from sales of assets other	5,840,429					
		than inventory						
	Ь	Less cost or other basis and	5,907,106					
	С	sales expenses Gain or (loss)	-66,677					
	d	` ,	s)		-66,677			-66,677
	8a	Gross income f		· · · · · · · · · · · · · · · · · · ·	·			· ·
9 □		events (not inc	luding					
Other Revenue		Ψ	<u>,872</u> s reported on line 1c)					
ě		See Part IV, lin						
<u>.</u>			a	179,435				
the	ь	Less direct ex	penses <b>b</b>	179,435				
٥	С	Net income or (	loss) from fundraising (	events 🛌	0			
	9a		rom gaming activities					
		See Part IV, lin	e 19 <b>a</b>	510				
	b	Less directer	penses <b>b</b>	20				
			(loss) from gaming activ		490	i		490
		Gross sales of returns and allo	inventory, less	·				
			а					
			oods sold <b>b</b>					
	С		(loss) from sales of inve	-				<del>                                     </del>
	11-	Miscellaneous		Business Code 900099	39,101	39,101		
	_	KECYCLING &	PALLET SALES	200039	39,101	55,101		<del>                                     </del>
	b							<b> </b>
	С.							<b></b>
	d		ue					
	е	Total. Add lines	s 11a-11d	· · · •	39,101			
	12	Total revenue.	See Instructions	🛌	90,446,030	348,373	C	86,248

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (D) (B) Do not include amounts reported on lines 6b, (A) Program service Management and Fundraising 7b. 8b. 9b. and 10b of Part VIII. Total expenses expenses general expenses expenses Grants and other assistance to governments and organizations in the United States See Part IV, line 21 10,386,176 10,386,176 Grants and other assistance to individuals in the United States See Part IV, line 22 62,844,162 62,844,162 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and 737,821 512,168 200,242 25,411 key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . Other salaries and wages 6,340,358 4,893,086 411,995 1,035,277 Pension plan accruals and contributions (include section 401(k) 272,560 210,891 16,292 and 403(b) employer contributions) . . . . 45,377 974,065 102,022 Other employee benefits . . . . 1,271,790 195,703 10 600,946 459,257 50,891 90,798 11 Fees for services (non-employees) Management . . . . Legal . . . . . . . . 66,000 66,000 7,177 Professional fundraising services See Part IV, line 17 7,177 Investment management fees . . . . . Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on 404,936 40,165 9,497 355,274 Schedule O) . . . . . . . Advertising and promotion . . 146,604 120,482 9,262 12 16,860 13 Office expenses . . . 491,195 321,042 136,894 33,259 42,613 32,691 3,541 14 Information technology . . 6,381 15 Royalties . 570,466 515,282 20,158 35,026 16 Occupancy . . . . . . **17** 50,158 40,895 3,507 5,756 Travel . . . . . . . 18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . . 19 Conferences, conventions, and meetings . 37,392 28,138 3,432 5,822 20 Interest . . . . . . . . . . . . Payments to affiliates . . . . . . 21 22 Depreciation, depletion, and amortization . 549,666 422,016 48,998 78,652 23 85,658 76,442 2,833 6,383 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) a FOOD PROCUREMENT 4,161,224 4,161,224 FREIGHT AND STORAGE 1,046,960 1,046,960 **VEHICLE EXPENSES** 446,672 446,672 d WAREHOUSE SUPPLIES 377,515 377,515 175,280 110,898 e All other expenses 5,121 59,261 Total functional expenses. Add lines 1 through 24e 25 91,113,329 88,020,227 1,090,685 2,002,417 Joint costs. Complete this line only if the organization 26 reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► 🔽 if following SOP 98-2 (ASC 958-720) 540.241 41.605 498.636

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X		(A)		· · ·
				Beginning of year		End of year
	1	Cash-non-interest-bearing		312,788	1	4,187,880
	2	Savings and temporary cash investments		658,782	2	508,683
	3	Pledges and grants receivable, net		815,161	3	1,027,120
	4	Accounts receivable, net		80,651	4	71,777
ts	5	Loans and other receivables from current and former officers, directors, trus employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined und $4958(f)(1)$ ), persons described in section $4958(c)(3)(B)$ , and contributing and sponsoring organizations of section $501(c)(9)$ voluntary employees' be organizations (see instructions) Complete Part II of Schedule L	employers		6	
4ssets	7	Notes and loans receivable, net			7	
₹	8	Inventories for sale or use		4,381,428	-	3,665,500
	9	Prepaid expenses and deferred charges	•	140,071	9	204,870
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	13,438,983	·		201,010
	ь	Less accumulated depreciation 10b	5,703,855	7,684,014	10c	7,735,128
	11	Investments—publicly traded securities		8,555,473		5,612,782
	12	Investments—other securities See Part IV, line 11		2,222,332	12	-,,
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)		22,628,368		23,013,740
	17	Accounts payable and accrued expenses	•	1,401,181	17	1,637,732
	18	Grants payable		1,401,101	18	1,007,702
	19	Deferred revenue	•		19	394,800
	20	Tax-exempt bond liabilities			20	304,000
	21	Escrow or custodial account liability Complete Part IV of Schedule D .			21	
lities	22	Loans and other payables to current and former officers, directors, trustees key employees, highest compensated employees, and disqualified			21	
Liabilit		persons Complete Part II of Schedule L			22	
ï	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 part and other liabilities not included on lines 17-24) Complete Part X of Sched	ıes,		25	
	]	D		4 404 404	25	2 022 522
	26	Total liabilities. Add lines 17 through 25		1,401,181	26	2,032,532
√n db		Organizations that follow SFAS 117 (ASC 958), check here ► ✓ and compl lines 27 through 29, and lines 33 and 34.	ete			
ĕ	27	Unrestricted net assets		20,998,478	27	20,661,408
<u>ಲ</u>	28	Temporarily restricted net assets		228,709	28	319,800
<u>п</u>	29	Permanently restricted net assets			29	2.5,500
Assets or Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check here ► ☐ and complete lines 30 through 34.	ı			
O .0	30	Capital stock or trust principal, or current funds			30	
ě,	31	Paid-in or capital surplus, or land, building or equipment fund			31	
ď	32	Retained earnings, endowment, accumulated income, or other funds			32	
₹	33	Total net assets or fund balances		21,227,187	33	20,981,208
Z	34	Total liabilities and net assets/fund balances		22,628,368		23.013.740

Par	Reconcilliation 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		90.4	146,030
2	Total expenses (must equal Part IX, column (A), line 25)				
,	Pavanua laga aynangga Cubtwat lung 3 from lung 1	2		91,1	13,329
3	Revenue less expenses Subtract line 2 from line 1	3		-6	67,299
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		21 -	007 107
5	Net unrealized gains (losses) on investments			21,2	227,187
_	_	5			21,320
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)				
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		20,9	0 81,208
Par	t XII Financial Statements and Reporting	I			•
	Check if Schedule O contains a response or note to any line in this Part XII				. Г
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	ved on			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separ basis, consolidated basis, or both	ate			
	▼ Separate basis				1
C	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight audit, review, or compilation of its financial statements and selection of an independent accountant?	t of th	e <b>2c</b>	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	!	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		3b	Yes	

