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DLN: 93493135066752

Form **990** 

Department of the Treasury

#### **Return of Organization Exempt From Income Tax**

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

2010

OMB No 1545-0047

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

Open to Public

C Name of organization SANDLER FOUNDATION  Doing Business As  Number and street (or P O box 121 STEUART STREET  City or town, state or country, a SAN FRANCISCO, CA 94105123  F Name and address of MARION O SANDLER 121 STEUART STREET SAN FRANCISCO, CA 9  s	principal officer  41051236  (insert no )	H(a) Is this a  H(b) Are all  If "No	94-3147  E Telephone (415) 777  G Gross receip  agroup return for affil affiliates included o," attach a lis p exemption n	# number 7-0411 pts \$ 83,442,515 diates? Yes No			
Doing Business As  Number and street (or P O box 121 STEUART STREET  City or town, state or country, a SAN FRANCISCO, CA 94105123  F Name and address of MARION O SANDLER 121 STEUART STREET SAN FRANCISCO, CA 9  s	principal officer  41051236  (insert no)	H(a) Is this a H(b) Are all If "No H(c) Grou	E Telephone (415) 777 G Gross receiption group return for affile affiliates included o," attach a lisp exemption n	# number 7-0411 pts \$ 83,442,515 diates? Yes No			
Number and street (or P O box 121 STEUART STREET  City or town, state or country, a SAN FRANCISCO, CA 94105123  F Name and address of MARION O SANDLER 121 STEUART STREET SAN FRANCISCO, CA 9  s    501(c)(3)    501(c) ( )  /A  In    Corporation    Trust    Associants  mmary  describe the organization's miss	principal officer  41051236  (insert no)	H(a) Is this a H(b) Are all If "No H(c) Grou	G Gross receip group return for affil affiliates included o," attach a lis p exemption n	7-0411  pts \$ 83,442,515  liates? Yes No  1? Yes No  t (see instructions)			
City or town, state or country, a SAN FRANCISCO, CA 94105123  F Name and address of MARION O SANDLER 121 STEUART STREET SAN FRANCISCO, CA 9  s 501(c)(3) 501(c)()	principal officer  41051236  (insert no)	H(a) Is this a H(b) Are all If "No H(c) Grou	G Gross receip group return for affil affiliates included o," attach a lis p exemption n	7-0411  pts \$ 83,442,515  liates? Yes No  1? Yes No  t (see instructions)			
City or town, state or country, a SAN FRANCISCO, CA 94105123  F Name and address of MARION O SANDLER 121 STEUART STREET SAN FRANCISCO, CA 9  s 501(c)(3) 501(c)()	principal officer  41051236  (insert no)	H(a) Is this a H(b) Are all If "No H(c) Grou	<b>G</b> Gross receip group return for affil affiliates included o," attach a lis p exemption n	pts \$ 83,442,515  liates? Yes No  Yes No  t (see instructions)			
F Name and address of MARION O SANDLER 121 STEUART STREET SAN FRANCISCO, CA 9  s 501(c)(3) 501(c)()  /A  Trust Association Trust Association in the companion i	principal officer  41051236  (insert no )	H(b) Are all If "No H(c) Grou	a group return for affil affiliates included o," attach a lis p exemption n	l <sub>lates</sub> , Y <sub>es</sub> N <sub>o</sub> Yes N  t (see instructions)			
F Name and address of MARION O SANDLER 121 STEUART STREET SAN FRANCISCO, CA 9  s 501(c)(3) 501(c)()  /A  In Corporation Trust Associant	principal officer  41051236  (insert no)	H(b) Are all If "No H(c) Grou	affiliates included o," attach a lis p exemption n	Yes N t (see instructions)			
F Name and address of MARION O SANDLER 121 STEUART STREET SAN FRANCISCO, CA 9  s	41051236  (insert no )	H(b) Are all If "No H(c) Grou	affiliates included o," attach a lis p exemption n	Yes N t (see instructions)			
MARION O SANDLER 121 STEUART STREET SAN FRANCISCO, CA 9  s	41051236  (insert no )	H(b) Are all If "No H(c) Grou	affiliates included o," attach a lis p exemption n	Yes N t (see instructions)			
SAN FRANCISCO, CA 9  s	★ (Insert no ) 4947(a)(1) or 527   Factor   Other   Insert no   Other	If "No H(c) Grou	o," attach a lis p exemption n	t (see instructions)			
s	★ (Insert no ) 4947(a)(1) or 527   Factor   Other   Insert no   Other	H(c) Grou	p exemption n				
/A  n	ation  ○ Other ► Significant activities			umber <b>F</b>			
n	ssion or most significant activities	<b>L</b> Year of for	mation 1992				
<b>nmary</b> describe the organization's mis	ssion or most significant activities	<b>L</b> Year of for	mation 1992				
describe the organization's mis	-	<u> </u>		M State of legal domicile			
_	-						
this box 🔭 if the organization	n discontinued its operations or dispose	ed of more than 2	5% of its net a	assets			
r of voting members of the gov	erning body (Part VI, line 1a)		3				
			4				
		)	5				
related business taxable incom	ne from Form 990-1, line 34						
	I line th	Prio		Current Year			
		•					
·	· - ·			10.427.64			
		-3		10,437,64			
·		line	0				
_			92,039,337	10,437,64			
ts and sımılar amounts paıd (P	art IX, column (A), lines 1-3)	. 2	74,549,959	86,361,65			
fits paid to or for members (Pa	rt IX, column (A), line 4)		0				
	oyee benefits (Part IX, column (A), line	es	1 014 280	893,26			
•	IX column (A.) line 11e)						
		_	1 521 222	1,130,00			
			-	88,384,92			
·				-77,947,28			
The tool expenses outlined in				End of Year			
				746,899,97			
		6	688,601,881 740				
1			6 204 472	F 700 70			
	act line 21 from line 20		6,284,172	5,709,76 741,190,20			
	er of voting members of the gover of independent voting member of independent voting member number of individuals employed number of volunteers (estimate inrelated business revenue from related business taxable incomparts (Part VIII) aram service revenue (Part VIII) aram service revenue (Part VIII) aram service revenue (Part VIII), column (all revenue—add lines 8 through arts and similar amounts paid (Partiss paid to or for members (Partiss paid to or for members (Partiss, other compensation, emplo) essional fundraising fees (Partifundraising expenses (Part IX, column (Automorphism) er expenses (Part IX, column (Automorphism) expenses Add lines 13–17 (enue less expenses Subtract lines and subtract lines expenses expenses Subtract lines expenses subtract lines expenses e	er of voting members of the governing body (Part VI, line 1a)	Prior of voting members of the governing body (Part VI, line 1a)	er of independent voting members of the governing body (Part VI, line 1b)			

Form	n 990 (2010)				Page <b>2</b>
Par		_	Accomplishments to any question in this Part I	II	୮
1	Briefly describe the organi	zation's mission			
THE	FOUNDATION OPERATES	EXCLUSIVELY FOR	CHARITABLE, EDUCATION	AL, OR RELIGIOUS PURPOSES BY	CONDUCTINGOR
SUP	PPORTING ACTIVITIES FOR	R THE BENEFIT OF, (	OR TO CARRY OUT THE PUR	RPOSES OF, THE JEWISH COMMUI	
OFS	SAN FRANCISCO, THE PEN	INSULA, MARIN ANI	O SONOMA COUNTIES		
2	Did the organization undert	ake any significant p	rogram services during the ye	ar which were not listed on	
	the prior Form 990 or 990-				es 🔽 No
	If "Yes," describe these ne	w services on Schedu	ile O		
3	<del>-</del>		significant changes in how it o	conducts, any program	<del>-</del>
	services?				es 🔽 No
	If "Yes," describe these ch	anges on Schedule O			
4				ee largest program services by expe	
			and section 494/(a)(1) trusts venue, if any, for each prograi	s are required to report the amount o	f grants and
	anocations to others, the to	otar expenses, and re	venue, ii arry, for each program	ii service reported	
4a	(Code )	(Expenses \$ 8	6,361,656 including grants of \$	86,361,656 ) (Revenue \$	)
	THIS FOUNDATION MADE GRAN	TS IN SUPPORT OF THE C	HARITABLE, EDUCATIONAL, SCIENTIF	TIC OR RELIGIOUS PURPOSES OF THE JEWIS	HCOMMUNITY
	FEDERATION OF SAN FRANCISC	CO, THE PENINSULA, MARI	N ANDSONOMA COUNTIES		
4b	(Code )	(Expenses \$	including grants of \$	) (Revenue \$	)
4c	(Code )	(Expenses \$		) (Revenue \$	)
	(code )	(Expenses #	including grants of \$	) (Nevenue \$	,
4d	Other program services (	Describe in Schedule	· O )		
	(Expenses \$		grants of \$	) (Revenue \$	)
4e	Total program service exp	enses►\$ 8	6,361,656		
	· - ·	•	•		

Part TV	Checklist of	Required	Schedules
	CHCCKHSCOL	IXCUUII CU	Scriculics

			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	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		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 where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part 1	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, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If</i> "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasiendowments? If "Yes," complete Schedule D, Part $\sqrt{2}$	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, line10? 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	Yes	
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		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		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	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, XII, and XIII is optional	12b	Yes	
13	Is the organization a school described in section 170 (b)(1)(A)(II)? If "Yes," complete Schedule E	13		No
	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, and program service activities outside the United States? <i>If</i> " <i>Yes,"</i> complete Schedule F, Parts I and IV	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Parts II and IV	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Parts III and IV .	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? <i>If</i> "Yes," complete Schedule G, Part II	18		No
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 hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II $\blacksquare$	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Νo
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	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-24d and complete Schedule K. If "No," go to line 25	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	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		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
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
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, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		No
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Tyes Poo			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		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 11 and 19?	_	Yes	

Form 990 (2010)

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V		. [	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 11			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b  0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax  Statements filed for the calendar year ending with or within the year covered by this return			
b	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	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	_		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a 7b		N o
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
	file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	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		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
_	Did the organization make any taxable distributions under section 4966?	9a		
ь 10	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	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			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	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?  If "Yes," enter the amount of tax-exempt interest received or accrued during the	12a		
13	year  Section 501(c)(29) qualified nonprofit health insurance issuers.			
	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		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
 L	If "Voc " has it filed a Form 7.20 to report these payments? If "No " provide an explanation in Schedule O	1/h		

Part VI 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.

Check if Schedule O contains a response to any question in this Part VI	-									٠,١٠	/
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Se	ction A. Governing Body and Management			
			Yes	No
4	Enterette combination of other consensus of the consensus bed of the term of the term.			
1a	Enter the number of voting members of the governing body at the end of the tax year			
ь	Enter the number of voting members included in line 1a, above, who are			
	Independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		 No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was	_		
•	filed?	4		Νo
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		Νo
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No_
	<b>ection B. Policies</b> (This Section B requests information about policies not required by the Internal venue Code.)			
- 100	venue couc.)		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?			
		16b		
	List the States with which a copy of this Form 990 is required to be filed. CA			
17 18	List the States with which a copy of this Form 990 is required to be filed ►CA  Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)			
10	(3)s only) available for public inspection. Indicate how you make these available. Check all that apply			
	Own website Another's website Upon request			

- Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization 🕨 ANDREW FRADKIN

121 STEUART STREET

SAN FRANCISCO, CA 941051236 (415)777-0411

## <u>Part VIII</u> Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

Check this box if neither the organiza	•	ated org	janız	atıor	ı cor	npens	ated	l any current office	r, dırector, or trust	ee
<b>(A)</b> Name and Title	(B) Average hours		tion ( that a			II		(D) Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of other
	per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Key employee Officer Institutional Trustee		Former Highest compensated employee Key employee		from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations	
(1) MARION O SANDLER PRESIDENT/DIRECTOR	1 00	х		х				0	0	0
(2) HERBERT M SANDLER PRESIDENT/DIRECTOR	1 00	х		х				0	0	0
(3) PHYLLIS COOK DIRECTOR	1 00	х						0	66,320	0
(4) ROBERT FRIEND INVEST CHAIR/DIRECTOR	1 00	х		х				0	0	0
(5) DAVID FOLKMAN DIRECTOR	1 00	х						0	0	0
(6) STEVE DAETZ EXECUTIVE VP/ASST SEC	40 00			х				333,333	0	68,633
(7) MARK REISBAUM TREASURER/SECRETARY	1 00			х				0	225,508	8,636
(8) SERGIO KNAEBEL GRANT DIRECTOR	40 00					х		128,149	0	19,995
(9) SETH FELDMAN EXECUTIVE DIRECTOR	40 00					х		164,855	0	29,582

\$100,000 in compensation from the organization  $\blacktriangleright 0$ 

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

	(A) Name and Title	(B) A verage hours	1	<b>(</b> ( ition that a	•		II		(D) Reportable compensation	(E) Reportable compensation		(F) Estima	ited fother
		per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)		compens from t organizati relati organiza	the on and ed
											4		
											_		
		+									+		
		_			$\vdash$						+		
											+		
											+		
1b	Sub-Total							<u> </u>			-		
c d	Total from continuation sheets  Total (add lines 1b and 1c) .							<b>&gt;</b>	626,337	291,82	8		126,846
2	Total number of individuals (inc								·	·	<u> </u>	•	
	\$100,000 in reportable compe							,					
												Yes	No
3	Did the organization list any <b>fo</b> on line 1a? <i>If</i> "Yes," complete So						mploy •	ee, c	or highest compens	ated employee	3		No
4	For any individual listed on line organization and related organiz												
	individual	· · · ·	• •	•	•	•	• •	•			4	Yes	
5	Did any person listed on line 1a services rendered to the organi									r individual for			
	services rendered to the organi	Zacioni II Ies,	complet	.e <i>3</i> ci	icaai	C J 1	OI SUCI	ı per	5011	.	5		No
Se	ction B. Independent Cor	ntractors											
1	Complete this table for your five \$100,000 of compensation from			ındep	end	ento	contra	ctors	that received more	e than			
		( <b>A</b> ) ame and business ad							Descr	(B) option of services		(C Comper	
											_	•	
											-		
2	Cotal number of independent con	tractors (include	na but n	not lir	nıta	l to	thoso	listo	d above) who recen	ved more than	$\dashv$		