## Software ID: Software Version:

**EIN:** 94-3041517

Name: SAN FRANCISCO FOOD BANK

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

Form 990, Part VII - Compensation Compensated Employees, and Inde	of Officers, pendent Cor	Direct otracto	ors, ers	Tru	ste	es, k	(ey	Employees, High	nest	
( <b>A</b> ) Name and Title	(B) A verage hours per week (list any hours for related	Posit more th perso and a	ion ( nan o n is b	ne b oth ctor/	ox, ι an o ⁄trus	inless fficer tee)		(D)  Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former		, ,	related organizations
TIM GERAGHTY	1 00	х		х				0	0	0
CHAIRPERSON DAVID M STEINBERG	1 00	×		×				0	0	
VICE-CHAIRPERSON  DAVE WEBER	1.00							0	0	0
TREASURER	1 00	×		х				0	0	0
BERNICE WELLES - TO 102013	1 00	х		х				0	0	0
TREASURER HILARY KESSLER SELIGMAN	1 00	×		×				0	0	0
SECRETARY BILL HANSELL	1 00									
BOARD MEMBER	1 00	Х						0	0	0
CURT SIGFSTEAD BOARD MEMBER	1 00	×						0	0	0
MICHAEL BAILEY - FROM 42014	1 00	х						0	0	0
BOARD MEMBER HAROLD SOGARD	1 00								0	0
BOARD MEMBER HYUN PARK	1.00	×						0	0	·
BOARD MEMBER	1 00	×						o	o	О
AARON BORTEL - TO 12014 BOARD MEMBER	1 00	х						0	0	0
JUDY LI - FROM 42014	1 00	Х						0	0	0
BOARD MEMBER CHRISTIAN KOEPP - FROM 42014	1 00	×						0	0	0
BOARD MEMBER SHARI FREEDMAN	1 00									
BOARD MEMBER		Х						0	0	0
MICHAEL TERRIS BOARD MEMBER	1 00	×						o	o	О
SUSAN MEYER	1 00	х						0	0	0
GARY MAXWORTHY SEE SCH O	21 00	X						39,724	0	7,005
BOARD MEMB/FOOD RESOURCE D JENNIFER CHANG	1 00							39,724		7,003
BOARD MEMBER		×						0	0	0
KIM COATES BOARD MEMBER	1 00	×						0	0	О
KATHYRN GRANT ELLMAN	1 00	х						0	0	0
TYLER FLORENCE	1 00	×						0	0	0
BOARD MEMBER RODNEY A FONG	1 00								0	0
BOARD MEMBER  JACK BERTGES	1 00	X						0	0	0
BOARD MEMBER		×						0	0	0
LYNDA SULLIVAN BOARD MEMBER	1 00	x						0	0	0
JONATHAN WALKER	1 00	х						0	0	0
BOARD MEMBER	J						1			<u> </u>

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

<b>(A)</b> Name and Title	(B) A verage hours per week (list any hours for related	Posit more th persor and a	ion (d nan o n is b	ne booth a	ox, u an of trus	inless ficer tee)		(D)  Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2,2333 11333,	2,2000	related organizations
PAUL ASH  EXECUTIVE DIRECTOR	40 00			х				294,061	0	22,751
MICHAEL BRAUDE	40 00									
DIR OF FINANCE AND ADMIN	10 00			Х				131,244	0	15,796
LESLIE HARLESS BACHO  DEPUTY EXECUTIVE DIRECTOR	32 00				x			162,280	0	19,763
SEAN BROOKS DIRECTOR OF PROGRAMS	32 00					х		131,463	0	17,013
BOB BRENNEMAN DIRECTOR OF DEVELOPMENT	40 00					х		143,639	0	8,751
MEREDITH NGUYEN  DIR OF DEVELOPMENT	40 00					х		102,914	0	12,531

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OMB No 1545-0047

## **SCHEDULE A**

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

## **Public Charity Status and Public Support**

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

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

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

Open to Public **Inspection** 

Name of the organization SAN FRANCISCO FOOD BANK

**Employer identification number** 

									94-30415		
Par				blic Charity Sta						nstructions	
The o	rganı:	zatıon ıs	not a privat	e foundation becaus	eitis (Forl	ınes 1 throu	ıgh 11, check	only one b	oox)		
1		A churc	ch, conventi	on of churches, or a	ssociation of	churches d	lescribed in <b>s</b> e	ection 170(	b)(1)(A)(i).		
2		A scho	ol described	in <b>section 170(b)(1</b>	l <b>)(A)(ii).</b> (At	tach Sched	ule E)				
3	Γ	A hosp	ıtal or a coo	perative hospital se	rvice organiz	atıon descr	ibed in <b>sectio</b>	n 170(b)(1	)(A)(iii).		
4	Γ			n organization opera	ted ın conjun	ction with a	hospital des	cribed in <b>se</b>	ction 170(b)(	1)(A)(iii). E	nter the
_	_			ty, and state							
5	ı	_	•	erated for the benefi	_	or universi	ty owned or o	perated by	a governmen	tai unit desc	ribed in
_	_			<b>A)(iv).</b> (Complete P	,						
6	_			local government or	-			. , .	,, ,, ,		
7	<u> </u>			at normally receives on 170(b)(1)(A)(vi).		•	support from	a governm	ental unit or f	rom the gen	eral public
8	Г			described in <b>sectio</b>			mplete Part II	· )			
9	_			at normally receives			•	-	butions . mem	bershin fees	, and gross
_	•	_		ities related to its e					•	-	-
		•		oss investment inco	· ·	=		-			
			_					' <del>-</del> '		,	
10	Г	acquired by the organization after June 30, 1975 See <b>section 509(a)(2).</b> (Complete Part III)  An organization organized and operated exclusively to test for public safety See <b>section 509(a)(4).</b>									
11	Ė									o carry out t	the purposes of
	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See <b>section 509(a)(3).</b> Chec										
the box that describes the type of supporting organization and complete lines 11e through 11h											
	_			b							· -
е	ļ	•	_	ox, I certify that the	_		,		, ,		•
			nan roundati n 509(a)(2)	on managers and ot	ner than one	or more put	olicly support	ed organiza	itions describ	ea in section	n 509(a)(1) or
f			` '\ '	received a written de	etermination	from the IR	S that it is a	Type I, Typ	oe II, or Type	III supporti	ng organization,
		check t	his box								ĭ ĭ
g				2006, has the organ	ızatıon accep	oted any gift	or contributi	on from any	of the		
			ig persons? erson who di	rectly or indirectly o	controls eith	er alone or i	together with	nersons de	scribed in (ii)		Yes No
				governing body of th	•		5	persons de	.seribed iii (ii)	11g	
		-		er of a person descr		_				11g	· · · · · · · · · · · · · · · · · · ·
				lled entity of a perso			above?			11g(	
h				ng information about							,
				ig illiorillation about	спо заррогес	ou organizat					
(i)	) Nam	ne of	(ii) EIN	(iii) Type of	(iv) Is t	the	(v) Did you	notify	(vi) Is	the	(vii) A mount of
si	uppor	ted		organization	organizati	on in	the organiz	zation	organizat	ion in	monetary
org	ganiza	ation		(described on	col (i) list		ın col (i) d	•	col (i) org		support
				lines 1 - 9 above or IRC section	your gove docume	_	suppor	t?	in the U	5 /	
				(see	docume	111.					
				instructions))	Yes	No	Yes	Ne	Yes	No	1
					res	No	res	No	res	No	
T ·									+		

instructions

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2009 **(b)** 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total in) 🟲 1 Gifts, grants, contributions, and membership fees received (Do 62,445,389 74,516,519 82,016,823 88,465,388 90,011,409 397,455,528 not include any "unusual grants ") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 62,445,389 74,516,519 82,016,823 88,465,388 90,011,409 397,455,528 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 397,455,528 from line 4 Section B. Total Support Calendar year (or fiscal year (a) 2009 **(b)** 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total beginning in) 🟲 62,445,389 74,516,519 88,465,388 90,011,409 Amounts from line 4 82,016,823 397,455,528 Gross income from interest, dividends, payments received on 185,009 703,506 securities loans, rents, royalties 92,336 128,305 145,421 152,435 and income from similar sources 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 assets (Explain in Part IV) 11 Total support (Add lines 7 398, 159, 034 through 10) 12 Gross receipts from related activities, etc (see instructions) 12 2,984,015 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check 13 Section C. Computation of Public Support Percentage 14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) 14 99 820 % Public support percentage for 2012 Schedule A, Part II, line 14 15 99 830 % 16a 33 1/3% support test—2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box ┡┰ and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test—2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10%-facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Schedule A (Form 990 or 990-EZ) 2013 Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support

Cale	ndar year (or fiscal year beginning in) 🟲	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	<b>(e)</b> 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
_	merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt						
	purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or						
4	business under section 513 Tax revenues levied for the						
•	organization's benefit and either						
	paid to or expended on its						
_	behalf The value of services or facilities						<u> </u>
5	furnished by a governmental unit to						
	the organization without charge						
6	<b>Total.</b> Add lines 1 through 5						
7a	A mounts included on lines 1, 2,						
	and 3 received from disqualified persons						
ь	Amounts included on lines 2 and 3						
	received from other than						
	disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support (Subtract line 7c						
	from line 6 ) ction B. Total Support						
	ndar year (or fiscal year beginning	( ) 2000	(1) 2010	( ) 2011	(1) 2012	( ) 2012	(C) T
				(A) 2011 I	(d) 2012	(e) 2013	(f) Total
	in) ►	(a) 2009	<b>(b)</b> 2010	(c) 2011	(4) 2012	(-,	(-,
9	in) ► A mounts from line 6	(a) 2009	( <b>B)</b> 2010	(6) 2011	(4) 2012	(5, 2222	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	in) ► A mounts from line 6 Gross income from interest,	(a) 2009	<b>(B)</b> 2010	(6) 2011	(4) 2012	(0, 2000	(7,7,5,5,1)
9	in) ► A mounts from line 6	(a) 2009	<b>(b)</b> 2010	(6) 2011	(4) 2012	(5,232	
9	in)  A mounts from line 6 Gross income from interest, dividends, payments received on	(a) 2009	<b>(b)</b> 2010	(6) 2011	(4) 2322		
9 10a	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	(a) 2009	( <b>b)</b> 2010	(6) 2011	(4) 2322		
9	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable	(a) 2009	( <b>b)</b> 2010	(6) 2011	(4) 2012		
9 10a	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	(a) 2009	( <b>b)</b> 2010	(6) 2011	(4) 2322		
9 10a	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	(a) 2009	( <b>b)</b> 2010	(6) 2011	(4) 2322		
9 10a b	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	(a) 2009	( <b>b)</b> 2010	(6) 2011	(4) 2012		
9 10a b	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated	(a) 2009	( <b>b)</b> 2010	(6) 2011	(4) 2012		
9 10a b	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	(a) 2009	( <b>b)</b> 2010	(6) 2011	(4) 2322		
9 10a b c 11	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses 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	(a) 2009	( <b>b)</b> 2010	(6) 2011	(4) 2322		
9 10a b	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses 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 Other income Do not include	(a) 2009	( <b>b)</b> 2010	(6) 2011			
9 10a b c 11	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses 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 Other income Do not include gain or loss from the sale of	(a) 2009	( <b>b)</b> 2010	(c) 2011			
9 10a b c 11	In) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses 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 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	(a) 2009	( <b>b)</b> 2010	(6) 2011			
9 10a b c 11	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses 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 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c,	(a) 2009	( <b>b)</b> 2010	(c) 2011			
9 10a b c 11	In) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses 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 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
9 10a b c 11 12	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses 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 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV ) Total support. (Add lines 9, 10c, 11, and 12 ) First five years. If the Form 990 is f check this box and stop here	or the organizati	on's first, second				
9 10a b c 11 12 13 14	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses 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 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here	or the organizati	on's first, second	, thırd, fourth, or		a 501(c)(3) orga	nization,
9 10a b c 11 12 13 14 Se 15	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses 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 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here ction C. Computation of Publ Public support percentage for 2013	or the organizati ic Support Pe (line 8, column (	on's first, second ercentage f) divided by line	, thırd, fourth, or		a 501(c)(3) orga	nization,
9 10a b c 11 12 13 14 Se 15 16	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses 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 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV ) Total support. (Add lines 9, 10c, 11, and 12 ) First five years. If the Form 990 is f check this box and stop here  ction C. Computation of Publ Public support percentage from 201	or the organization of the	on's first, second ercentage f) divided by line art III, line 15	, third, fourth, or		a 501(c)(3) orga	nization,
9 10a b c 11 12 13 14 Se 15 16 Se	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses 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 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV ) Total support. (Add lines 9, 10c, 11, and 12 ) First five years. If the Form 990 is f check this box and stop here ction C. Computation of Publ Public support percentage from 201 ction D. Computation of Inve	or the organization of the	on's first, second ercentage f) divided by line art III, line 15 me Percenta	, third, fourth, or 13, column (f))	fifth tax year as a	a 501(c)(3) orga 15 16	nization,
9 10a b c 11 12 13 14 Se 15 16 Se 17	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses 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 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here ction C. Computation of Publ Public support percentage from 201 ction D. Computation of Inve	or the organization  ic Support Performance (line 8, column ( 2 Schedule A, Paragraphic Performance)  colors (line 10c, colors)	on's first, second ercentage f) divided by line art III, line 15 me Percentagolumn (f) divided	, third, fourth, or  13, column (f)) <b>ge</b> by line 13, colum	fifth tax year as a	15 16	nization,
9 10a b c 11 12 13 14 Se 15 16 Se 17 18	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses 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 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV ) Total support. (Add lines 9, 10c, 11, and 12 ) First five years. If the Form 990 is f check this box and stop here ction C. Computation of Publ Public support percentage from 201 ction D. Computation of Inve	or the organization of the organization of the organization of the second of the secon	on's first, second ercentage f) divided by line art III, line 15 me Percentago olumn (f) divided A, Part III, line 1	, third, fourth, or  13, column (f)) <b>ge</b> by line 13, column	fifth tax year as a	15 16	nization,

33 1/3% support tests—2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18

is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

<b>Part IV Supplemental Information.</b> Provide the explanations required by Part II, line 10; Part II, line 17a o 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).						
	Facts And Circumstances Test					
Retu	Return Reference Explanation					
		Schodulo A / Form 000 o	000 E7) 201			

Schedule A (Form 990 or 990-EZ) 2013

DLN: 93493084006465

# OMB No 1545-0047

## **SCHEDULE C** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

Political Campaign and Lobbying Activities

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

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

f the organization answered "Yes" to Form 990 Part IV. Line 5 (Proxy Tax) or Form 990-F7, Part V. line 35c (Proxy Tax), then