Form 9	90 (2	010)						I	Page <b>9</b>
Part \	/III	Statement of	Revenue		(A)	(B)	(C)	(D)	
					Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512,513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaig							
g	b	Membership dues							
# ⊞	С	Fundraising events							
<u>=</u> ,ਰ,	d	Related organization							
Α̈́E	е	Government grants (co							
e Ei	f	All other contributions, similar amounts not in-	gıfts, grants, and <b>1f</b> cluded above						
들들	g	Noncash contributions	ıncluded ın lines 1a-1f \$						
걸	١.		4.6						
<u>ं व</u>	h	Total. Add lines 1a	a-1† 	. •					
e E				Business Code					
E e L	2a								
22	b								
956	С								
Se Se	d								
Program Serwoe Revenue	е								
8	f	All other program	service revenue						
屳	g	Total. Add lines 2a	a-2f	▶					
	3	Investment incom	e (ıncludıng dıvıdends, ınte	rest					
			amounts)	►	11,882,645			11,882,645	
	4		ent of tax-exempt bond proceeds						
	5	Royalties	() 5						
	6a	Gross Rents	(ı) Real	(II) Personal					
	ь	Less rental							
		expenses Rental income							
	C	or (loss)							
	d	Net rental income	or (loss)						
	7a	Gross amount	(ı) Securities 71,559,870	(II) Other					
		from sales of assets other							
	Ь	than inventory Less cost or	73,004,874						
	"	other basis and sales expenses	75,001,071						
	С	Gain or (loss)	-1,445,004						
	d	Net gain or (loss)		►	-1,445,004			-1,445,004	
	8a		n fundraising events						
He		(not including \$							
듄		of contributions re							
Ę.		See Part IV, line 1	8 a						
<u> </u>	ь	Less direct exper							
Other Revenue			s) from fundraising events	►					
-		Gross income from	n gaming activities See						
	 	Part IV, line 19	. а						
	"	Less direct expenses							
			<b>b</b>						
	<b>-</b>	Net income or (los Gross sales of inv	s) from gaming activities .	►					
	104	returns and allowa							
			a						
	1	Less cost of good							
	C		s) from sales of inventory					<del>  </del>	
	11a	Miscellaneous F	kevenue	Business Code					
	b								
	ر د	All other revenue							
		Total. Add lines 1:		_					
	້	.ocai. Add illes 1.	la-11d	•					
	12	Total revenue. See	e Instructions	<b>F</b>	10,437,641			10.427.644	
	I				10,437,641	0	0	10,437,641	

#### Part IX Statement of Functional Expenses

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

А	Section 501(c)(3) and 501(c)(4) organizations mus Il other organizations must complete column (A) but are not required to c			(D).	
Do no	ot include amounts reported on lines 6b, p, 9b, and 10b of Part VIII.	( <b>A</b> ) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	86,361,656	86,361,656		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	333,333		333,333	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	375,062		375,062	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	96,915		96,915	
9	Other employee benefits	52,820		52,820	
10	Payroll taxes	35,136		35,136	
а	Fees for services (non-employees) Management				
b	Legal				
C	Accounting				
d	Lobbying	47,000		47,000	
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other	14,005		14,005	
12	Advertising and promotion				
13	Office expenses	17,224		17,224	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	31,057		31,057	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	5,493		5,493	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	OCCUPANCY	579,280		579,280	_
b	ADMINISTRATIVE FEES	200,000		200,000	_
c	DATA PROCESSING SERVICE	134,379		134,379	
d	OTHER PROFESSIONAL SERV	101,566		101,566	
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	88,384,926	86,361,656	2,023,270	0
26	Joint costs. Check here ► ☐ If following SOP 98-2 (ASC 958-720) Complete this line only if the		•		
	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet (A) (B) Beginning of year End of year 61,727,167 3,378,690 1 1 2 142,738,725 2 Savings and temporary cash investments . . . . . . . 3 3 144,366 4 682,778 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 Schedule L . . . 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) **A**ssets 6 7 8 8 Prepaid expenses and deferred charges . . . . . . 7,139 9 2,313 10a Land, buildings, and equipment cost or other basis Complete 892.984 Part VI of Schedule D 10a 10b 633,441 353.986 259.543 b Less accumulated depreciation . . . . . 10c 11 603.411.347 11 604,556,886 80,816,824 12 12 Investments—other securities See Part IV, line 11 . . . . . . 13 13 Investments—program-related See Part IV, line 11 . . . 14 14 Intangible assets . . . . . . . . . 15 15 688,601,881 16 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 16 746,899,972 **17** 224,264 17 149.860 Accounts payable and accrued expenses . 6.059.908 5.559.908 18 18 19 19 20 20 Liabilities 21 21 Escrow or custodial account liability Complete Part IV of Schedule D . . 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 23 Secured mortgages and notes payable to unrelated third parties . . 24 24 Unsecured notes and loans payable to unrelated third parties . . . . 25 Other liabilities Complete Part X of Schedule D . . . . . 25 26 6,284,172 26 5,709,768 **Total liabilities.** Add lines 17 through 25 . . . . Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 Unrestricted net assets . . . . 682,317,709 27 741,190,204 Temporarily restricted net assets . . . . . 28 28 Fund 29 29 Permanently restricted net assets . . . . . Organizations that do not follow SFAS 117, check here ▶ 

and complete lines 30 through 34. ŏ 30 30 Capital stock or trust principal, or current funds . . . . . Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund . . . . . 32 32 Retained earnings, endowment, accumulated income, or other funds ž 682,317,709 741,190,204 33 33 Total net assets or fund balances . . . . . 34 Total liabilities and net assets/fund balances . . . . . 688,601,881 34 746,899,972

Ра	Check if Schedule O contains a response to any question in this Part XI	<u> </u>			
1	Total revenue (must equal Part VIII, column (A), line 12)			10.4	137,641
2	Total expenses (must equal Part IX, column (A), line 25)				384,926
3	Revenue less expenses Subtract line 2 from line 1	3		-77,9	947,285
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4			682,3	317,709
5	Other changes in net assets or fund balances (explain in Schedule O)	5		136,8	319,780
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) 6	<b>,</b>		741,1	.90,204
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII		•	দ	
		_		Yes	No
1	Accounting method used to prepare the Form 990 Cash Accrual Other  If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? $ \cdot   \cdot  $		2a		No
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both  Separate basis  Consolidated basis  Both consolidated and separated basis	ıed			
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?		За		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	uired	3b		

#### OMB No 1545-0047

### **SCHEDULE A**

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization SANDLER FOUNDATION

**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.

Inspection Employer identification number

					94-3147856			
Part I				must complete this p		tions		
he orgar	iization is not a priva	te foundation becaus	eitis (For lines 1 throu	gh 11, check only one bo	ox )			
1	A church, convent	ion of churches, or a	ssociation of churches d	escribed in <b>section 170(l</b>	o)(1)(A)(i).			
2	A school describe	d ın <b>section 170(b)(</b> 1	l <b>)(A)(ii).</b> (Attach Sched	ıle E )				
з Г	A hospital or a cod	operative hospital se	rvice organization descr	bed in <b>section 170(b)(1)</b>	(A)(iii).			
4	A medical researc hospital's name, c	-	ted in conjunction with a	hospital described in <b>sec</b>	tion 170(b)(1)(A)(	( <b>iii).</b> Ent	er the	
5	= -		<del>-</del>	ty owned or operated by a	a governmental unit	describ	ed in	
<u> </u>		(A)(iv). (Complete P	· ·	bd	\(\(\alpha\)\(\.\)			
6	•	=	=	ribed in section 170(b)(1			مناطنيسا.	_
7	described in	at normally receives (A)(vi) (Complete P	·	support from a governme	ental unit or from the	e genera	i public	
8 —			n <b>170(b)(1)(A)(vi)</b> (Cor	nplete Part II )				
9				of its support from contril	butions, membershi	p fees. a	and aro	SS
- ,	<del>-</del>	•	• •	t to certain exceptions, a	•		_	
	·		•	ss taxable income (less	• •			
	acquired by the or	ganızatıon after June	30, 1975 See <b>section</b> !	5 <b>09(a)(2).</b> (Complete Par	tIII)			
10 🗆	An organization or	ganized and operate	d exclusively to test for i	oublic safety See <b>section</b>	509(a)(4).			
11 F	one or more public	ly supported organiz	ations described in sect porting organization and o	efit of, to perform the fund ion 509(a)(1) or section complete lines 11e throu - Functionally integrated	509(a)(2) See <b>sec</b> t gh 11h		(a)(3).	. Check
e 🔽	other than foundat section 509(a)(2)	ion managers and ot	her than one or more pub	rolled directly or indirectly or indirectly supported organizat	ions described in s	ection 5	09(a)(	1) or
f	of the organization check this box	received a written d	etermination from the IR	S that it is a Type I, Type	e II or Type III sup	porting	organiz	zation,
g		2006, has the organ	ızatıon accepted any gıft	or contribution from any	of the			'
_	following persons?	·						
	• •	•	•	ogether with persons des	cribed in (ii)		Yes	No
	` '	,	ne the supported organiza	ation?		11g(i)		No
		er of a person descri				11g(ii)		No
_			n described in (i) or (ii) a			11g(iii	<u>)                                    </u>	No
h	Provide the followi	ng information about	the supported organizat	ion(s)				
(i) Name o support organizat	ed ÈIŃ	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organization in col (i) listed in your governing document?	(v) Did you notify the organization in col (i) of your support?	(vi) Is the organization in col (i) organized in the U S ?		A mo	<b>/ii)</b> unt of port
	1		N/   NI-	1	1			

(i) Name of supported organization	(ii) EIN	organization (described on lines 1- 9 above or IRC section (see	organizati col (i) list your gove docume	on in ed in rning	Did you notify the organization in col (i) of your support?		Is the organization in col (i) organized in the US?		(vii) A mount of support	
		instructions))	Yes	No	Yes	No	Yes	No		
(A) JEWISH COMMUNITY FEDERATION OF SF	941156533	7	Yes		Yes		Yes		575,000	
Total									575,000	

## 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.)

S	ection A. Public Support		and to quanty t			out complete	
	endar year (or fiscal year beginning						
Care	in)	<b>(a)</b> 2006	<b>(b)</b> 2007	<b>(c)</b> 2008	<b>(d)</b> 2009	<b>(e)</b> 2010	<b>(f)</b> Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	ınclude any "unusual						
	grants ")						
2	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						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included on line 1 that exceeds 2% of the						
	amount shown on line 11, column						
	(f)						
6	Public Support. Subtract line 5 from						
Ū	line 4						
S	ection B. Total Support		<u> </u>	<b>I</b> I.			
	endar year (or fiscal year beginning						
	ın) <b>&gt;</b>	<b>(a)</b> 2006	<b>(b)</b> 2007	<b>(c)</b> 2008	<b>(d)</b> 2009	<b>(e)</b> 2010	<b>(f)</b> Total
7	A mounts from line 4						
8	Gross income from interest,						
Ū	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
	sources						
9	Net income from unrelated						
	business activities, whether or						
	not the business is regularly						
	carried on						
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV )						
11	Total support (Add lines 7						
	through 10)					<u> </u>	
12	Gross receipts from related activiti	es, etc (See inst	ructions )			12	
13	First Five Years If the Form 990 is t	for the organizati	on's first, second	, thırd, fourth, or	fifth tax year as a	501(c)(3) organı	
	check this box and <b>stop here</b>						<b>►</b>
	-tiC Ct-ti	L'a Carana at B					
<u> </u>	ection C. Computation of Pub Public Support Percentage for 2010			11 column (f))			
	· ·		•	II Column (1))		14	
15	Public Support Percentage for 2009	Schedule A, Pa	rt II, line 14			15	
16a	<b>33 1/3% support test—2010.</b> If the				line 14 is 33 1/3%	or more, check	
_	and <b>stop here.</b> The organization qua						<b>▶</b> □
b	<b>33 1/3% support test—2009.</b> If the				5a, and line 15 is 3	33 1/3% or more,	- <del>-</del>
	box and <b>stop here.</b> The organization				45.46		<b>►</b>
1/a	10%-facts-and-circumstances test-						
	is 10% or more, and if the organization made						rt a d
	in Part IV how the organization mee	ts the "racts and	circumstances"	test ine organiz	ration qualifies as	a publicly suppo	
L	organization	_2000 If+ba a	anization did not	chack a hay an l	no 12 165 166 -	r 17a and line	<b>►</b> □
D	<b>10%-facts-and-circumstances test-</b> 15 is 10% or more, and if the organ						
	Explain in Part IV how the organization						v
	supported organization	aon meets the 10	acts and circuilis	tances test file	z organizacion qual	mes as a publici	y ▶[¯
18	Private Foundation If the organizati	on did not check	a box on line 13	. 16a. 16b. 17a o	r 17b, check this	box and see	- 1
	instructions	on ala not check	a box on fine 15	, 100, 100, 1700	I by check tills	SON GING SCC	<b>▶</b> □

organization

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total ın) 🟲 Gifts, grants, contributions, and membership fees received (Do not 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 Gross receipts from activities that are not an unrelated trade or 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 furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified 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 Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total in) 9 Amounts from line 6 Gross income from interest, 10a 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 C 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 12 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 for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f)) 15 16 Public support percentage from 2009 Schedule A, Part III, line 15 16 Section D. Computation of Investment Income Percentage Investment income percentage for **2010** (line 10c column (f) divided by line 13 column (f)) 17 **17** Investment income percentage from 2009 Schedule A, Part III, line 17 18 18 19a 33 1/3% support tests—2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported