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.  Provide a description of the organization's direct and indirect political campaign activities in Part IV  Political expenditures  Volunteer hours  Part I-B Complete if the organization is exempt under section 501(c)(3).  Enter the amount of any excise tax incurred by the organization under section 4955  Enter the amount of any excise tax incurred by organization managers under section 4955  If the organization incurred a section 4955 tax, did it file Form 4720 for this year?  Yes No  Mas a correction made?  Fives No  If "Yes," describe in Part IV  Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).  Enter the amount directly expended by the filing organization for section 527 exempt function activities  Total exempt function expenditures Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b  Did the filing organization file Form 1120-POL for this year?  Total exempt function expenditures Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b  Total exempt function expenditures Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b  Inter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organizations to which the filing organization amount of political contributions received that were promptly and directly delivered to a separate political organization in Part IV  (a) Name  (b) Address (c) EIN (d) Amount paid from filing organization's funds also enter the and promptly and directly delivered to a separate political organization's contributions received that were promptly and directly delivered to a separate political enganization's contributions received		Section 501(c)(4), (5), or (6) orga me of the organization	anadono complete i di tiii		Employ	er ide	ntification number
Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.  Provide a description of the organization's direct and indirect political campaign activities in Part IV  Political expenditures  Volunteer hours  Part I-B Complete if the organization is exempt under section 501(c)(3).  Enter the amount of any excise tax incurred by the organization under section 4955  Enter the amount of any excise tax incurred by organization managers under section 4955  If the organization incurred a section 4955 tax, did it file Form 4720 for this year?  Yes No  If "Yes," describe in Part IV  Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).  Enter the amount directly expended by the filing organization for section 527 exempt function activities  Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities  Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b  Complete if the organization file Form 1120-POL for this year?  Tent of the filing organization file Form 1120-POL for this year?  Tent the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization is contributions received that were promptly and directly delivered to a separate political organization in Part IV  (a) Name  (b) Address  (c) EIN  (d) Amount paid from filing organization if none, enter-0-  and promptly and directly delivered to a separate political contributions received and promptly and directly delivered to a separate political organization in Infone, enter-0-  and promptly and directly delivered to a separate political organization in Infone, organization in Infone							
Provide a description of the organization's direct and indirect political campaign activities in Part IV  Political expenditures  Volunteer hours  Part I-B Complete if the organization is exempt under section 501(c)(3).  I Enter the amount of any excise tax incurred by the organization under section 4955  Enter the amount of any excise tax incurred by organization managers under section 4955  If the organization incurred a section 4955 tax, did it file Form 4720 for this year?  Yes No  If "Yes," describe in Part IV  Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).  Enter the amount directly expended by the filing organization for section 527 exempt function activities  Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities  Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b  Did the filing organization file Form 1120-POL for this year?  First I-C Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount political contributions received that were promptly and identify delivered to a separate political organization's funds also enter the amount political contributions received that were promptly and directly delivered to a separate political organization in Part IV  (a) Name  (b) Address  (c) EIN  (d) Amount paid from filing organization organization in Part IV	Par	T-A Complete if the or	ganization is exempt unde	er section 501(			
Point a expenditures  Volunteer hours  Part I-B Complete if the organization is exempt under section 501(c)(3).  1 Enter the amount of any excise tax incurred by the organization under section 4955  2 Enter the amount of any excise tax incurred by organization managers under section 4955  3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?  4 Was a correction made?  5 If Yes, "describe in Part IV  Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).  1 Enter the amount of the filing organization is exempt under section 527 exempt function activities  2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities  3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b  4 Did the filing organization file Form 1120-POL for this year?  5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV  (a) Name  (b) Address (c) EIN (d) Amount paid from filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization's funds and promptly and directly delivered to a separate political organization's funds and promptly and directly delivered to a separate political organization's funds. Separate political organization in Part IV			<del>-</del>		•		, <u> </u>
Volunteer hours   Part I-B   Complete if the organization is exempt under section 501(c)(3).			ganization's direct and indirect po	litical campaign act	tivities in Part IV		
Part I-B Complete if the organization is exempt under section 501(c)(3).  1		•					\$
Enter the amount of any excise tax incurred by the organization under section 4955  Enter the amount of any excise tax incurred by organization managers under section 4955  If the organization incurred a section 4955 tax, did it file Form 4720 for this year?  Yes No  Was a correction made?  Tyes No	•	volunteer nours					
2 Enter the amount of any excise tax incurred by organization managers under section 4955  3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?  4 Was a correction made?  5 If "Yes," describe in Part IV  Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).  1 Enter the amount directly expended by the filing organization for section 527 exempt function activities  2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities  3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b  4 Did the filing organization file Form 1120-POL for this year?  5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV  (a) Name  (b) Address (c) EIN (d) Amount paid from filing organization's funds If none, enter -0- and promptly and directly delivered to a separate political organization If none, organizat	Par	t I-B Complete if the or	ganization is exempt und	er section 501(	c)(3).		
If the organization incurred a section 4955 tax, did it file Form 4720 for this year?  Was a correction made?  Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).  Enter the amount directly expended by the filing organization for section 527 exempt function activities  Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities  Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b  Did the filing organization file Form 1120-POL for this year?  Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization in Part IV  (a) Name  (b) Address  (c) EIN  (d) Amount paid from filing organization's funds received to a separate political organization in Part IV  (a) Name  (b) Address  (c) EIN  (d) Amount paid from filing organization's funds and promptly and directly delivered to a separate political organization is and promptly and directly delivered to a separate political organization in Part IV  (a) Name  (b) Address  (c) EIN  (d) Amount paid from contributions received to a separate political organization is apparate political organization if none, enter -0-	1	Enter the amount of any excis	e tax incurred by the organization	under section 495	5	<b>F</b>	\$
Was a correction made?    Yes   No	2	Enter the amount of any excis	e tax ıncurred by organızatıon maı	nagers under sectio	n 4955	•	\$
Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).  1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$  2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$  3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b \$  4 Did the filing organization file Form 1120-POL for this year?  5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV  (a) Name  (b) Address (c) EIN (d) Amount paid from filing organization's funds If none, enter -0- filing organization's funds If none, enter -0- separate political organization If none,	3	If the organization incurred a	section 4955 tax, did it file Form 4	1720 for this year?			☐ Yes ☐ No
Enter the amount directly expended by the filing organization for section 527 exempt function activities  Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities  Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b  Did the filing organization file Form 1120-POL for this year?  Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV  (a) Name  (b) Address  (c) EIN  (d) Amount paid from filing organization's funds If none, enter -0-  (e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, organization If none,	4a	Was a correction made?					┌ Yes ┌ No
Enter the amount directly expended by the filing organization for section 527 exempt function activities  Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities  Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b  Did the filing organization file Form 1120-POL for this year?  Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV  (a) Name  (b) Address  (c) EIN  (d) Amount paid from filing organization's funds. If none, enter -0- and promptly and directly delivered to a separate political organization if none, organization.	b	If "Yes," describe in Part IV					
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities  3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b  4 Did the filing organization file Form 1120-POL for this year?  5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV  (a) Name  (b) Address  (c) EIN  (d) Amount paid from filing organization's funds. If none, enter -0 and promptly and directly delivered to a separate political organization. If none, organization.	Par	t I-C Complete if the or	ganization is exempt und	er section 501(	c), except secti	on 50	01(c)(3).
Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b  Did the filing organization file Form 1120-POL for this year?  Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.  (a) Name  (b) Address  (c) EIN  (d) Amount paid from filing organization's funds. If none, enter -0- and promptly and directly delivered to a separate political organization. If none, organization.	1	Enter the amount directly exp	ended by the filing organization for	section 527 exem	pt function activities	F	\$
Did the filing organization file Form 1120-POL for this year?  Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV  (a) Name  (b) Address  (c) EIN  (d) A mount paid from filing organization's funds. If none, enter -0 and promptly and directly delivered to a separate political organization. If none, organization.	2		organization's funds contributed to	other organization	s for section 527	<b>-</b>	\$
Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.  (a) Name  (b) Address  (c) EIN  (d) A mount paid from filing organization's funds. If none, enter -0 and promptly and directly delivered to a separate political organization. If none, organization.	3	Total exempt function expend	tures Add lines 1 and 2 Enter he	ere and on Form 112	20-POL, line 17b	►	\$
organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.  (a) Name  (b) Address  (c) EIN  (d) A mount paid from filing organization's funds. If none, enter -0- and promptly and directly delivered to a separate political organization. If none,	4	Did the filing organization file	Form 1120-POL for this year?				☐ Yes ☐ No
filing organization's contributions received and promptly and directly delivered to a separate political organization. If none,	5	organization made payments amount of political contributio	For each organization listed, enterns received that were promptly an	the amount paid front directly delivered	om the filing organiz to a separate polition	atıon's :al org	funds Also enter the anization, such as a
		(a) Name	(b) Address	<b>(c)</b> EIN	filing organizat	on's	directly delivered to a separate political organization If none,

Sch	nedule C (Form 990 or 990-EZ) 2013					Page <b>2</b>
Pä	art II-A Complete if the organization	is exempt under	section 501(	c)(3) and file	ed Form 5768	
_	under section 501(h)).		Link in Doub TV an	- h - 66:1: - h - d		a adduces FIN
٠.	Check ► If the filing organization belongs to a expenses, and share of excess lobb		iist in Part IV ea	ch amiliated gro	up members nam	e, address, EIN,
3	Check ► ☐ If the filing organization checked bo		l" provisions app	ly		
	Limits on Lobbying E (The term "expenditures" means ar		l <b>.</b> )		(a) Filing organization's totals	( <b>b)</b> Affiliated group totals
La	Total lobbying expenditures to influence public o	pinion (grass roots lob	bying)			
ь	Total lobbying expenditures to influence a legisl	ative body (direct lobby	yıng)			
c	Total lobbying expenditures (add lines 1a and 1	o)		Γ		
d	O ther exempt purpose expenditures			Γ		
e	Total exempt purpose expenditures (add lines 1	c and 1d)		Γ		
f	Lobbying nontaxable amount Enter the amount is columns	rom the following table	ın both			
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontax	able amount is:			
	Not over \$500,000	20% of the amount on lir	ne 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,0	00		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000	,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,0	000		
	Over \$17,000,000	\$1,000,000				
g	Grassroots nontaxable amount (enter 25% of lir	ue 1f)				
h	Subtract line 1g from line 1a If zero or less, ent	er-0-				
i	Subtract line 1f from line 1c If zero or less, ente	er - 0 -				
j	If there is an amount other than zero on either li section 4911 tax for this year?	ne 1h or line 1ı, did the	organization file	Form 4720 repo	orting	┌ Yes ┌ No
	(Some organizations that made a columns below. See t	he instructions fo	ection do not r lines 2a thro	havè to con ough 2f on p		ne five
	Lobbying Exp	enditures During	4-Year Avera ⊤	ging Period	1	1
	Calendar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	<b>(c)</b> 2012	<b>(d)</b> 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))