33 1/3% support tests-2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line

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

**▶**□

Part IV

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

Schedule A (Form 990 or 990-EZ) 2010

DLN: 93493135066752

OMB No 1545-0047

**Political Campaign and Lobbying Activities** 

**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. ► See separate instructions.

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),

- ◆ 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

	ne of the organization			Employeride	ntıfıcatıon number
SAN	DLER FOUNDATION			94-3147856	
ar	I-A Complete if the org	ganization is exempt und	er section 501(		
L	Provide a description of the org	janization's direct and indirect po	litical campaign act	tivities in Part IV	
2	Political expenditures			▶	\$
3	V olunteer hours				
ar	I-B Complete if the org	ganization is exempt und	er section 501 <i>(</i>	c)(3)	
1	<u> </u>	tax incurred by the organization	•		<b>\$</b>
- 2		tax incurred by organization ma			*
- 3		ection 4955 tax, did it file Form 4			√ ΓYes ΓNο
4a	Was a correction made?	ection 1999 tax, ara it inc Form	1720 for tills year		「Yes □ No
b	If "Yes," describe in Part IV				, 100 , 110
		ganization is exempt und	er section 501(	c) except section 50	1(c)(3).
1		nded by the filing organization fo			\$
2	Enter the amount of the filing o exempt funtion activities	rganızatıon's funds contributed to	other organization	s for section 527 ▶	\$
3	Total exempt function expendit	ures Addlines 1 and 2 Enter he	ere and on Form 112	20-POL. line 17b ►	
		ares mad lines I and E Enter ne	ire and on roini 112	,	ς.
4 5	Did the filing organization file <b>F</b> Enter the names, addresses an	orm 1120-POL for this year? d employer identification number	· (EIN) of all section	n 527 political organization	
	Did the filing organization file <b>F</b> Enter the names, addresses an organization made payments F amount of political contribution	orm 1120-POL for this year?	(EIN) of all section the amount paid fro d directly delivered	n 527 political organization om the filing organization's to a separate political orga	s to which the filing funds Also enter the anization, such as a
	Did the filing organization file <b>F</b> Enter the names, addresses an organization made payments F amount of political contribution	orm 1120-POL for this year? Id employer identification number or each organization listed, enter seceived that were promptly an	(EIN) of all section the amount paid fro d directly delivered	n 527 political organization om the filing organization's to a separate political orga	s to which the filing funds Also enter the anization, such as a ation in Part IV  (e) A mount of political contributions received
	Did the filing organization file <b>F</b> Enter the names, addresses an organization made payments F amount of political contribution separate segregated fund or a page 1.	orm 1120-POL for this year? Id employer identification number for each organization listed, enter is received that were promptly an political action committee (PAC)	(EIN) of all section the amount paid fro d directly delivered If additional space	n 527 political organization om the filing organization's to a separate political organics needed, provide information of the filing organization's	s to which the filing funds. Also enter the anization, such as a ation in Part IV  (e) A mount of political contributions received and promptly and directly delivered to a separate political organization. If none,
	Did the filing organization file <b>F</b> Enter the names, addresses an organization made payments F amount of political contribution separate segregated fund or a page 1.	orm 1120-POL for this year? Id employer identification number for each organization listed, enter is received that were promptly an political action committee (PAC)	(EIN) of all section the amount paid fro d directly delivered If additional space	n 527 political organization om the filing organization's to a separate political organics needed, provide information of the filing organization's	s to which the filing funds. Also enter the anization, such as a ation in Part IV  (e) A mount of political contributions received and promptly and directly delivered to a separate political organization. If none,
	Did the filing organization file <b>F</b> Enter the names, addresses an organization made payments F amount of political contribution separate segregated fund or a page 1.	orm 1120-POL for this year? Id employer identification number for each organization listed, enter is received that were promptly an political action committee (PAC)	(EIN) of all section the amount paid fro d directly delivered If additional space	n 527 political organization om the filing organization's to a separate political organics needed, provide information of the filing organization's	s to which the filing funds Also enter the anization, such as a action in Part IV  (e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none,
	Did the filing organization file <b>F</b> Enter the names, addresses an organization made payments F amount of political contribution separate segregated fund or a page 1.	orm 1120-POL for this year? Id employer identification number for each organization listed, enter is received that were promptly an political action committee (PAC)	(EIN) of all section the amount paid fro d directly delivered If additional space	n 527 political organization om the filing organization's to a separate political organics needed, provide information of the filing organization's	s to which the filing funds. Also enter the anization, such as a ation in Part IV  (e) A mount of political contributions received and promptly and directly delivered to a separate political organization. If none,
	Did the filing organization file <b>F</b> Enter the names, addresses an organization made payments F amount of political contribution separate segregated fund or a page 1.	orm 1120-POL for this year? Id employer identification number for each organization listed, enter is received that were promptly an political action committee (PAC)	(EIN) of all section the amount paid fro d directly delivered If additional space	n 527 political organization om the filing organization's to a separate political organics needed, provide information of the filing organization's	s to which the filing funds. Also enter the anization, such as a ation in Part IV  (e) A mount of political contributions received and promptly and directly delivered to a separate political organization. If none,
	Did the filing organization file <b>F</b> Enter the names, addresses an organization made payments F amount of political contribution separate segregated fund or a page 1.	orm 1120-POL for this year? Id employer identification number for each organization listed, enter is received that were promptly an political action committee (PAC)	(EIN) of all section the amount paid fro d directly delivered If additional space	n 527 political organization om the filing organization's to a separate political organics needed, provide information of the filing organization's	s to which the filing funds. Also enter the anization, such as a ation in Part IV  (e) A mount of political contributions received and promptly and directly delivered to a separate political organization. If none,
	Did the filing organization file <b>F</b> Enter the names, addresses an organization made payments F amount of political contribution separate segregated fund or a page 1.	orm 1120-POL for this year? Id employer identification number for each organization listed, enter is received that were promptly an political action committee (PAC)	(EIN) of all section the amount paid fro d directly delivered If additional space	n 527 political organization om the filing organization's to a separate political organics needed, provide information of the filing organization's	s to which the filing funds Also enter the anization, such as a action in Part IV  (e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none,
	Did the filing organization file <b>F</b> Enter the names, addresses an organization made payments F amount of political contribution separate segregated fund or a page 1.	orm 1120-POL for this year? Id employer identification number for each organization listed, enter is received that were promptly an political action committee (PAC)	(EIN) of all section the amount paid fro d directly delivered If additional space	n 527 political organization om the filing organization's to a separate political organics needed, provide information of the filing organization's	s to which the filing funds. Also enter the anization, such as a ation in Part IV  (e) A mount of political contributions received and promptly and directly delivered to a separate political organization. If none,
	Did the filing organization file <b>F</b> Enter the names, addresses an organization made payments F amount of political contribution separate segregated fund or a page 1.	orm 1120-POL for this year? Id employer identification number for each organization listed, enter is received that were promptly an political action committee (PAC)	(EIN) of all section the amount paid fro d directly delivered If additional space	n 527 political organization om the filing organization's to a separate political organics needed, provide information of the filing organization's	s to which the filing funds Also enter the anization, such as a action in Part IV  (e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none,
	Did the filing organization file <b>F</b> Enter the names, addresses an organization made payments F amount of political contribution separate segregated fund or a page 1.	orm 1120-POL for this year? Id employer identification number for each organization listed, enter is received that were promptly an political action committee (PAC)	(EIN) of all section the amount paid fro d directly delivered If additional space	n 527 political organization om the filing organization's to a separate political organics needed, provide information of the filing organization's	s to which the filing funds Also enter the anization, such as a action in Part IV  (e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none,

Р	Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).							
	Check If the filing organization belongs to a Check If the filing organization checked bo	n affiliated group x A and "limited control" provisions apply						
	Limits on Lobbying E (The term "expenditures" means ar	(a) Filing O rganization's Totals	<b>(b)</b> Affiliated Group Totals					
1a	Total lobbying expenditures to influence public o	pınıon (grass roots lobbyıng)						
b	Total lobbying expenditures to influence a legisl							
C	Total lobbying expenditures (add lines 1a and 1							
d	O ther exempt purpose expenditures							
е	Total exempt purpose expenditures (add lines 1	c and 1d)						
f	Lobbying nontaxable amount Enter the amount to columns							
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:						
	Not over \$500,000	20% of the amount on line 1e						
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000						
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000						
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000						
	Over \$17,000,000	\$1,000,000						
	Grassroots nontaxable amount (enter 25% of lir	e 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	r-0-						
j	If there is an amount other than zero on either lii section 4911 tax for this year?	ne 1h or line 1i, did the organization file Form	4720 reporting	┌ Yes ┌ No				

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

	Lobbying Expendit	ures During 4	4-Year Avera	ging Period		
	Calendar year (or fiscal year beginning in)	<b>(a)</b> 2007	<b>(b)</b> 2008	<b>(c)</b> 2009	<b>(d)</b> 2010	(e) Total
2a	Lobbying non-taxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
c	Total lobbying expenditures					
d	Grassroots non-taxable amount					
e	Grassroots ceiling amount (150% of line 2d, column (e))					
f	Grassroots lobbying expenditures					

che	edule C (Form 990 or 990-EZ) 2010				P	age <b>3</b>	
Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has N (election under section 501(h)).	IOT fi	iled F	orm	5768	В	
		(	a)		(b)		
		Yes	No	/	Amour	nt	
L	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of		Vac I				
а	Volunteers?	Yes					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes					
C	Media advertisements?		No	1			
d	Mailings to members, legislators, or the public?		No				
e	Publications, or published or broadcast statements?		No				
f	Grants to other organizations for lobbying purposes?		No				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No				
i	O ther activities? If "Yes," describe in Part IV		No				
j	Total lines 1c through 1i					0	
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No				
b	If "Yes," enter the amount of any tax incurred under section 4912		•	1			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912						
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		1				
ar	t III-A Complete if the organization is exempt under section 501(c)(4), section 5501(c)(6).	01(c	(5),	or se	ectio	n	
	W 1		c		Yes	No	
1	Were substantially all (90% or more) dues received nondeductible by members?		-	1	<u> </u>		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		-	2			
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?		<del>, , , ,</del> ,		L		
'aı	rt III-B Complete if the organization is exempt under section 501(c)(4), section 5 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III answered "Yes".				ectio	n	
1	Dues, assessments and similar amounts from members	1					
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).						
	Current year	2a	<u> </u>				
	Carryover from last year	2b	<u> </u>				
	Total	2c	<del></del>				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	<u> </u>				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4					

#### Part IV Supplemental Information

5 Taxable amount of lobbying and political expenditures (see instructions)

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Identifier | Return Reference | Explanation

DLN: 93493135066752

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, 11, or 12.

Open to Public

tema	l Revenue Service	► Attach to Fo	orm 990. ► See separate instructions.		Inspection	
	me of the organi	zation		Emp	loyer identification number	
SAN	IDLER FOUNDATION			94-3	3147856	
Pa			dvised Funds or Other Similar F			the
	organiz	zation answered "Yes" to Form 99	<u>, , , , , , , , , , , , , , , , , , , </u>	1 ,	(h) Funda and ather accounts	
	Total number a	t and of year	(a) Donor advised funds	'	(b) Funds and other accounts	
•		tributions to (during year)				
3		nts from (during year)				
1		e at end of year				
5	Did the organiz	zation inform all donors and donor advi	sors in writing that the assets held in do organization's exclusive legal control?	nor advı	sed <b>Yes I</b>	<b></b>
5	used only for c	- · · · · · · · · · · · · · · · · · · ·	donor advisors in writing that grant fund efit of the donor or donor advisor, or for a			<b>V</b> o
Pa	rt III Conse	rvation Easements. Complete	ıf the organization answered "Yes"	to Forn	n 990, Part IV, line 7.	
2	Preservati Protection Preservati Complete lines	conservation easements held by the or ion of land for public use (e g , recreati i of natural habitat ion of open space s 2a-2d if the organization held a quali he last day of the tax year	on or pleasure)  Preservation of a	certified	ically importantly land area d historic structure onservation	
					Held at the End of the Year	
а	Total number o	f conservation easements		2a		
b	Total acreage i	restricted by conservation easements		2b		
C	Number of cons	servation easements on a certified his	toric structure included in (a)	2c		
d	Number of cons	servation easements included in (c) ac	cquired after 8/17/06	2d		
3	the taxable yea	ar ▶	erred, released, extinguished, or terminat	ed by th	ie organization during	
<b>4</b> 5	Does the organ	es where property subject to conserva nization have a written policy regarding f the conservation easements it holds?	the periodic monitoring, inspection, hai	ndling of	violations, and Yes I	<b>V</b> o
5	Staff and volun	teer hours devoted to monitoring, insp	pecting and enforcing conservation ease	ments dı	uring the year ►	
7	A mount of expe	enses incurred in monitoring, inspectii	ng, and enforcing conservation easemen	ts durıng	g the year 🕨 \$	_
3		servation easement reported on line 2 ) and 170(h)(4)(B)(ii)?	(d) above satisfy the requirements of se	ction	Г Yes	<b>V</b> o
9	balance sheet,		onservation easements in its revenue an the footnote to the organization's financia nents			
ar	<b>t IIII Organ</b> Comple	izations Maintaining Collectio ete if the organization answered '	ns of Art, Historical Treasures, 'Yes" to Form 990, Part IV, line 8.	or Otl	her Similar Assets.	
La	art, historical t	reasures, or other similar assets held	116, not to report in its revenue statem for public exhibition, education or resea lancial statements that describes these	rch ın fu		
b	historical treas	·	116, to report in its revenue statement public exhibition, education, or research s		•	
	(i) Revenues II	ncluded in Form 990, Part VIII, line 1			<b>►</b> \$	_
	(ii) Assets incl	luded in Form 990, Part X			<b>▶</b> \$	
2	If the organizat	·	orical treasures, or other similar assets S 116 relating to these items	for finan		_
а	Revenues inclu	uded in Form 990, Part VIII, line 1			<b>►</b> \$	