Grassroots lobbying expenditures

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

		ction under section 501(h)).	(a	)		(b)	
or e ctiv		In below, provide in Part IV a detailed description of the lobbying	Yes	No	A	moun	ıt
1		ration attempt to influence foreign, national, state or local influence public opinion on a legislative matter or referendum,	•				
а	Volunteers?		- 1	Νo			
b	Paid staff or management (include co	ompensation in expenses reported on lines 1c through 1i)?	Yes				
c	Media advertisements?			Νο			
d	Mailings to members, legislators, or t	the public?		Νo			
e	Publications, or published or broadca	ast statements?	Yes				740
f	Grants to other organizations for lobb	bying purposes?		Νo			
g	Direct contact with legislators, their	staffs, government officials, or a legislative body?	Yes				7,087
h	Rallies, demonstrations, seminars, co	onventions, speeches, lectures, or any similar means?	Yes				308
i	O ther activities?			Νo			
j	Total Add lines 1c through 1i		I				8,135
2a	Did the activities in line 1 cause the	organization to be not described in section 501(c)(3)?	- 1	No			
b	If "Yes," enter the amount of any tax	ncurred under section 4912					
c	If "Yes," enter the amount of any tax	ncurred by organization managers under section 4912		İ			
d	If the filing organization incurred a se	ection 4912 tax, did it file Form 4720 for this year?	- 1	İ			
Par	t III-A Complete if the organ 501(c)(6).	nization is exempt under section 501(c)(4), section	501(c)	(5), o	rse	ectio	n
1	Were substantially all (90% or more)	) dues received nondeductible by members?		Г	1	Yes	No
2		buse lobbying expenditures of \$2,000 or less?		-	2		
3		ver lobbying and political expenditures from the prior year?		$\vdash$	3		<del></del>
		nization is exempt under section 501(c)(4), section	501(6)	<u>(5)</u>		ctio	<u> </u>
e II		er (a) BOTH Part III-A, lines 1 and 2, are answered "					
1	Dues, assessments and similar amou	unts from members	1				
2	Section 162(e) nondeductible lobbyin expenses for which the section 527(f	ng and political expenditures (do not include amounts of political f) tax was paid).					
а	Current year		2a				
b	Carryover from last year		2b				
C	Total		2c				
3	Aggregate amount reported in section	on 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3				
4		on line 2c exceeds the amount on line 3, what portion of the excess over to the reasonable estimate of nondeductible lobbying and	4				
5	Taxable amount of lobbying and politi	rical expenditures (see instructions)	5				
	art IV Supplemental Inform		1 - 1				
Pro		t I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated grou	ıp lıst),	Part II	-A, lı	ne 2,	and
	Return Reference	Explanation					
AR	ART II-B, LINE 1 SF-MARIN FOOD BANK STAFF EDUCATES AND ADVOCATES ON THE LOCAL FEDERAL LEVEL FOR BETTER POLICIES AND LEGISLATION THAT WILL GUA					AND	

Return Reference	Explanation
PART II-B, LINE 1	SF-MARIN FOOD BANK STAFF EDUCATES AND ADVOCATES ON THE LOCAL, STATE, AND FEDERAL LEVEL FOR BETTER POLICIES AND LEGISLATION THAT WILL GUARANTEE ADEQUATE NUTRITION FOR EVERYONE EDUCATION AND ADVOCACY ACTIVITIES INCLUDE MAKING PHONE CALLS, WRITING LETTERS, ATTENDING MEETINGS, MAKING PRESENTATIONS, GENERATING POST ON WEBSITES/BLOGS, AND GETTING STORIES IN THE MEDIA ADDITIONAL ACTIVITIES INCLUDE VISITING ELECTED OFFICIALS AND THEIR STAFF TO EDUCATE THEM ABOUT THE PROBLEM OF HUNGER AND POLICIES THAT COULD IMPROVE THE SITUATION AND THE GOVERNMENT NUTRITION PROGRAMS SPECIFIC LEGISLATION AND ISSUES INCLUDE THE US FARM BILL/SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM, THE US EMERGENCY FOOD ASSISTANCE PROGRAM, THE STATE EMERGENCY FOOD ASSISTANCE PROGRAM, CALFRESH SB 1147, AND SF CITY AND COUNTY BUDGETS REGARDING FOOD SECURITY PRIORITIES THESE ACTIVITIES REPRESENT LESS THAN A SUBSTANTIAL PART OF THE ORGANIZATION'S ACTIVITIES

201104410 3 (1 3111 330 31 330 12) 2013		1 age <del>1</del>		
Part IV Supplemental Information				
Return Reference	Explanation			

Schedule D (Form 990) 2013

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#### DLN: 93493084006465

OMB No 1545-0047

## **SCHEDULE D**

(Form 990)

Department of the Treasury

# **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. ▶ See separate instructions. ▶ Information about Schedule D (Form 990) and its instructions is at www.irs.aov/form990.

Open to Public

emai	Revenue Service and its instruct	ions is at <u>www.iris.gov/rorm.sso</u> .			Inspect	1011
	me of the organization FRANCISCO FOOD BANK			oloyer identifica 3041517	tion numbe	r
Pa	organizations Maintaining Donor Adv				. Complet	e if the
	organization answered Tes to Form 930	(a) Donor advised funds		(b) Funds and	other accou	nts
	Total number at end of year					
	Aggregate contributions to (during year)					
	Aggregate grants from (during year)					
	Aggregate value at end of year					
	Did the organization inform all donors and donor advisor funds are the organization's property, subject to the or		nor adv	ısed	┌ Yes	┌ No
	Did the organization inform all grantees, donors, and do used only for charitable purposes and not for the benef conferring impermissible private benefit?				┌ Yes	┌ No
3	t II Conservation Easements. Complete if	the organization answered "Yes"	to Forn	n 990, Part I\	/, line 7.	
	Purpose(s) of conservation easements held by the organization of land for public use (e.g., recreation Protection of natural habitat  Preservation of open space  Complete lines 2a through 2d if the organization held a	or education)  Preservation of a	certifie	d historic struc	ture	
	easement on the last day of the tax year			1		
				Held at the	End of the	Year
	Total number of conservation easements		2a			
	Total acreage restricted by conservation easements		2b			
	Number of conservation easements on a certified histo	, ,	2c			
	Number of conservation easements included in (c) acq historic structure listed in the National Register		2d		4	
	Number of conservation easements modified, transferrenthe tax year -	ed, released, extinguished, or terminat	ed by ti	ie organization	auring	
	Number of states where property subject to conservati	ion easement is located ▶				
	Does the organization have a written policy regarding tenforcement of the conservation easements it holds?	the periodic monitoring, inspection, han	ndling of	f violations, and	┌ Yes	┌ No
	Staff and volunteer hours devoted to monitoring, inspect	cting, and enforcing conservation ease	ments o	during the year		
	A mount of expenses incurred in monitoring, inspecting  \$\blue \$	, and enforcing conservation easement	ts durin	g the year		
	Does each conservation easement reported on line 2(c) and section $170(h)(4)(B)(II)$ ?	d) above satisfy the requirements of se	ction 17	70(h)(4)(B)(ı)	☐ Yes	┌ No
	In Part XIII, describe how the organization reports corbalance sheet, and include, if applicable, the text of the the organization's accounting for conservation easeme	e footnote to the organization's financia				
ľ	Complete if the organization answered "Y		or Ot	her Similar	Assets.	
	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asse service, provide, in Part XIII, the text of the footnote t	ts held for public exhibition, education,	or rese	earch in furthera		
)	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asse service, provide the following amounts relating to these	16 (ASC 958), to report in its revenue ts held for public exhibition, education,	statem	nent and balanc		ıc
	(i) Revenues included in Form 990, Part VIII, line 1			<b>►</b> \$		
	(ii) Assets included in Form 990, Part X					
	If the organization received or held works of art, historic following amounts required to be reported under SFAS					
	Revenues included in Form 990, Part VIII, line 1			<b>►</b> \$		
)	Assets included in Form 990, Part X			. <u></u>		
	meraded in rollingsoft art A			- + <u></u>		

Par	<b>Titl</b> Organizations Maintaining Co	llections of Art	, His	tori	<u>cal Tr</u>	<u>easu</u>	ires, or O	<u>the</u>	<u>r Similar</u>	<u>Asse</u>	ts (co	ntınued)
3	Using the organization's acquisition, access collection items (check all that apply)	on, and other record	ds, ch	eck			_		_	use of	ıts	
а	Public exhibition		d	Γ	Loan	or excl	hange progr	ams				
b	Scholarly research		e	Γ	Other							
С	Preservation for future generations											
4	Provide a description of the organization's co	ollections and explai	ın hov	v the	y furthe	r the c	organization	's ex	empt purpo	se in		
5	During the year, did the organization solicit	or receive donations	ofar	t, hıs	torical	treasu	ires or othe	rsım	ıılar			
	assets to be sold to raise funds rather than t										Yes	┌ No
Par	Part IV, line 9, or reported an an						n answere	d "Y	es" to Forr	n 990 ——	),	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterme	dıary	for c	ontribu	tions o	or other ass	ets ı	not	Γ.	Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	I and complete the	follov	ving t	able		_					
							-			Amou	nt	
С	Beginning balance							<b>1</b> c				
d	Additions during the year						L	1d				
e	Distributions during the year							1e				
f	Ending balance							<b>1f</b>				
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21?							Γ.	Yes	┌ No
ь	If "Yes," explain the arrangement in Part XII	I Check here if the	expla	anatı	on has l	heen n	provided in F	art '	XIII			Γ
Pa	rt V Endowment Funds. Complete											
		(a)Current year		Prior					Three years ba		Four ye	ears back
1a	Beginning of year balance											
b	Contributions											
C	Net investment earnings, gains, and losses											
d	Grants or scholarships											
e	Other expenditures for facilities and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of the curi	rent year end balanc	e (lın	e 1g	, columi	n (a)) l	held as					
а	Board designated or quasi-endowment 🕨											
ь	Permanent endowment ▶											
c	Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c sho	uld agual 100%										
За	• •	·			oro bold		dministors	d <b>f</b> or	+h a			
За	Are there endowment funds not in the posses organization by	ssion of the organiza	1110111	LIIat	are neru	i aliu a	iuiiiiiistere	וטו ג	tile		Yes	No
	(i) unrelated organizations								[	3a(i)		
	(ii) related organizations								[	3a(ii)		
b	If "Yes" to $3a(II)$ , are the related organizatio	•							[	3b		
4	Describe in Part XIII the intended uses of th											
Par	t VI Land, Buildings, and Equipme		he o	rgar	ıızatıon	ansv	wered 'Yes	' to	Form 990,	Part	IV, lır	ne
	11a. See Form 990, Part X, line :  Description of property	10.			Cost or (invest		(b)Cost or o		(c) Accumul depreciation		<b>(d)</b> Bo	ok value
	Land						3,328	,645		$\dashv$		3,328,645
	Buildings						5,403		2.35	3,671		3,050,060
	Leasehold improvements						· ·	,741		6,741		244,000
	Equipment							,506		5,655		224,851
	0.46.00	· ·	•	$\vdash$						,		
							2,855	,360	1.96	7,788		887,572