Assets included in Form 990, Part X

Part	Organizations Maintaining Co	llections of Art	t, His	tori	<u>cal Treasu</u>	res, or O	<u>the</u>	<u>r Similar Asse</u>	ts (co	ntınued)
3	Using the organization's accession and other items (check all that apply)	r records, check an	y of th	ne foll	owing that are	e a significa	nt u	se of its collection	1	
а	Public exhibition		d	Γ	Loan or excl	nange progra	ams			
b	Scholarly research		e	Γ	Other					
c	Preservation for future generations									
4	Provide a description of the organization's co	ollections and expla	ıın hov	w they	/ further the o	rganızatıon'	's ex	empt purpose in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t								Yes	┌ No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an an					answered	Y" t	es" to Form 990	),	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterme	ediary	for c	ontributions c	or other ass	ets r		Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the	follow	ving ta	able	Г		Amou	ınt	
c	Beginning balance						1c			
d	Additions during the year					<u> </u>	1d			
e	Distributions during the year					<b>⊢</b>	1e			
f	Ending balance					-	1f			
2a	Did the organization include an amount on Fo	orm 990 Part X lin	e 21?			<u>L</u>		Г	Yes	
	If "Yes," explain the arrangement in Part XIV	•	·					,		,
	t V Endowment Funds. Complete		n ans	were	ed "Yes" to F	orm 990.	Par	t IV, line 10.		
		(a)Current Year		)Prior \		o Years Back			<b>)</b> Four Y	ears Back
1a	Beginning of year balance									
b	Contributions									
С	Investment earnings or 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 yea	r end balance held	as							
а	Board designated or quasi-endowment 🕨									
b	Permanent endowment 🕨									
С	Term endowment ►									
За	Are there endowment funds not in the posses organization by	ssion of the organiz	ation	that a	ire held and a	dmınıstered	for	the 	Yes	No
	(i) unrelated organizations							3a(i)		<u></u>
_	(ii) related organizations							3a(ii)		<u> </u>
	If "Yes" to 3a(II), are the related organization	•					٠	3b		<u> </u>
4	Describe in Part XIV the intended uses of th						1.0			
rali	t VI Investments—Land, Buildings	s, and Equipme	nt. S		•	1				
	Description of investment				) Cost or other (investment)	(b)Cost or o basis (othe		(c) Accumulated depreciation	( <b>d</b> ) Bo	ook value
1a	_and		•			<del> </del>				
b	Buildings		•			ļ				
c	_easehold improvements				532,572	:		464,247		68,325
d I	Equipment		•		254,162	!		169,194		84,968
е (	Other		<u> </u>		106,250	D		169,194		84,968 106,250 259,543

Part VII Investments—Other Securities. See	Form 990, Part X, line 13	
<ul><li>(a) Description of security or category (including name of security)</li></ul>	( <b>b</b> )Book value	(c) Method of valuation Cost or end-of-year market value
(1)Financial derivatives		Social of the stryes market raise
(2)Closely-held equity interests		
(3)Other		
(A) FARALLON CAPITAL INSTITUTIONAL PARTNERS,		
L P	69,483,759	F
(B) MADISON REAL ESTATE LIQUIDATION LP	11,333,065	F
	11/000/000	
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	80,816,824	
Part VIII Investments—Program Related. See		
(a) Description of investment type	(b) Book value	(c) Method of valuation
——————————————————————————————————————	(b) book value	Cost or end-of-year market value
-		
Total. (Column (b) should equal Form 990, Part X, col (B) line 13 ) ▶		
Part IX Other Assets. See Form 990, Part X, lin		
(a) Descrip		(b) Book value
		(-)
-		
The Lagrangian Co. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	<b>5</b> \	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1.		
Part X Other Liabilities. See Form 990, Part X		
1 (a) Description of Liability	(b) A mount	
Federal Income Taxes		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25 )		
The state of the s		

	113	art XII Reconciliation of Change in Net Assets from Form 990 to Financial Stateme	
10,437,641	1	Total revenue (Form 990, Part VIII, column (A), line 12)	1
88,384,926	2	Total expenses (Form 990, Part IX, column (A), line 25)	2
-77,947,285	3	Excess or (deficit) for the year Subtract line 2 from line 1	3
136,819,780	4	Net unrealized gains (losses) on investments	4
	5	Donated services and use of facilities	5
	6		6
	7	·	7
	8	·	8
136,819,780	9		9
58,872,495	10	• • • •	10
	er Re	art XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	
147,257,421	1	Total revenue, gains, and other support per audited financial statements	1
		Amounts included on line 1 but not on Form 990, Part VIII, line 12	2
		Net unrealized gains on investments	а
		Donated services and use of facilities	b
		Recoveries of prior year grants	c
		Other (Describe in Part XIV)	d
136,819,780	2e	Add lines 2a through 2d	e
10,437,641	3	Subtract line <b>2e</b> from line <b>1</b>	3
		Amounts included on Form 990, Part VIII, line 12, but not on line 1	4
		Investment expenses not included on Form 990, Part VIII, line 7b . 4a	а
		Other (Describe in Part XIV)	b
0	4c	Add lines <b>4a</b> and <b>4b</b>	C
10,437,641	5		5
		rt XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	
	per		
88,384,926	per 1	Total expenses and losses per audited financial statements with expenses statements	1
88,384,926		Total expenses and losses per audited financial	2
88,384,926		Total expenses and losses per audited financial statements	
88,384,926		Total expenses and losses per audited financial statements	2
88,384,926		Total expenses and losses per audited financial statements	2 a
88,384,926		Total expenses and losses per audited financial statements	2 a b
0		Total expenses and losses per audited financial statements	2 a b c
0	1	Total expenses and losses per audited financial statements	2 a b c d
0	1 2e	Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25  Donated services and use of facilities  Prior year adjustments  Other losses  Other (Describe in Part XIV)  Add lines 2a through 2d  Subtract line 2e from line 1  Amounts included on Form 990, Part IX, line 25, but not on line 1:	2 a b c d
0	1 2e	Total expenses and losses per audited financial statements	2 a b c d e
0 88,384,926	2e 3	Total expenses and losses per audited financial statements  A mounts included on line 1 but not on Form 990, Part IX, line 25  Donated services and use of facilities  Prior year adjustments  Other losses  Other (Describe in Part XIV)  Add lines 2a through 2d  Subtract line 2e from line 1  A mounts included on Form 990, Part IX, line 25, but not on line 1:  Investment expenses not included on Form 990, Part VIII, line 7b  Other (Describe in Part XIV)  Other (Describe in Part XIV)  4a	2 a b c d e 3
0	1 2e	Total expenses and losses per audited financial statements	2 a b c d e 3 4

Part V, line 4, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier Return Reference Explanation

DLN: 93493135066752

OMB No 1545-0047

2010

Open to Public **Inspection** 

#### **SCHEDULE F** (Form 990)

Department of the Treasury Internal Revenue Service

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

**Statement of Activities Outside the United States** 

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization SANDLER FOUNDATION **Employer identification number** 

94-3147856

Pa	rt I General Information "Yes" to Form 990, Par			he United States. Co	omplete if the organiz	ation answered
1	For grantmakers. Does the o			s to substantiate the a	amount of the grants	or
	assistance, the grantees' elig					
	the grants or assistance?					▼ Yes
2	<b>For grantmakers.</b> Describe in Pa United States	rt V the organız	atıon's proceduı	es for monitoring the use	of grant funds outside tl	ne
3	Activites per Region (Use Part	V ıf addıtıonal s	pace is needed	)		
	(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region or independent contractors	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	<b>(f)</b> Total expenditures for region/investments in region
	NORTH AMERICA	0	0	GRANTMAKING		270,000
	-					
<b>3</b> -	Sub-total	0	0			270,000
	Total from continuation sheets to Part I	0	0			270,000
c	Totals (add lines 3a and 3b)	0				270,000

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	( <b>d)</b> Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	( <b>g)</b> A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other
		NORTH AMERICA	GENERAL SUPPORT	270,000	WIRE TRANSFER			CASH VALUE
Enter total n	umber of recipie	ent organizations li	sted above that are re	ecognized as charit	les by the foreign c	ountry, recognized letter	as	1

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

	Ose Part v ir additional space is needed.											
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)					
		1										
		1										
		1			1							
_												
	l					Colore	lula E (Earm 000) 2010					

#### Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)	Γ	Yes	굣	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)	Γ	Yes	굣	Νo
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)	Г	Yes	্	Νo
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)	Г	Yes	্	Νo
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)	Г	Yes	্	Νo
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).	Г	Yes	굣	Νo

Schedule F (Form 990) 2010

Part V Supplemental Information
Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

ldentifier	Return Reference	Explanation
OTHER INFORMATION	SCHEDULE F, PART V	STAFF AND VOLUNTEER COMMITTEES MONITOR COMPLIANCE AND PERFORMANCE WITH TERMS AND CONDITIONS LISTED IN GRANT AWARD LETTERS THROUGH MID-TERM AND YEAR END REPORT REQUIREMENTS

Schedule F (Form 990) 2010

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Schedule I

(Form 990)

Department of the Treasury

DLN: 93493135066752

OMB No 1545-0047

**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

Internal Revenue Service   Name of the organization			Attach to Form 990			Employer identification	Inspection
SANDLER FOUNDATION						94-3147856	in namber
Part I General Information	on on Grants and	l Assistance					
<ul> <li>Does the organization maintain the selection criteria used to a Describe in Part IV the organization</li> </ul>	ward the grants or as ation's procedures fo	sistance? r monitoring the use o	f grant funds in the Unite	d States			✓ Yes
Part II Grants and Other A Form 990, Part IV, III duplicated if additional	ne 21 for any recip	ient that received r		eck this box if no one	recipient receive	d more than \$5,000.	
1 (a) Name and address of organization or government	(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 gra or assistance
See Additional Data Table							
<ul><li>2 Enter total number of section 5</li><li>3 Enter total number of other org.</li></ul>						<u>-</u>	54

Part III	Grants and Other Assistance to Individuals in the United States	. Complete if the organization	answered "Yes	s" to Form 990,	Part IV, line 2	22.
	Use Schedule I-1 (Form 990) if additional space is needed.					

(a)Type of grant or assistance	( <b>b)</b> Number of recipients	<b>(c)</b> A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
See Additional Data Table					

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S		SCHEDULE I, PART I, LINE 2 THE ORGANIZATION ENDEAVORS TO MONITOR ITS GRANTS TO ENSURE THAT SUCH GRANTS ARE USED FOR PROPER PURPOSES AND NOT OTHERWISE DIVERTED FROM THEIR INTENDED USE THIS IS ACCOMPLISHED BY REQUESTING RECIPIENT ORGANIZATIONS TO AFFIRM THAT FUNDS MUST BE USED SOLELY IN ACCORDANCE WITH THE GRANT REQUEST AND BUDGET ON WHICH THE GRANT WAS BASED AND THAT ANY FUNDS NOT EXPENDED FOR THE STATED PURPOSE ARE TO BE RETURNED TO THE ORGANIZATION REPORTS ARE REQUESTED FROM TIME TO TIME AS APPROPRIATE

Software ID:

**Software Version:** 

**EIN:** 94-3147856

Name: SANDLER FOUNDATION

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	( <b>d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN ASTHMA FOUNDATIONFOUR EMBARCADERO CENTER SUITE 3150 SAN FRANCISCO, CA 94111	20-8452401	501(C)(3)	4,000,000		CASH VALUE		IN SUPPORT OF THE RESEARCH PROGRAM
AMERICAN ASTHMA FOUNDATIONFOUR EMBARCADERO CENTER SUITE 3150 SAN FRANCISCO, CA 94111	20-8452401	501(C)(3)	100,000		CASH VALUE	N/A	GENERAL SUPPORT

(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	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN ASTHMA FOUNDATIONFOUR EMBARCADERO CENTER SUITE 3150 SAN FRANCISCO, CA 94111	20-8452401	501(C)(3)	150,000		CASH VALUE	N/A	GENERAL SUPPORT
AMERICAN ASTHMA FOUNDATIONFOUR EMBARCADERO CENTER SUITE 3150 SAN FRANCISCO, CA 94111	20-8452401	501(C)(3)	4,200,000		CASH VALUE		IN SUPPORT OF THE RESEARCH PROGRAM

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN ASTHMA FOUNDATIONFOUR EMBARCADERO CENTER SUITE 3150 SAN FRANCISCO,CA 94111	20-8452401	501(C)(3)	125,000		CASH VALUE	N/A	GENERAL SUPPORT
AMERICAN ASTHMA FOUNDATIONFOUR EMBARCADERO CENTER SUITE 3150 SAN FRANCISCO,CA 94111	20-8452401	501(C)(3)	300,000		CASH VALUE	N/A	GENERAL SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN ASTHMA FOUNDATIONFOUR EMBARCADERO CENTER SUITE 3150 SAN FRANCISCO,CA 94111	20-8452401	501(C)(3)	300,000		CASH VALUE	N/A	GENERAL SUPPORT
AMERICAN ASTHMA FOUNDATIONFOUR EMBARCADERO CENTER SUITE 3150 SAN FRANCISCO,CA 94111	20-8452401	501(C)(3)	250,000		CASH VALUE	N/A	GENERAL SUPPORT

(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	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN ASTHMA FOUNDATIONFOUR EMBARCADERO CENTER SUITE 3150 SAN FRANCISCO, CA 94111	20-8452401	501(C)(3)	200,000		CASH VALUE	N/A	GENERAL SUPPORT
AMERICAN CIVIL LIBERTIES UNION FOUNDATION125 BROAD STREET NEW YORK, NY 10004	13-6213516	501(C)(3)	1,120,000		CASH VALUE	N/A	FOR THE STRATEGIC AFFILIATE INITIATIVE

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN CIVIL LIBERTIES UNION FOUNDATION125 BROAD STREET NEW YORK, NY 10004	13-6213516	501(C)(3)	1,750,000		CASH VALUE	N/A	GENERAL SUPPORT
CENTER FOR AMERICAN PROGRESS1333 H STREET NW 10TH FLOOR WASHINGTON, DC 20005	30-0126510	501(C)(3)	4,000,000		CASH VALUE	N/A	GENERAL SUPPORT

(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	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR CLIMATE STRATEGIES1899 L STREET NW WASHINGTON, DC 20036	31-1677573	501(C)(3)	125,000		CASH VALUE	N/A	GENERAL SUPPORT
CENTER FOR RESPONSIBLE LENDINGPO BOX 3619 DURHAM,NC 27702	74-3043913	501(C)(3)	2,000,000		CASH VALUE	N/A	GENERAL SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR RESPONSIBLE LENDINGPO BOX 3619 DURHAM,NC 27702	74-3043913	501(C)(3)	2,000,000		CASH VALUE	N/A	GENERAL SUPPORT
CHRONICLE SEASON OF SHARING FUNDPO BOX 44740 SAN FRANCISCO,CA 94144	94-3019992	501(C)(3)	75,000		CASH VALUE	N/A	GENERAL SUPPORT

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) Amount 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
CONSULTATIVE GROUP ON BIOLOGICAL DIVERSITY PO BOX 710 TUCZON, AZ 85702	85-0420285	501(C)(3)	42,500		CASH VALUE	N/A	\$32,500 FOR GULF OF CA FUNDERS GROUP, \$10,000 DUES
DRUM MAJOR INSTITUTE FOR PUBLIC POLICY40 EXCHANGE PL SUTIE 2001 NEW YORK, NY 10005	13-4080421	501(C)(3)	25,000		CASH VALUE	N/A	GENERAL SUPPORT

(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	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EARTHJUSTICE426 - 17TH STREET 6TH FLOOR OAKLAND,CA 94612	94-1730465	501(C)(3)	500,000		CASH VALUE	N/A	GENERAL SUPPORT
FAITH IN PUBLIC LIFE1101 VERMONT AVENUE NW WASHINGTON, DC 20005	20-3798596	501(C)(3)	100,000		CASH VALUE	N/A	GENERAL SUPPORT

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FOUNDATION FOR NATIONAL PROGRESS222 SUTTER ST SUITE 600 SAN FRANCISCO,CA 94108	94-2282759	501(C)(3)	10,000		CASH VALUE	N/A	TO SUPPORT THE ANITA FUND DINNER ON 10/21/10
FREE PRESS40 MAIN STREET SUITE 301 FLORENCE,MA 01062	41-2106721	501(C)(3)	400,000		CASH VALUE	N/A	GENERAL SUPPORT

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HUMAN RIGHTS WATCH 350 FIFTH AVENUE 34TH FLOOR NEW YORK, NY 10118	13-2875808	501(C)(3)	1,750,000		CASH VALUE	N/A	GENERAL SUPPORT
HUMAN RIGHTS WATCH 350 FIFTH AVENUE 34TH FLOOR NEW YORK, NY 10118	13-2875808	501(C)(3)	1,750,000		CASH VALUE	N/A	GENERAL SUPPORT

(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	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INTERNATIONAL COMMUNITY FOUNDATION 2505 N AVENUE NATIONAL CITY, CA 91950	13-1624046	501(C)(3)	400,000		CASH VALUE	N/A	FOR THE SANDLER FAMILY INTL DONOR ADVISED FUND
INTERNATIONAL COMMUNITY FOUNDATION 2505 N AVENUE NATIONAL CITY, CA 91950	13-1624046	501(C)(3)	530,000		CASH VALUE	N/A	FOR THE SANDLER FAMILY INTERNATIONAL FUND

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ISLAND CONSERVATION 100 SHAFFER ROAD LML SANTA CRUZ,CA 95060	91-1839907	501(C)(3)	200,000		CASH VALUE	N/A	GENERAL SUPPORT
ISLAND CONSERVATION 100 SHAFFER ROAD LML SANTA CRUZ,CA 95060	91-1839907	501(C)(3)	100,000		CASH VALUE	N/A	GENERAL SUPPORT

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> 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
J STREET EDUCATION FUND INC6432 BARNABY STREET NW WASHINGTON, DC 20015	20-2777557	501(C)(3)	250,000		CASH VALUE	N/A	GENERAL SUPPORT
J STREET EDUCATION FUND INC6432 BARNABY STREET NW WASHINGTON, DC 20015	20-2777557	501(C)(3)	150,000		CASH VALUE	N/A	GENERAL SUPPORT

(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	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JEWISH COMMUNITY FEDERATION121 STEUART STREET SAN FRANCISCO, CA 94105	94-1156533	501(C)(3)	75,000		CASH VALUE	N/A	GENERAL SUPPORT
JEWISH COMMUNITY FEDERATION121 STEUART STREET SAN FRANCISCO,CA 94105	94-1156533	501(C)(3)	500,000		CASH VALUE	N/A	FOR JOB TRAINING AND EMPLOYMENT SERVICES GRANTS

(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
JOHN HOPKINS UNIVERSITY FUND FOR JOHNS HOPKINS MEDICINE100 NORTH CHARLES STSUITE 439 BALTIMORE, MD 21201	52-2266148	501(C)(3)	275,000		CASH VALUE	N/A	QUALITY AND SAFETY RESEARCH GROUP, CLABSI PROJECT
JUSTICE MATTERS INSTITUTE436 14TH STREET SUITE 700 OAKLAND,CA 94612	94-3275302	501(C)(3)	35,000		CASH VALUE	N/A	EDUCATION FUNDERS STRATEGY GROUP

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LEADERSHIP CONFERENCE EDUCATION FUND INC 1629 K STREET NW SUITE 1000 10TH FLOOR WASHINGTON, DC 20006	23-7026895	501(C)(3)	100,000		CASH VALUE	N/A	GENERAL SUPPORT
MDRC16 EAST 34TH STREET 19TH FLOOR NEW YORK, NY 10015	23-7379473	501(C)(3)	300,000		CASH VALUE	N/A	GENERAL SUPPORT

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL CENTER FOR YOUTH LAW405 14TH STREET SUITE 1500 OAKLAND,CA 94612	94-2506933	501(C)(3)	100,000		CASH VALUE	N/A	GENERAL SUPPORT
NATIONAL CENTER FOR YOUTH LAW405 14TH STREET SUITE 1500 OAKLAND,CA 94612	94-2506933	501(C)(3)	150,000		CASH VALUE	N/A	GENERAL SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	( <b>d)</b> 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
NATIONAL CONSUMER LAW CENTER INC7 WINTHROP SQ FLR 4 BOSTON,MA 02110	04-2488502	501(C)(3)	100,000		CASH VALUE	N/A	GENERAL SUPPORT
NATIONAL PUBLIC EDUCATION SUPPORT FUND3205 R STREET NW WASHINGTON,DC 20007	26-3015634	501(C)(3)	35,000		CASH VALUE	N/A	GENERAL SUPPORT

(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
NATURAL RESOURCES DEFENSE COUNCIL40 WEST 20TH STREET NEW YORK, NY 10011	13-2654926	501(C)(3)	450,000		CASH VALUE	N/A	FOR THE CENTER FOR MARKET INNOVATION
NATURAL RESOURCES DEFENSE COUNCIL40 WEST 20TH STREET NEW YORK, NY 10011	13-2654926	501(C)(3)	200,000		CASH VALUE	N/A	O CEANS PRO GRAM

(a) Name and address of organization or government	(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
NEW ORGANIZING INSTITUTE EDUCATION FUND1850 M ST NW SUITE 1100 WASHINGTON, DC 20006	56-2633160	501(C)(3)	50,000		CASH VALUE	N/A	FOR THE CITIZEN ENGAGEMENT LABORATORY
PACIFIC INSTITUTE FOR COMMUNITY ORGANIZATIONS171 SANTA ROSA AVE OAKLAND,CA 94610	94-2206497	501(C)(3)	1,000,000		CASH VALUE	N/A	GENERAL SUPPORT

	•						
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	( <b>d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PEOPLE FOR THE AMERICAN WAY FOUNDATION2000 M STREET NW SUITE 400 WASHINGTON, DC 20036	13-3065716	501(C)(3)	55,000		CASH VALUE	N/A	FOR YOUNG ELECTED OFFICIALS NETWORK
PEOPLE FOR THE AMERICAN WAY FOUNDATION2000 M STREET NW SUITE 400 WASHINGTON, DC 20036	13-3065716	501(C)(3)	75,000		CASH VALUE	N/A	FOR YOUTH LEADERSHIP PROGRAMS

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PEOPLE FOR THE AMERICAN WAY FOUNDATION2000 M STREET NW SUITE 400 WASHINGTON, DC 20036	13-3065716	501(C)(3)	50,000		CASH VALUE	N/A	YOUNG ELECTED OFFICIALS NETWORK
PRO PUBLICA INC55 BROADWAY 23RD FL NEW YORK, NY 10006	14-2007220	501(C)(3)	1,500,000		CASH VALUE	N/A	GENERAL SUPPORT

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PRO PUBLICA INC55 BROADWAY 23RD FL NEW YORK, NY 10006	14-2007220	501(C)(3)	1,500,000		CASH VALUE	N/A	GENERAL SUPPORT
PRO PUBLICA INC55 BROADWAY 23RD FL NEW YORK, NY 10006	14-2007220	501(C)(3)	1,500,000		CASH VALUE	N/A	GENERAL SUPPORT

(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	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
RAND CORPORATION1776 MAIN STREET POBOX 2138 SANTA MONICA,CA 90407	95-1958142	501(C)(3)	198,577		CASH VALUE	N/A	FOR SYNTHESIS OF RESEARCH ON ACCOUNTABILITY ISSUES
RELIGIOUS ACTION CENTER OF REFORM JUDAISM2027 MASSACHUSETTS AVE NW WASHINGTON,DC 20036	13-1663143	501(C)(3)	50,000		CASH VALUE	N/A	GENERAL SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
RESOURCES LEGACY FUND 555 CAPITOL MALL SUITE 675 SACRAMENTO,CA 95814	95-4703838	501(C)(3)	2,500,000		CASH VALUE	N/A	GULF OF CA CONSERVATION PLANNING INITIATIVE
SAN FRANCISCO FREE CLINIC4900 CALIFORNIA STREET SAN FRANCISCO, CA 94118	94-3186248	501(C)(3)	25,000		CASH VALUE	N/A	GENERAL SUPPORT

(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	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAN FRANCISCO MUSEUM OF MODERN ART151 THIRD STREET SAN FRANCISCO, CA 94103	94-1156300	501(C)(3)	5,000		CASH VALUE	N/A	GENERAL SUPPORT
SCHWAB CHARITABLE FUND211 MAIN STREET SAN FRANCISCO, CA 94105	31-1640316	501(C)(3)	19,097		CASH VALUE	N/A	FOR DONOR ADVISED PHILANTHROPIC FUNDS

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SCHWAB CHARITABLE FUND211 MAIN STREET SAN FRANCISCO,CA 94105	31-1640316	501(C)(3)	100,000		CASH VALUE	N/A	FOR DONOR ADVISED PHILANTHROPIC FUNDS
SCHWAB CHARITABLE FUND211 MAIN STREET SAN FRANCISCO, CA 94105	31-1640316	501(C)(3)	16,000,000		CASH VALUE	N/A	FOR DONOR ADVISED PHILANTHROPIC FUNDS

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SCHWAB CHARITABLE FUND211 MAIN STREET SAN FRANCISCO, CA 94105	31-1640316	501(C)(3)	5,000,000		CASH VALUE	N/A	FOR DONOR ADVISED PHILANTHROPIC FUNDS
SCHWAB CHARITABLE FUND211 MAIN STREET SAN FRANCISCO,CA 94105	31-1640316	501(C)(3)	18,100,000		CASH VALUE	N/A	FOR DONOR ADVISED PHILANTHROPIC FUNDS

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STANFORD UNIVERSITY 326 GALVEZ STREET STANFORD,CA 94305	94-1156365	501(C)(3)	302,482		CASH VALUE	N/A	FOR STANFORD CENTER ON OPPORTUNITY POLICY IN EDUCATION
TEMPLE SINAI - SHALOM REV 2808 SUMMIT STREET OAKLAND, CA 94609	94-1156845	501(C)(3)	5,000		CASH VALUE	N/A	GENERAL SUPPORT

<u> </u>							
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THAT MAN MAY SEE INC10 KORET WAY SAN FRANCISCO,CA 94143	23-7129943	501(C)(3)	50,000		CASH VALUE	N/A	GENERAL SUPPORT
THE AMERICAN CONSTITUTION SOCIETY FOR LAW AND POLICY1333 H STREET NW 11TH FLOOR WASHINGTON, DC 20005		501(C)(3)	400,000		CASH VALUE	N/A	GENERAL SUPPORT