See Form 990, Part X, line 12.  (a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)	(2)2001. Turus	Cost or end-of-year market value
(1) Financial derivatives		
(2)Closely-held equity interests Other		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	<b>F</b>	
Part VIII Investments—Program Related. C	omplete ıf the organızatı	ion answered 'Yes' to Form 990, Part IV, line 11c.
See Form 990, Part X, line 13.  (a) Description of investment	(b) Book value	(c) Method of valuation
(a) Description of investment	(b) Book value	Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	<b>+</b>	
Part IX Other Assets. Complete if the organization		
(a) Descr	ription	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1		
<b>Part X Other Liabilities.</b> Complete if the organization of the organization of the property	anization answered 'Yes'	to Form 990, Part IV, line 11e or 11f. See
1 (a) Description of liability	(b) Book value	
Federal income taxes		
		-
	1	4
	+	-
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	<u> </u>	†
Total (Column (b) mast equal form 330, fart A, coll b) mic 23 /		

PART XI, LINE 4B - OTHER

PART XII, LINE 2D - OTHER

ADJUSTMENTS

ADJUSTMENTS

Part	<b>XI</b> Reconciliation of Revenue per Audited Financial Statements With Revenue p the organization answered 'Yes' to Form 990, Part IV, line 12a.	er R	<b>eturn</b> Complete ıf
1	Total revenue, gains, and other support per audited financial statements	1	91,095,906
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII )		
e	Add lines <b>2a</b> through <b>2d</b>	2e	495,154
3	Subtract line <b>2e</b> from line <b>1</b>	3	90,600,752
4	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII )		
c	Add lines <b>4a</b> and <b>4b</b>	<b>4</b> c	-154,722
5	Total revenue Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12)	5	90,446,030
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses if the organization answered 'Yes' to Form 990, Part IV, line 12a.	per	Return. Complete
1	Total expenses and losses per audited financial statements	1	91,341,885
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIII )		
e	Add lines <b>2a</b> through <b>2d</b>	2e	228,556
3	Subtract line <b>2e</b> from line <b>1</b>	3	91,113,329
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 )		
c	Add lines <b>4a</b> and <b>4b</b>	4c	0
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 18)	5	91,113,329
Part	XIII Supplemental Information		
Part	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b  Also complete this part to nation		de any additional
	Return Reference Explanation		
PART	GENERALLY ACCEPTED ACCOUNTING PRINCIPLES PROVIDE ACCOUNTING PRINCIPLES PROVIDE ACCOUNTING PRINCIPLES PROVIDE ACCOUNTING PRINCIPLES PROVIDE ACCOUNTING AND ADDITIONS TAKEN BY AN ORGANIZE POSITIONS AND BELIEVES THAT ALL OF THE POSITIONS TAKEN BY AND STATE EXEMPT ORGANIZATION TAX RETURNS AND TO BE SUSTAINED UPON EXAMINATION THE ORGANIZATION	IZATI DEREI Y THE RE M	ON IN ITS TAX DITS TAX E ORGANIZATION IN ORE LIKELY THAN

FOR FOUR YEARS AFTER THEY ARE FILED

THE YEARS ENDED JUNE 30, 2013, 2012 AND 2011 COULD BE SUBJECT TO EXAMINATION BY FEDERAL TAXING AUTHORITIES, GENERALLY FOR THREE YEARS AFTER THEY ARE FILED THE ORGANIZATION'S STATE RETURNS FOR THE YEARS ENDED JUNE 30, 2013, 2012, 2011 AND 2010 COULD BE SUBJECT TO EXAMINATION BY STATE TAXING AUTHORITIES, GENERALLY

STOCK COMMISSIONS ON DONATED STOCK -2,562 DIRECT FUNDRAISING COSTS -152,160

STOCK COMMISSIONS ON DONATED STOCK 2,562 DIRECT FUNDRAISING COSTS 152,160

	<u> </u>				
Part XIII Supplemental Information (continued)					
Ret	turn Reference	Explanation			

Schedule D (Form 990) 2013

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DLN: 93493084006465

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

**SCHEDULE G** 

**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/form990.

Open to Public Inspection

Name of the organization SAN FRANCISCO FOOD BANK					Employer id	entification number
SAN FRANCISCO FOOD BANK					94-304151	.7
Part I Fundraising Acti Form 990-EZ filers				on answered "Yes" t part.	to Form 990, Part I	V, line 17.
1 Indicate whether the organi	zation raised funds	through ar	ny of the f	ollowing activities Che	eck all that apply	
a Mail solicitations		_		Solicitation of non		
<b>b</b> Internet and email solid	itations		f	☐ Solicitation of gov	ernment grants	
c Phone solicitations			g	Special fundraisin		
d ☐ In-person solicitations			_	·	-	
<b>2a</b> Did the organization have a or key employees listed in i						
<b>b</b> If "Yes," list the ten highes to be compensated at least			fundraıseı	rs) pursuant to agreem	ents under which the	fundraiser is
(i) Name and address of Individual or entity (fundraiser)	(ii) Activity	fundrais custo cont	Did ser have ody or rol of outions?	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(or retained by)
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
			<b>▶</b>			
3 List all states in which the oregistration or licensing		tered or lu	censed to	solicit contributions o	r has been notified it	Is exempt from

Pa	rt II	Fundraising Events. Commore than \$15,000 of fundrevents with gross receipts g	aising event contribut			
		<u> </u>	(a) Event #1 ONE BIG TABLE	<b>(b)</b> Event #2	(c) O ther events	(d) Total events (add col (a) through col (c))
<u>Ф</u>			(event type)	(event type)	(total number)	404.00
Revenue	1	Gross receipts	424,307			424,307
Rey	2	Less Contributions  Gross income (line 1	244,872	2		244,872
	3	minus line 2)	179,435	5		179,435
	4	Cash prizes				
မှာ	5	Noncash prizes				
Expenses	6	Rent/facility costs	136,749	)		136,749
ă	7	Food and beverages .	27,275	5		27,275
Direct	8	Entertainment				
ā	9	Other direct expenses .	15,411			15,411
	10	Direct expense summary Add lin	es 4 through 9 in column	(d)		(179,435)
	11	Net income summary Subtract li	ne 10 from line 3, columr	n(d)		0
Par	t III	Gaming. Complete if the oi \$15,000 on Form 990-EZ, lii		"Yes" to Form 990, Pa	rt IV, line 19, or rep	orted more than
Revenue	1	Gross revenue	(a) Bingo	<b>(b)</b> Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
<u> </u>	2	Cash prizes				
Expenses	3	Non-cash prizes				
		Rent/facility costs				
Direct		Other direct expenses				
		Volunteer labor	┌ Yes	Г Yes% Г No		_
		Direct expense summary Add line  Net gaming income summary Subt	-	•		
9 a b	Is t If"l	er the state(s) in which the organization licensed to operate No," explain	gaming activities in eac	h of these states?		
10a b	Wer	re any of the organization's gaming Yes," explain	licenses revoked, susper	nded or terminated during	g the tax year?	· · 「Yes 「No