(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	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE CITY COLLEGE FUND CITY COLLEGE OF NEW YORK CITY160 CONVENT AVE NEW YORK, NY 10031	13-1760098	501(C)(3)	25,000		CASH VALUE	N/A	GENERAL SUPPORT
THE PEW CHARITABLE TRUSTS1025 F STREET NW 9TH FL WASHINGTON, DC 20004	56-2307147	501(C)(3)	1,000,000		CASH VALUE	N/A	FOR THE OCEAN LEGACY FUND

(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
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA AT BERKELEY 2080 ADDISON STREET BERKELEY, CA 94720	94-6002123	501(C)(3)	100,000		CASH VALUE	N/A	HUMAN RIGHTS CENTER
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA AT BERKELEY 2080 ADDISON STREET BERKELEY, CA 94720	94-6002123	501(C)(3)	850,000		CASH VALUE	N/A	FOR THE CENTER FOR EQUITABLE GROWTH

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	cash	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA AT BERKELEY 2080 ADDISON STREET BERKELEY, CA 94720	94-6002123	501(C)(3)	50,000		CASH VALUE		FOR INVESTIGATIVE RESEARCH PROGRAM
THE SENTENCING PROJECT1705 DESALES STREET NW 8TH FLOOR WASHINGTON, DC 20036	52-1472546	501(C)(3)	50,000		CASH VALUE	N/A	GENERAL SUPPORT

(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	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK 435 WEST 116TH STREET NEW YORK, NY 10027	13-5598093	501(C)(3)	25,000		CASH VALUE	N/A	GENERAL SUPPORT
TRUMAN NATIONAL SECURITY PROJECT1050 - 17TH STREET SUITE 375 WASHINGTON, DC 20036	26-2959113	501(C)(3)	300,000		CASH VALUE	N/A	GENERAL SUPPORT

(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
TURTLE ISLAND RESTORATION NETWORK PO BOX 400 FOREST KNOLLS, CA 94933	91-1818080	501(C)(3)	200,000		CASH VALUE	N/A	GENERAL SUPPORT
UNIVERSITY OF CALIFORNIA SAN FRANCISCO 3333 CALIFORNIA ST SUITE 315 SAN FRANCISCO, CA 94118	94-6036493	501(C)(3)	50,000		CASH VALUE	N/A	FOR THE OSHER CENTER FOR INTEGRATIVE MEDICINE

(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	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF CALIFORNIA SAN FRANCISCO FOUNDATION 220 MONTGOMERY STREET 5TH FLOOR SAN FRANCISCO, CA 94104	94-2829914	501(C)(3)	1,500,000		CASH VALUE	N/A	FOR PROGRAM IN BREAKTHROUGH BIOMEDICAL RESEARCH
UNIVERSITY OF CALIFORNIA SAN FRANCISCO FOUNDATION 220 MONTGOMERY STREET 5TH FLOOR SAN FRANCISCO, CA 94104	94-2829914	501(C)(3)	1,600,000		CASH VALUE	N/A	SANDLER ASTHMA BASIC RESEARCH CENTER AT UCSF

(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	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF CALIFORNIA SAN FRANCISCO FOUNDATION 220 MONTGOMERY STREET 5TH FLOOR SAN FRANCISCO, CA 94104	94-2829914	501(C)(3)	1,600,000		CASH VALUE	N/A	FOR SANDLER CENTER FOR DRUG DISCOVERY (FORMERLY
WELLESLEY COLLEGE106 CENTRAL STREET WELLESLEY,MA 02181	04-2103637	501(C)(3)	25,000		CASH VALUE	N/A	GENERAL SUPPORT

(a) Name and address of organization or government	(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
WILDAID744 MONTGOMERY STREET SUITE 300 SAN FRANCISCO,CA 94111	20-3644441	501(C)(3)	200,000		CASH VALUE	N/A	GENERAL SUPPORT
WILDCOAST925 SEACOAST DRIVE IMPERIAL BEACH, CA 91932	77-0536297	501(C)(3)	200,000		CASH VALUE	N/A	GENERAL SUPPORT

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	( <b>d)</b> 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
WILDCOAST925 SEACOAST DRIVE IMPERIAL BEACH, CA 91932	77-0536297	501(C)(3)	100,000		CASH VALUE	N/A	GENERAL SUPPORT
CENTER ON BUDGET AND POLICY PRIORITIES820 FIRST STREET NE SUITE 510 WASHINGTON, DC 20005	52-1234565	501(C)(3)	500,000		CASH VALUE	N/A	GENERAL SUPPORT

### Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN CONSTITUTION SOCIETY FOR LAW AND POLICY1333 H STREET NW 11TH FLOOR WASHINGTON, DC 20005	52-2313694	501(C)(3)	400,000		CASH VALUE	N/A	GENERAL SUPPORT
LIVING OCEANS SOCIETY STEPHANIE EAKLE CANADA CA	98-0567045	501(C)(3)	270,000		CASH VALUE	N/A	GENERAL SUPPORT

recipients		1	(e)Method of valuation (book,	<b>(f)</b> Description of non-cash assistance
	cash grant	non-cash assistance	FMV, appraisal, other)	
			CASH VALUE	
· · · · · · · · · · · · · · · · · · ·				CASH VALUE  CASH VALUE

recipients		1	(e)Method of valuation (book,	<b>(f)</b> Description of non-cash assistance
	cash grant	non-cash assistance	FMV, appraisal, other)	
			CASH VALUE	
· · · · · · · · · · · · · · · · · · ·				CASH VALUE  CASH VALUE

recipients		1	(e)Method of valuation (book,	<b>(f)</b> Description of non-cash assistance
	cash grant	non-cash assistance	FMV, appraisal, other)	
			CASH VALUE	
· · · · · · · · · · · · · · · · · · ·				CASH VALUE  CASH VALUE

(a)Type of grant or assistance	<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)	(f)Description of non-cash assistance
				CASH VALUE	
				CASH VALUE	
				CASH VALUE	
				CASH VALUE	
				CASH VALUE	
				CASH VALUE	
				CASH VALUE	
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				CASH VALUE	
				CASH VALUE	

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OMB No 1545-0047

**Schedule J** (Form 990)

Department of the Treasury Internal Revenue Service

# **Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** ► Complete if the organization answered "Yes" to Form 990,

Part IV, question 23. ► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name of the organization SANDLER FOUNDATION

**Employer identification number** 

94-3147856

Pa	rt I Questions Regarding Compensation		<u> </u>			
					Yes	Νo
1a	Check the appropriate box(es) if the organization prov 990, Part VII, Section A, line 1a Complete Part III					
	First-class or charter travel		Housing allowance or residence for personal use			
	Travel for companions	Γ	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Г	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the orgreimbursement orprovision of all the expenses descri			1b		
2	Did the organization require substantiation prior to re					
	officers, directors, trustees, and the CEO/Executive	Directo	or, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the organizatio organization's CEO/Executive Director Check all the		y			
	Compensation committee	<u> </u>	, ,			
	☑ Independent compensation consultant	<u> </u>	Compensation survey or study			
	Form 990 of other organizations	<u>  -                                   </u>	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, P or a related organization	art VII	, Section A , line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control p	aymen	t from the organization or a related organization?	4a		Νo
b	Participate in, or receive payment from, a supplemen	tal non	qualified retirement plan?	4b		Νo
C	Participate in, or receive payment from, an equity-ba	sed co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and pro	vide th	e applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only mus	st comp	olete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, I compensation contingent on the revenues of	ıne 1a,	did the organization pay or accrue any			
а	The organization?			5a		Νo
b	Any related organization?			5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A, I compensation contingent on the net earnings of	ıne 1a,	did the organization pay or accrue any			
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, payments not described in lines 5 and 6? If "Yes," de			7		No
8	Were any amounts reported in Form 990, Part VII, pasubject to the initial contract exception described in					
	ın Part III			8		Νo
9	If "Yes" to line 8, did the organization also follow the section 53 4958-6(c)?	rebutta	able presumption procedure described in Regulations	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)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name         (B) Breakdown of W-2 and/or 1099-MISC compensation         (C) Retirement and other deferred compensation         (D) Nontaxable benefits         (E) Total of columns (B)(i)-(D)         (F) Compensation reported in profit of proving the point of the	or 0 0
(1) STEVE DAETZ (I) 333,333 (II) 0 0 50,000 18,633 401,966 (III) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
(1) STEVE DALTZ (II) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0
(1) 225,508 0 0 0 8,636 234,144 (3) SETH FELDMAN (II) 164,855 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
	0 0
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
(12)	
(13)	
(14)	
(15)	
( 16 )	

#### Part III Supplemental Information

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

Identifier Return Reference Explanation	Identifier		Explanation
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Schedule J (Form 990) 2010

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2010

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

Form 990 or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

Name of the organization SANDLER FOUNDATION

**Employer identification number** 

94-3147856

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2		HERBERT SANDLER AND MARION SANDLER ARE HUSBAND AND WIFE

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		THE FORM 990 IS PREPARED BY AN INDEPENDENT PUBLIC ACCOUNTING FIRM BASED ON AUDITED FINANCIAL STATEMENTS AND WITH THE ASSISTANCE OF A RELATED PARTY'S FINANCE AND ACCOUNTING STAFF THE FINAL DRAFT OF THE FORM 990 IS REVIEWED BY THE TREASURER THE PRESIDENT AND/OR OTHER OFFICERS RECEIVE THE FINAL VERSION OF THE FORM PRIOR TO FILING

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	THE ORGANIZATION REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES COMPLIANCE WITH ITS CONFLICT OF INTEREST POLICY FOR TRUSTEES AND OFFICERS CONFLICT OF INTEREST POLICY, THE SUPPORTED ORGANIZATION REQUESTS COMPLETION OF AN ANNUAL DISCLOSURE FORM BY JANUARY 31 FOR ALL TRUSTEES AND OFFICERS THE SUPPORTED ORGANIZATION ENSURES THAT ALL FORMS HAVE BEEN RECEIVED AND PREPARES A SUMMARY OF DISCLOSURES AND FORWARDS THE FORMS AND SUMMARY TO ITS LEGAL COUNSEL FOLLOWING LEGAL COUNSEL'S REVIEW, THE SUPPORTED ORGANIZATION PRESENTS THE DISCLOSURES TO ITS BOARD'S ENDOWMENT COMMITTEE WHICH REVIEWS THE DISCLOSURES THE SUPPORTED ORGANIZATION'S CFO ALSO RECEIVES A COPY OF THE SUMMARY AND REVIEWS ALL FORMS AND IS RESPONSIBLE FOR ASSURING APPROPRIATE REPORTING TO THE EXTERNAL AUDITORS AND DISCLOSURE IN THE ANNUAL TAX FILINGS THE SUPPORTING ORGANIZATION ALSO HAS A CONFLICT OF INTEREST POLICY, EVERY YEAR, EACH BOARD MEMBER AND OFFICER REVIEWS THE POLICY AND CONFIRMS AT AN ANNUAL BOARD MEETING THAT THEY ARE NOT AWARE OF ANY CONFLICTS AS TO THEMSELVES OR OTHERS

ldentifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	THE ORGANIZATION HAS FULL TIME EMPLOYEES AND COMPENSATES ONE OFFICER OF ITS BOARD CERTAIN OFFICERS AND/OR DIRECTORS ARE ALSO COMPENSATED BY A RELATED PARTY, THE JEWISH COMMUNITY FEDERATION OF SAN FRANCISCO, THE PENINSULA, MARIN AND SONOMA COUNTIES ('JCF') JCF DOES A COMPENSATION SURVEY AND ANALYSIS FOR THE SENIOR LEVEL POSITIONS JCF LOOKS AT COMPENSATION THAT IS EQUITABLE INTERNALLY AND EXTERNALLY FOR THESE POSITIONS THE EXECUTIVE COMMITTEE OFFICERS APPROVE THE COMPENSATION FOR THE CEO THERE IS A PERIODIC REVIEW OF ALL SALARIES FROM AN INDEPENDENT PROFESSIONAL COMPENSATION ORGANIZATION THE REVIEW INCLUDES SIMILAR POSITIONS IN THE NON-PROFIT AND FOR-PROFIT SECTOR LOCALLY AND IS ADJUSTED NATIONALLY THE COMPENSATION REVIEW ALSO ANALYZES COMPENSATION INFORMATION FROM OTHER FORM 990S FOR SIMILAR ORGANIZATIONS AS WELL AS MANY OTHER SOURCES OF COMPENSATION DATA

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION IS A PART OF THE JEWISH COMMUNITY FEDERATION, A RELATED PARTY, THAT MAKES ITS CONSOLIDATED AUDITED FINANCIAL STATEMENTS AND FORM 990 FOR THE MOST RECENT THREE YEARS AND CONFLICT OF INTEREST POLICY AVAILABLE TO THE PUBLIC UPON REQUEST

ldentifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 136,819,780

Identifier	Return Reference	Explanation
		DUE TO TAX SOFTWARE LIMITATIONS, CERTAIN QUESTIONS THAT SHOULD HAVE BEEN ANSWERED N/A WERE EITHER LEFT BLANK OR ANSWERED N/O AS FOLLOWS 1) PART IV, QUESTION 5, 24B, 24C, 24D 2) PART V, QUESTION 1C, 3B, 5C, 6B, 7G, 7H, 8, 9A, 9B, 10A, 10B, 11A, 11B, 12A, 13A, 13B, 13C 3) PART VI, QUESTION 10B, 16B 4) PART XII, QUESTION 3B 5) SCHEDULE J, QUESTION 1B, 2, 9

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2010

OMB No 1545-0047

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Schedule R (Form 990) 2010

**Employer identification number** 

# **Related Organizations and Unrelated Partnerships**

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ► Attach to Form 990. ► See separate instructions.