						1:
Does	s the organization operate gaming activi	ties with nonmember	rs?		T Yes T No	
12	Is the organization a grantor, beneficia					
	formed to administer charitable gaming	g <sup>,</sup>			· Fyes [	– No
13	Indicate the percentage of gaming act	ıvıty operated ın				
а	The organization's facility			<del></del>		%
b	An outside facility			13b		%
14	Enter the name and address of the per	son who prepares the	e organization's gaming/special e	vents books and reco	ords	
	Name <b>▶</b>					
	Address 🟲					
15a b	Does the organization have a contract revenue?	evenue received by t	the organization 🟲 \$		· · 「Yes「	_ No
	amount of gaming revenue retained by	the third party 🟲 \$ _				
C	If "Yes," enter name and address of th	e thırd party				
	Name ▶					
	Address ►					
16	Gaming manager information					
	Name 🕨					
	Gaming manager compensation ► \$					
	Description of services provided					
	Director/officer	<b>T</b> Employee	☐ Independent cor	ntractor		
17	Mandatory distributions					
а	Is the organization required under stat	e law to make charit	able distributions from the gaming	g proceeds to		
	retain the state gaming license?				┌ Yes 「	— No
b	Enter the amount of distributions requi	red under state law (	distributed to other exempt organi	ızatıons or spent		
	ın the organızatıon's own exempt actıv	ities during the tax y	⁄ear <b>⊳</b> \$			
Pai		5b, 15c, 16, and 1	xplanations required by Part I 7b, as applicable. Also compl			and
	Return Reference		Explanat	ıon		
		<u> </u>	<u> </u>		rm 990 or 990-	7) 2012

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Schedule I | Compared to the print - DO NOT PROCESS | As Filed Data - |

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

(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
► Information about Schedule I (Form 990) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

OMB No 1545-0047

2013

DLN: 93493084006465

Open to Public Inspection

Schedule I (Form 990) 2013

ame of the organization						Employer identi	fication number
SAN FRANCISCO FOOD BANK						94-3041517	
Part I General Inform	nation on Grant	ts and Assistance				<b>'</b>	
<ul> <li>Does the organization mainstrain the selection criteria used</li> <li>Describe in Part IV the organization</li> </ul>	I to award the grant: ganızatıon's proced	s or assistance? .   .   . lures for monitoring the u	se of grant funds in the	United States			
		to Governments and y recipient that receiv					ed "Yes" to
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) VARIOUS FOOD BANK MEMBER AGENCIES		501(C)(3)		10,386,176	\$1 72 PER POUND, FEEDING AMERICA COST STUDY	FOOD	SEE AGENCY DISTRIBUTION PROGRAM DESCRIPTION IN PART III
2 Enter total number of sect 3 Enter total number of othe							· 

Cat No 50055P

PERIODIC BASIS

Ι	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.	-				

(a)Type of grant or assistance	e	( <b>b)</b> Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book FMV, appraisal, other)	, <b>(f)</b> Description of non-cash assistance	
(1) DONATED FOOD		1474375			FEEDING AMERICA COST STUDY	FOOD, SEE PANTRY PROGRAMS AND SUPPLEMENTAL FOOD PROGRAM FOR SENIORS DESCRIPTION IN PART III FOR MORE DETAIL	
Part IV Supplemental In	format	tion. Provide the info	rmation required in P	art I, line 2, Part III,	column (b), and any othe	r addıtıonal ınformatıon.	
Return Reference	Explana	tion					
PART I, LINE 2	MEMBER AGENCY'S COMPLIANCE WITH THE ORGANIZATION'S FOOD DISTRIBUTION POLICIES AND PROCEDURES IS MONITORED ON A						

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OMB No 1545-0047

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Inspection

### Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

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

**Compensation Information** 

► Complete if the organization answered "Yes" to 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.

Name of the organization SAN FRANCISCO FOOD BANK

**Employer identification number** 

94-3041517

Pa	rt I Questions Regarding Compensation			
			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel  Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax idemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
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			
	Form 990 of other organizations  A pproval 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?	4a		Νo
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		No
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
а	The organization?	5a		No
b	Any related organization?	5b		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line $1a$ , did the organization pay or accrue any compensation contingent on the net earnings of			
а	The organization?	6a		Νo
b	Any related organization?	6b		Νo
	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	7	Yes	
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	-		
		8		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		

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

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

Note. The sum of columns (B)(1)-(111) 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

1	-							
(A) Name and Title		(B) Breakdown of  (i) Base compensation	f W-2 and/or 1099-MIS (ii) Bonus & Incentive compensation	SC compensation (iii) Other reportable compensation	(C) Retirement and other deferred compensation	( <b>D)</b> Nontaxable benefits	(E) Total of columns (B)(I)-(D)	( <b>F</b> ) Compensation reported as deferred in prior Form 990
(1)PAUL ASH EXECUTIVE DIRECTOR	(i) (ii)	235,811	58,250 0	0	15,637 0	7,114 0	316,812 0	0
(2)LESLIE HARLESS BACHO DEPUTY EXECUTIVE DIRECTOR	(i) (ii)		33,750 0	0	10,257 0	9,506 0	182,043	0
(3)BOB BRENNEMAN DIRECTOR OF DEVELOPMENT	(i) (ii)	133,639	10,000	0	1,639 0	7,112 0	152,390 0	0

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

Return Reference	Explanation
· · · · · · · · · · · · · · · · · · ·	THE EXECUTIVE DIRECTOR IS ELIGIBLE FOR AN ANNUAL BONUS THE BONUS RECOGNIZES THE EXECUTIVE DIRECTOR'S CONTRIBUTION TO THE FOOD BANK'S ORGANIZATIONAL ACHIEVEMENTS AND PROGRESS TOWARD REACHING SPECIFIC GOALS THE BONUS AMOUNT IS CONSIDERED AS PART OF THE EXECUTIVE DIRECTOR'S TOTAL COMPENSATION PLEASE SEE SCHEDULE O FOR A DESCRIPTION OF THE PROCESS FOR DETERMINING THIS COMPENSATION

**Schedule J (Form 990) 2013** 

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DLN: 93493084006465

OMB No 1545-0047

(Form 990)

Department of the Treasury

**SCHEDULE M** 

# **Noncash Contributions**

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

Open to Public Inspection

Internal Revenue Service Name of the organization SAN FRANCISCO FOOD BANK

▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990. **Employer identification number** 

94-3041517

Pa	Types of Property					_
		(a) Check If applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts	;
1	Art—Works of art					
2	Art—Historical treasures .					
3	Art—Fractional interests					
4	Books and publications					
5	Clothing and household goods					
6	Cars and other vehicles	Х	23	23,550	AUCTION PRICE	_
7	Boats and planes					
8	Intellectual property					
9	Securities—Publicly traded .	Х	49	254,363	MARKET VALUE	
10	Securities—Closely held stock .					
11	Securities—Partnership, LLC, or trust interests					
12	Securities—Miscellaneous					
13	Qualified conservation contribution—Historic structures					
14	Qualified conservation					_
	contribution—Other					
15	Real estate—Residential .					
16	Real estate—Commercial					
17	Real estate—O ther					
18	Collectibles					
19	Food inventory	Х	42,146,408	72,499,416	\$1 72/LB PER FEED AMER	
20	Drugs and medical supplies .					
21	Taxidermy					
22	Historical artifacts					
	Scientific specimens					
24	Archeological artifacts					
	Other►( MPUTER/TELE)	X	2	189,747		
	Other►( ECIAL EVENT)	X	22	15,400	FMV	
27	O ther ▶()					_
28	O ther ▶ ()					
29	Number of Forms 8283 received by for which the organization completed				9	0
					Yes No	Ю
30a	During the year, did the organizatio	n receive by	contribution any property r	eported in Part I, lines 1	through 28, that	_
	ıt must hold for at least three years	from the dat	e of the initial contribution,	, and which is not required	l to be used	
	for exempt purposes for the entire h	olding period	17		<b>30a</b>   No	0
b	If "Yes," describe the arrangement	ın Part II				
31	Does the organization have a gift ac	ceptance po	licy that requires the revie	w of any non-standard co	ntributions? 31 Yes	
32a	Does the organization hire or use the contributions?	nird parties o	related organizations to s	olicit, process, or sell nor	ncash · · · 32a Yes	
	If "Yes," describe in Part II If the organization did not report an describe in Part II	amount in co	olumn (c) for a type of prop	erty for which column (a)	ıs checked,	_
Ear D	Panerwork Reduction Act Notice see the	Instructions	for Form 000	Cat No. 512271	Schedule M (Form 990) (201	

Supplemental Information. Provide the information required by Part I, lines 30b,
32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the
number of items received, or a combination of both. Also complete this part for any additional information.