Department of the Treasury Internal Revenue Service

SANDLER FOUNDATION

Name of the organization

(Form 990)

**SCHEDULE R** 

				94-3147856			
Part I Identification of Disregarded Entities (Co	mplete if the organiza	tion answered "Yes"	on Form 990, Pa	rt IV, lıne 33.)			
<b>(a)</b> Name, address, and EIN of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	<b>(f)</b> Direct controlling entity		
Part II Identification of Related Tax-Exempt Org or more related tax-exempt organizations during	anizations (Completing the tax year.)	e if the organization	answered "Yes"	on Form 990, Part	IV, line 34 becau	se it had	one
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	<b>(f)</b> Direct controlling entity	(g) Section 512(b) controlled organizatio	
(1) JEWISH COMMUNITY FEDERATION OF SF						Yes	No
121 STEUART STREET SAN FRANCISCO, CA 94105 94-1156533	BUILD, MAINTAIN, AND STRENGTHEN JEWISH IDENTITY, COMM AND LIFE	CA	501(C)(3)	LINE 7	N/A		No
	+	+	+	+	+	+	<del>                                     </del>

Cat No 50135Y

(a) ime, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	Share of t	<b>(f)</b> total income		(g) f end-of-year assets	(h Disprop allocat	ortionate	(i) Code V- amount in b Schedule (Form 1	ox 20 of : K-1	(j) General or managing partner?		<b>(k)</b> Percentage ownership
					-				Yes	No			Yes	No	
				ble as a Corpora ations treated as a							nswered "\	es" on	Form	990,	Part IV,
Name, address, an	(a) d EIN of related organiz	zation	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)		<b>(d</b> ) Direct cor entr	ntrolling	<b>(e)</b> Type of e (C corp, S or trust	corp,	Share o	<b>(f)</b> f total income	Sha end-o	<b>g)</b> re of of-year sets		<b>(h)</b> Percentage ownership

che	edule R (Form 990) 2010		Рa	age <b>3</b>
Pa	Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)			
	Note. Complete line 1 if any entity is listed in Parts II, III or IV		Yes	No
<b>1</b> D	uring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a		No
b	Gift, grant, or capital contribution to other organization(s)	1b	Yes	
c	Gift, grant, or capital contribution from other organization(s)	1c		No
d	Loans or loan guarantees to or for other organization(s)	1d		No
e	Loans or loan guarantees by other organization(s)	1e		No
f	Sale of assets to other organization(s)	1f		No
g	Purchase of assets from other organization(s)	1g		No
h	Exchange of assets	1h		No
i	Lease of facilities, equipment, or other assets to other organization(s)	<b>1</b> i		No
j	Lease of facilities, equipment, or other assets from other organization(s)	1j		No
k	Performance of services or membership or fundraising solicitations for other organization(s)	1k		No
I	Performance of services or membership or fundraising solicitations by other organization(s)	11	Yes	
m	Sharing of facilities, equipment, mailing lists, or other assets	1m		No
n	Sharing of paid employees	1n		No
0	Reimbursement paid to other organization for expenses	10	Yes	
р	Reimbursement paid by other organization for expenses	<b>1</b> p		No
q	O ther transfer of cash or property to other organization(s)	1q		No
r	O ther transfer of cash or property from other organization(s)	1r		No

(a) Name of other organization	<b>(b)</b> Transaction type(a-r)	(c) Amount involved	<b>(d)</b> Method of determining amount involved
(1) JEWISH COMMUNITY FEDERATION OF SF	В	575,000	CASH VALUE
(2) JEWISH COMMUNITY FEDERATION OF SF	L	200,000	CASH VALUE
(3) JEWISH COMMUNITY FEDERATION OF SF	О	26,805	CASH VALUE
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d Are parti sect 501(d organiz	ners tion t)(3) rations?	<b>(e)</b> Share of end-of-year assets		f) ortionate tions?	(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	mana part	h) eral or aging tner?
			Yes	No		Yes	No		Yes	No
									+	
			t			+				T
									4	_
									+	-
										+
										1
			1							$\perp$

### Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation
------------	------------------	-------------

Schedule R (Form 990) 2010



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



DLN: 93493046024363

Form 990

Department of the Treasury

# **Return of Organization Exempt From Income Tax**

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

2011

OMB No 1545-0047

Open to Public

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

Internal Revenue Service Inspection calendar year, or tax year beginning 07-01-2011 and ending 06-30-2012 A For the 2011 D Employer identification number **B** Check if applicable SANDLER FOUNDATION 94-3147856 Address change E Telephone number Doing Business As Name change (415)777-0411 ☐ Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite **G** Gross receipts \$ 47,835,830 Terminated City or town, state or country, and ZIP + 4 SAN FRANCISCO, CA 941051236 Amended return Application pending Name and address of principal officer Is this a group return for HERBERT M SANDLER affiliates? 121 STEUART STREET SAN FRANCISCO, CA 941051236 H(b) Are all affiliates included? Yes No If "No," attach a list (see instructions) **▽** 501(c)(3) **┌** Tax-exempt status 501(c) ( ) ◀ (insert no ) ☐ 4947(a)(1) or ☐ 527 Group exemption number Website: ► N/A K Form of organization 
✓ Corporation 
☐ Trust 
☐ Association L Year of formation 1992 M State of legal domicile CA Summary Part I Briefly describe the organization's mission or most significant activities SUPPORTS CHARITABLE, EDUCATIONAL, & RELIGIOUS PURPOSES OF JEWISH COMM FEDERATION OF SF Activities & Governance Check this box দ if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . Number of independent voting members of the governing body (Part VI, line 1b) . 3 4 5 10 Total number of individuals employed in calendar year 2011 (Part V, line 2a) . 0 Total number of volunteers (estimate if necessary) . . . . 6 **7a** Total unrelated business revenue from Part VIII, column (C), line 12 0 7a **b** Net unrelated business taxable income from Form 990-T, line 34 **7**b 0 **Prior Year Current Year** 0 8 Contributions and grants (Part VIII, line 1h) . 5,048,633 0 9 Program service revenue (Part VIII, line 2g) . 0 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10,437,641 9,367,132 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 0 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 10,437,641 14,415,765 13 86,361,656 50,326,876 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . Benefits paid to or for members (Part IX, column (A), line 4) . . . . 0 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 15 893,266 1,026,023 16a Professional fundraising fees (Part IX, column (A), line 11e) . 0 b Total fundraising expenses (Part IX, column (D), line 25)  $\blacktriangleright$ 0 1,130,004 1,068,974 **17** Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . . . . 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 88.384.926 52,421,873 Revenue less expenses Subtract line 18 from line 12 . -77,947,285 -38,006,108 19 t Assets or ind Balances **Beginning of Current End of Year** Year 746,899,972 683,935,436 20 Total assets (Part X, line 16) . . . Met./ 21 Total liabilities (Part X, line 26) . . . . 5,709,768 3,739,304 741,190,204 22 Net assets or fund balances Subtract line 21 from line 20 680,196,132 Part II Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. \*\*\*\*\* 2013-02-15 Signature of officer Sign Here MARK KOENIG CFO-JCF Type or print name and title Date Check if Preparer's taxpayer identification number Preparer's SANDER I STADTLER Paid P00195939 employed 🕨 🧧 Preparer's ROTHSTEIN KASS Firm's name (or yours EIN > 22-2131009

101 MONTGOMERY ST 22ND FLOOR

SAN FRANCISCO, CA 94104

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

if self-employed), address, and ZIP + 4

**Use Only** 

Phone no (415) 788-6666

orm	n 990 (2011)				Page 2
Par	<b>Statement of Progra</b> Check if Schedule O conta				୮
1	Briefly describe the organization				
SUP	FOUNDATION OPERATES EXCL PORTING ACTIVITIES FOR THE SAN FRANCISCO, THE PENINSUL	BENEFIT OF, OR TO	CARRY OUT THE PURPO		
2	Did the organization undertake ai the prior Form 990 or 990-EZ?	ny significant program	services during the year v		es 🗸 No
	If "Yes," describe these new serv	ices on Schedule O			
3	Did the organization cease conduservices?		ant changes in how it con		′es 🔽 No
	If "Yes," describe these changes	on Schedule O			
4	Describe the organization's progrexpenses Section 501(c)(3) and grants and allocations to others,	501(c)(4) organization	ons and section 4947(a)(:	l ) trusts are required to report th	
4a	(Code ) (Exper	ses \$ 50,326,87	76 including grants of \$	50,326,876 ) (Revenue \$	)
	THIS FOUNDATION MADE GRANTS IN S FEDERATION OF SAN FRANCISCO, THE	UPPORT OF THE CHARITAE PENINSULA, MARIN ANDSO	BLE,EDUCATIONAL, SCIENTIFIC O DNOMA COUNTIES	OR RELIGIOUS PURPOSES OF THE JEWIS	SHCOMMUNITY
4b	(Code ) (Exper	ses \$	including grants of \$	) (Revenue \$	)
<b>4</b> c	(Code ) (Exper	ses \$	ıncludıng grants of \$	) (Revenue \$	)
4d	Other program services (Descr				
	(Expenses \$	including grants	s of \$	) (Revenue \$	)
4e	Total program service expenses	<b>►</b> \$ 50,326,	876		

Dart TV	Checklist	of Peguire	ed Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes,"</i> complete Schedule A	1	Yes	
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 $I$	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		No
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 1	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, 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? If "Yes," complete Schedule D, Part V	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, line10? 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	Yes	
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		Νο
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		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	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, XII, and XIII is optional	12b	Yes	
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, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II and IV.	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III and IV	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	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		No
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 hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	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 questions 24b-24d and complete Schedule K. If "No," go to line 25	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	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		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
	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 owner? <i>If</i> "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
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, Parts II, III, IV, and V, line 1	34	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	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		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		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 11 and 19?	38	Yes	

Form 990 (	2011)
Part V	Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
.a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
-				
	<b>1a</b> 12			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
	<u>                                   </u>			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements filed for the calendar year ending with or within the year covered by this			
	return			
U	That least one is reported on line 2a, did the organization me an required lederal employment tax returns?	2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
la	Did the organization have unrelated business gross income of \$1,000 or more during the			
	year?	3a		No_
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
la	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 or securities			
	account)?	4a		Νo
b	If "Yes," enter the name of the foreign country 🛌			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
•_	Weekler and the second of the	_		
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		N o
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
ia	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		N o
	organization solicit any contributions that were not tax deductible?			
b	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).	OD		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a		Νo
	services provided to the payor?			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Νo
d	file Form 8282?			
_	The so, maleute the number of forms of the during the year.			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	7-		NI a
_	contract?	7e		No No
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	7f		N o
y	required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	_		
	Form 1098-C?	7h		
3	<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.			
а	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		
.0	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club			
_	facilities			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
O	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
2~	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12-		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the	12a		
U	year 12b			
.3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?			
	<b>Note.</b> All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization			
	allocated to each state	13a		
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c	Enter the aggregate amount of reserves on hand			
-	13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νο
p.	If "Vee " has it filed a Form 730 to veneral these property. If "No " provide an explanation in Cabadyla O	146		

**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.

Se	ection 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	5		
b	Enter the number of voting members included in line 1a, above, who are	3		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		Νo
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders or persons other than the governing body?	, <b>7b</b>		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	9		No	
	ection B. Policies (This Section B requests information about policies not required by the Internal	<u> </u>		
Re	evenue Code.)			1
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
Ь	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filin the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describ in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ection C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed▶CA			

Section 6104 requires an organization to make its 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.

Own website Another's website Vpon request

- 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 See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► MARK KOENIG
  121 STEUART STREET

SAN FRANCISCO, CA 941051236

# <u>Part VII</u> Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

#### 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, and **current** key employees 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 organiza	•	ated org	ganız	atıor	ns co	mpen	sate	ed any current or fo	rmer officer, direct	or, or trustee
(A) Name and Title	(B) A verage hours per week (describe hours	e Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related
	for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former		,	organizations
(1) HERBERT M SANDLER PRESIDENT/DIRECTOR	1 00	х		х				0	0	0
(2) PHYLLIS COOK DIRECTOR	1 00	х						0	66,080	0
(3) ROBERT FRIEND INVEST CHAIR/DIRECTOR	1 00	х		х				0	0	0
(4) DAVID FOLKMAN DIRECTOR	1 00	х						0	0	0
(5) SUSAN SANDLER DIRECTOR	1 00	х						0	0	0
(6) STEVE DAETZ EXECUTIVE VP/ASST SEC	40 00			х				352,667	0	68,946
(7) MARK REISBAUM TREASURER/SECRETARY	1 00			х				0	237,317	19,122
(8) SERGIO KNAEBEL GRANT DIRECTOR	40 00					Х		132,000	0	20,674
(9) CHARLOTTE BIERN ASTHMA GRANTS DIRECTOR	40 00					х		218,269	0	45,778
(10) ELLEN REINTJES GRANTS MANAGER	40 00					Х		103,256	0	31,406

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

	(A) Name and Title	(B) Average hours per week (describe	verage Position (do not check Reportable compensation from the week escribe director/trustee)  Position (do not check Reportable compensation from the from the organization (W-organ 2/1099-MISC)  Note: Position (do not check Reportable compensation from the organization (W-organ 2/1099-MISC)						(E) Reportable compensation from related organizations (W- 2/1099-	compensation from the			
		for related organizations in Schedule O)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			MISC)		zations
1b	Sub-Total				•	•		<u> </u>					
c	Total from continuation sheets t	•			•	•		<b>F</b>	806,	102	303,397		185,926
2	Total (add lines 1b and 1c) .  Total number of individuals (inclusion) in the second s		nited to			ted	<u>a</u> bove	<u>-  </u> ) who	-		•		103,320
												Yes	No
3	Did the organization list any <b>form</b> on line 1a? <i>If</i> "Yes," complete Sch				e, k • •	ey e	mploy •	ee, o	or highest comp	ensat	ed employee	3	No
4	For any individual listed on line 1 organization and related organization.											4 Yes	
5	Did any person listed on line 1a services rendered to the organize									ion or	individual for	5	No
	ction B. Independent Con												
1	Complete this table for your five \$100,000 of compensation from or within the organization's tax you	the organizatio ear									g with	1	
	Nam	(A) Name and business address  (B) Description of services							C) ensation				
	Fotal number of independent conti \$100,000 of compensation from t			ot lın	nited	d to	those	liste	d above) who re	eceive	d more than		