number of items received, of a combination of both. Also complete this part for any additional information		
Return Reference	Explanation	
PART I, COLUMN (B)	THE NUMBER OF CONTRIBUTIONS IN EACH CATEOGY REPRESENT THE NUMBER OF DONORS, WITH THE EXCEPTION OF FOOD INVENTORY THE NUMBER OF CONTRIBUTIONS IN FOOD INVENTORY REPRESENTS THE NUMBER OF POUNDS OF FOOD DONATED IN THE FISCAL YEAR	
PART I, LINE 32B	THE SAN FRANCISCO FOOD BANK ACCEPTS CAR DONATIONS THROUGH AGREEMENTS WITH THIRD PARTIES THESE COMPANIES PROCESS AND SELL THE CARS AND PROVIDE THE FOOD BANK WITH THE NET PROCEEDS AS WELL AS A BREAKDOWN OF COSTS ASSOCIATED WITH THE PROCESSING OF EACH DONATION	

Schedule M (Form 990) (2013)

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## SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

FORM 990, PART VII

AN EMPL

AS AN **EMPLOYEE** 

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 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

OMB No 1545-0047

Inspection

www.irs.gov/form990. **Employer identification number** Name of the organization SAN FRANCISCO FOOD BANK 94-3041517 990 Schedule O, Supplemental Information Return Reference **Explanation** FORM 990, PART VI, SECTION B, LINE FORM 990. PART VI. SECTION B. LINE A COPY OF THE ORGANIZATION'S CONFLICT OF INTEREST POLICY IS FURNISHED ANNUALLY AND 12C SIGNED BY ANY INDIVIDUAL PRESENTLY SERVING ON THE BOARD AND THOSE WHO MAY THEREAFTER BECOME A MEM BER OF THE BOARD THE ORGANIZATION'S EXECUTIVE ASSISTANT IS RESPONSIBLE FOR INSURING THAT ALL FORMS ARE COMPLETED AND RETURNED IN A TIMELY MANNER FORM 990, PART VI, SECTION B, LINE PROCESS FOR DETERMINING EXECUTIVE COMPENSATION 1) GOALS AND OBJECTIVES FOR THE **EXECUTIVE** DIRECTOR ARE ESTABLISHED EACH FISCAL YEAR IN A FACE-TO-FACE MEETING BETWEEN THE **EXECUTIVE** DIRECTOR, THE CHAIRPERSON, AND AN EXECUTIVE COMMITTEE MEMBER THESE GOALS AND OBJECTIVES A RETHEN PRESENTED TO THE FULL BOARD FOR APPROVAL 2) FOLLOWING THE CLOSE OF THE FISCAL YEA R, THESE APPROVED GOALS AND OBJECTIVES ARE REVIEWED BY THE CHAIRPERSON AND THE **EXECUTIVE C** OMMITTEE MEMBER AND DISCUSSED WITH THE EXECUTIVE DIRECTOR IN A FACE-TO-FACE MEETING THER ESULTS OF THIS REVIEW AND DISCUSSION ARE THEN PRESENTED TO THE FULL BOARD FOR THEIR **APPROV** AL 3) AS WITH OTHER ORGANIZATION STAFF, COMPENSATION DECISIONS FOR THE EXECUTIVE DIRECTOR ARE BASED ON PERFORMANCE (THE REVIEW OF WHICH IS DESCRIBED ABOVE) TO FURTHER GUIDE DECISIONS, THE CHAIRPERSON AND THE EXECUTIVE COMMITTEE MEMBER REVIEW THE EXECUTIVE DIRECT OR SECTION OF THE NORTHERN CALIFORNIA COMPENSATION & BENEFITS SURVEY THIS IS AN INDEPENDE NT SURVEY PUBLISHED BY THE CENTER FOR NONPROFIT MANAGEMENT THAT COMPRISES DATA FROM CLOSE TO 300 NORTHERN CALIFORNIA NONPROFIT ORGANIZATIONS, OVER 100 OF WHICH ARE SOCIAL SERVICE O RGANIZATIONS SIMILAR MATERIALS (E.G., COMPENSATION INFORMATION FOR OTHER FOOD BANK **EXECUT** IVES, OTHER INDEPENDENTLY PUBLISHED COMPENSATION SURVEYS) MAY BE CONSULTED AS WELL AFTER REVIEWING COMPARATIVE DATA, THE EXECUTIVE DIRECTOR'S ANNUAL SALARY AND BONUS ARE AGREED TO BY THE CHAIRPERSON AND THE EXECUTIVE COMMITTEE MEMBER, THEN PRESENTED TO THE FULL **BOARD F** OR THEIR REVIEW AND APPROVAL ONCE APPROVED, THE CHAIRPERSON AND THE EXECUTIVE COMMITTEE M EMBER DISCUSS THE ANNUAL SALARY AND BONUS DECISIONS WITH THE EXECUTIVE DIRECTOR IN A FACE-TO-FACE MEETING PROCESS FOR DETERMINING OFFICERS' AND KEY EMPLOYEES' COMPENSATION 1) GOA LS AND OBJECTIVES FOR OFFICERS AND KEY EMPLOYEES ARE ESTABLISHED EACH FISCAL YEAR VERBALLY AND IN WRITING BETWEEN THE OFFICER OR KEY EMPLOYEE AND THEIR DIRECT SUPERVISOR (EITHER TH E EXECUTIVE DIRECTOR OR DEPUTY EXECUTIVE DIRECTOR) 2) AT THE CLOSE OF THE FISCAL YEAR, TH ESE GOALS AND OBJECTIVES ARE REVIEWED VERBALLY AND IN WRITING BY THE DIRECT SUPERVISOR AND THE OFFICER OR KEY EMPLOYEE 3) AS WITH OTHER ORGANIZATION STAFF, COMPENSATION **DECISIONS** FOR OFFICERS AND KEY EMPLOYEES ARE BASED ON PERFORMANCE (THE REVIEW OF WHICH IS **DESCRIBED** ABOVE) TO FURTHER GUIDE THESE DECISIONS, THE EXECUTIVE DIRECTOR (AND DEPUTY **EXECUTIVE DIR** ECTOR IF THE OFFICER OR KEY EMPLOYEE IN QUESTION REPORTS TO THIS PERSON) REVIEWS THE **APPRO** PRIATE SECTION OF THE NORTHERN CALIFORNIA COMPENSATION & BENEFITS SURVEY THIS IS AN INDEP ENDENT SURVEY PUBLISHED BY THE CENTER FOR NONPROFIT MANAGEMENT THAT COMPRISES DATA FROM CL OSE TO 300 NORTHERN CALIFORNIA NONPROFIT ORGANIZATIONS, OVER 100 OF WHICH ARE SOCIAL SERVI CE ORGANIZATIONS SIMILAR MATERIALS (E.G., COMPENSATION INFORMATION FOR OTHER FOOD OTHER INDEPENDENTLY PUBLISHED COMPENSATION SURVEYS) MAY BE CONSULTED AS WELL AFTER REVIEW ING COMPARATIVE DATA, THE OFFICER OR KEY EMPLOYEES ANNUAL COMPENSATION ARE ESTABLISHED BY THE EXECUTIVE DIRECTOR (AND DEPUTY EXECUTIVE DIRECTOR IF THE OFFICER OR KEY EMPLOYEE INQ UESTION REPORTS TO THIS PERSON) THE DIRECT SUPERVISOR (EITHER THE EXECUTIVE DIRECTOR OR D EPUTY EXECUTIVE DIRECTOR) THEN INFORMS THE OFFICER OR KEY EMPLOYEE OF THE ANNUAL COMPENSAT ION DECISION THE EXECUTIVE DIRECTOR ALSO SHARES COMPENSATION INFORMATION OF ORGANIZATION OFFICERS AND KEY EMPLOYEES WITH THE BOARD OF DIRECTORS THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL FORM 990, PART VI, SECTION C, LINE 19 STATEMEN TS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST AUDITED FINANCIAL STATEMENTS, CONFLICT O F INTEREST POLICY, AND 501(C)3 LETTER ARE ALSO AVAILABLE ON THE ORGANIZATION'S WEBSITE FORM 990, PART VII GARY MAXWORTHY (SEE SCH O) - 900 PENNSYLVANIA AVENUE, SAN FRANCISCO, CA 94107

THE COMPENSATION REPORTED FOR GARY MAXWORTHY IN PART VII WAS EARNED IN HIS ROLE AS

OYEE, NOT AS A BOARD MEMBER HIS HOURS REPORTED IN PART VII INCLUDE 20 HOURS WORKED