Pait V		Statement of Revenue				
<i>16</i>		Fodorated campaigns	<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
発出	1a	Federated campaigns 1a				
型 声	b	Membership dues 1b				
Contributions, gifts, grants and other similar amounts	c	Fundraising events 1c				
£	d	Related organizations 1d				
್ರೌ∰ _	e	Government grants (contributions)				
<u> </u>	_					
美吉	f	All other contributions, gifts, grants, and similar amounts not included above 5,048,633				
흔등	g	Noncash contributions included in				
투호		lines 1a-1f \$				
ပြုံ ကြောင်	h	Total. Add lines 1a-1f	5,048,633			
nu n		Business Code				
Ē	2a					
9.49	ь					
മ	<sub>c</sub>					
ŝ						
Š	d					
Ē	e					
Program Serwce Revenue	f	All other program service revenue				
Ě	g	Total. Add lines 2a−2f				
	3	Investment income (including dividends, interest				
		and other similar amounts)	11,317,853			11,317,853
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties				
		(i) Real (ii) Personal				
	6a	Gross rents				
	ь	Less rental				
	-	expenses				
	С	Rental income or (loss)				
	d	Net rental income or (loss)				
		(ı) Securities (ıı) Other				
	7a	Gross amount 31,469,344 from sales of				
		assets other				
	ь	than inventory Less cost or 33,420,065				
	"	other basis and				
	<sub>c</sub>	sales expenses Gain or (loss) -1,950,721				
	d	Net gain or (loss)	-1,950,721			-1,950,721
	8a	Gross income from fundraising	2,500,122			2,555,122
ψ		events (not including				
Ē		\$				
>-		of contributions reported on line 1c) See Part IV, line 18				
ď		a				
<u> </u>	ь	Less direct expenses b				
Other Revenue	, c	Net income or (loss) from fundraising events				
_	9a	Gross income from gaming activities				
		See Part IV, line 19				
		а				
	b	Less direct expenses b				
	С	Net income or (loss) from gaming activities				
	10a	Gross sales of inventory, less returns and allowances .				
	ь	Less cost of goods sold <b>b</b>				
	"	Net income or (loss) from sales of inventory				
	Ť	Miscellaneous Revenue Business Code				
	11a	545,11635 6046				
	ь					
	C					
	d	All other revenue				
	e	Total. Add lines 11a-11d				
	, ,	·				
	12	Total revenue. See Instructions	14,415,765	0	0	9,367,132

3

5

7

10

12

14

15

17

18

19

20 21

23

organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation

#### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D) Check if Schedule O contains a response to any question in this Part IX (B) (C) (D) Do not include amounts reported on lines 6b, (A) Program service Management and Fundraising Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the United States See Part IV, line 21 50,126,876 50,126,876 Grants and other assistance to individuals in the United States See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the United 200,000 200,000 States See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and 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 1,009,488 1,009,488 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . Other employee benefits . . . . . . 16,535 16,535 Fees for services (non-employees) 11 Management . . . . . Legal . . . . . . . . . Lobbying . . . . . . . . . . . . Professional fundraising See Part IV, line 17 . . Investment management fees . . . . . . 130,682 g Other . . . . . . . . . . . . . 130,682 Advertising and promotion . . . Office expenses . . . . . 20,240 20,240 13 Information technology . . . . . Royalties . . 16 38,164 38,164 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . . Conferences, conventions, and meetings . . . . Payments to affiliates . . . . 22 Depreciation, depletion, and amortization . . . . . 5,559 5,559 Other expenses Itemize expenses not covered above (List 24 miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O) OCCUPANCY 545,043 545,043 JCF ADMIN FEES 200,000 200,000 DATA PROCESSING SERVICE 129,286 129,286 C d е All other expenses 25 Total functional expenses. Add lines 1 through 24f 52,421,873 50,326,876 2,094,997 0 Joint costs. Check here ► 🗆 If following SOP 98-2 (ASC 958-720) Complete this line only if the

Part X **Balance Sheet** (A) (B) Beginning of year End of year Cash—non-interest-bearing . . . . . . . . . 1 1 2 2 61,727,167 33,238,762 3 3 682,778 4 5,042,877 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of 6 7 8 2.313 0 9 Prepaid expenses and deferred charges . . . 896,675 10a Land, buildings, and equipment cost or other basis *Complete* 10a Part VI of Schedule D 10b 729,160 259.543 **10c** 167,515 b Less accumulated depreciation . . . . . 603,411,347 556,442,740 11 11 80.816.824 89.043.542 12 12 Investments—other securities See Part IV, line 11 . . . . . . 13 13 Investments—program-related See Part IV, line 11 . . . 14 14 15 15 16 16 746.899.972 683.935.436 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 149.860 17 **17** 137.958 Accounts payable and accrued expenses . 18 5.559.908 18 3.601.346 19 19 20 20 21 21 Escrow or custodial account liability Complete Part IV of Schedule D . . Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 23 Secured mortgages and notes payable to unrelated third parties . . 24 Unsecured notes and loans payable to unrelated third parties . . . . 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule 25 D . . . . 26 5,709,768 26 3,739,304 **Total liabilities.** Add lines 17 through 25 . . . . Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 741,190,204 27 675,237,890 27 Unrestricted net assets . . . . 28 4,958,242 28 Temporarily restricted net assets . . . . . Fund 29 29 Permanently restricted net assets . . . . . Organizations that do not follow SFAS 117, check here ▶ 

and complete lines 30 through 34. ö 30 30 Capital stock or trust principal, or current funds . . . . . . Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund . . . . . 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 33 741.190.204 33 680.196.132 Total net assets or fund balances . . . . . 34 Total liabilities and net assets/fund balances . . . . . 746.899.972 34 683.935.436

Par	Check if Schedule O contains a response to any question in this Part XI			. [~	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		14.4	115,76!
2	Total expenses (must equal Part IX, column (A), line 25)	2			121,873
3	Revenue less expenses Subtract line 2 from line 1	3			006,108
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		741,1	190,204
5	Other changes in net assets or fund balances (explain in Schedule O)	5		-22,9	987,964
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		680,1	196,132
Par	T XII Financial Statements and Reporting  Check if Schedule O contains a response to any question in this Part XII				
1	Accounting method used to prepare the Form 990			Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
С	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of to audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain its Schedule O		2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both	ssued			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separated basis				
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?	e	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the raudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b		

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DLN: 93493046024363

OMB No 1545-0047

# **SCHEDULE A**

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

h

# **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.

Inspection

Employer identification number

SANDLER FOUNDATION 94-3147856 Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is  $\,$  (For lines 1 through 11 , check only one box )A church, convention of churches, or association of churches section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi) (Complete Part II ) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety Seesection 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of 11 one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h **b** Type II **d** Type III - Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (III) below, the governing body of the the supported organization? 11g(i) Νo (ii) a family member of a person described in (i) above? 11g(ii) Νo (iii) a 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Νo

(i) Name of supported organization	<b>(ii)</b> EIN	(iii) Type of organization (described on lines 1 - 9 above or IRC section (see	(iv)  Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi)  Is the organization in col (i) organized in the U S ?		(vii) A mount of support?
		instructions))	Yes	No	Yes	No	Yes	No	
(A) JEWISH COMMUNITY FEDERATION OF SF	941156533	7	Yes		Yes		Yes		575,000
									_
Total									575,000

Provide the following information about the supported organization(s)

instructions

Sch	edule A (Form 990	or 990-EZ) 2011						Page <b>2</b>
	(Com	oort Schedule 1 oplete only if you	ı checked the	box on line 5,	7, or 8 of Part	I or if the orgai	nızatıon faıle	ed to qualify
		r Part III. If the	organization f	fails to qualify ι	<u>under the tests</u>	listed below, pl	<u>lease compl</u>	ete Part III.)
	ection A. Public		1	1		Т	1	
Cal	<b>endar year</b> (or fisca in)	al year beginning	<b>(a)</b> 2007	<b>(b)</b> 2008	<b>(c)</b> 2009	(d) 2010	(e) 2011	. <b>(f)</b> Total
1	Gifts, grants, conti	ributions, and						
	membership fees r	eceived (Do not						
	include any "unusi	ual						
_	grants ") Tax revenues levie	ad for the						
2	organization's ben							
	paid to or expende							
	behalf							
3	The value of service							
	furnished by a gov the organization w							
4	Total. Add lines 1	<del>-</del>						
5	The portion of tota	_						
•	by each person (ot							
	governmental unit	•						
	supported organiza							
	line 1 that exceeds amount shown on l							
	(f)	ine 11, coraiiii						
6	Public Support. Su	btract line 5 from						
	line 4 ection B. Total 3	Support						
	<b>endar year</b> (or fisca		(a) 2007	<b>(b)</b> 2009	(6) 2000	(4) 2010	(0) 2011	(5) Total
	ın)		(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line							
8	Gross income from	′						
	dividends, paymen securities loans, re							
	and income from s	' '						
	sources							
9	Net income from u							
	business activities	•						
	not the business is carried on	s regularly						
10	Other income (Ex	plain in Part						
	IV ) Do not include	•						
	from the sale of ca							
11	Total support (Add	d lines 7						
12	through 10) Gross receipts fro	■ m related activitie	s, etc (See inst	ructions )	ı		12	<u> </u>
13	First Five Years If	the Form 990 is fo	or the organizati	on's first, second	I. third. fourth. or	fifth tax vear as a		ganization.
	check this box and		or the organizati	on 5 mot, 5000ma	., 4, 10 41 211, 01	men cax your as a	001(0)(0) 01	<b>▶</b> □
_	ection C. Comp	utation of Dub	lic Support D	lorcontago				
14	Public Support Pe				11 column (f))		14	
15	Public Support Pe	-	•	. ,	(.,,		15	
	33 1/3% support 1	_	•	-	x on line 13, and	line 14 is 33 1/3%		eck this box
	and <b>stop here.</b> The	e organization qual	ifies as a public	ly supported orga	nızatıon			<b>▶</b> ┌
b	33 1/3% support					6a, and line 15 is	33 1/3% or m	- <del>-</del>
17-	-	. The organization			-	no 12 165 5-10	handling 14	<b>►</b> I
T/q	10%-facts-and-cir is 10% or more, a							laın
	in Part IV how the							
	organızatıon							<b>▶</b> ┌
b								ne
	15 is 10% or mor Explain in Part IV							hlicly
	supported organiz	_	ion meets the 1	acts and Circuilis	tances lest like	a organization qua	iiiies as a pu	▶厂
18	, ,	<b>n</b> If the organizatio	on did not chack	a hov on line 13	16a 16h 17a d	r 17h chack this	hov and see	• •

**▶**□

Schedule A (Form 990 or 990-EZ) 2011 Page 3 Part III Support Schedule for Organizations Described in IRC 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Gifts, grants, contributions, and membership fees received (Do not 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 Gross receipts from activities that are not an unrelated trade or 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 furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons 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 Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Amounts from line 6 Gross income from interest, 10a 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 C Net income from unrelated 11 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, 13 11 and 12) 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 this box and stop here Section C. Computation of Public Support Percentage Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f)) 15 

TO	Public Support percentage from 2010 Schedule A, Part III, line 15	16	i .
S	ection D. Computation of Investment Income Percentage		
17	Investment income percentage for <b>2011</b> (line 10c column (f) divided by line 13 column (f))	17	
18	Investment income percentage from <b>2010</b> Schedule A, Part III, line 17	18	1

19a 33 1/3% support tests—2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 33 1/3% support tests-2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line

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

Part IV	<b>Supplemental Information.</b> Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).
	Facts And Circumstances Test
	Explanation

Schedule A (Form 990 or 990-EZ) 2011

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DLN: 93493046024363

OMB No 1545-0047

**Inspection** 

#### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Name of the organization Employer identification number SANDLER FOUNDATION 94-3147856 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose ✓ Yes conferring impermissible private benefit Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) **2**c Number of conservation easements included in (c) acquired after 8/17/06

u	rumber of conservation cuscinents included in (c) dequired dicer 5/17/00		
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization the taxable year -	on during	
4	Number of states where property subject to conservation easement is located ►		
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, a enforcement of the conservation easements it holds?	and <b>Yes</b>	┌ No
6	Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the yea	ar <b>►</b>	
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year		
	<b>▶</b> \$		
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$ ?	☐ Yes	┌ No
9	In Part XIV, describe how the organization reports conservation easements in its revenue and expense statemen	ıt, and	

balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
- If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art. historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
  - (i) Revenues included in Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

following amounts required to be reported under SFAS 116 relating to these items

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2011

ar	<b>311</b> Organizations Maintaining Co	<u>llections of Art</u>	t, His	tori	<u>cal Tre</u>	asur	es, or O	the	<u>r Sımılaı</u>	1 Asse	ets (co.	ntınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check an	ny of th	ne foll	owing th	at are	a significa	ant u	se of its co	ollection	n	
а	Public exhibition		d	$\sqcap$	Loan o	rexcha	ange progr	ams				
b	Scholarly research		e	Γ	Other							
С	Preservation for future generations											
1	Provide a description of the organization's co	ollections and expla	aın hov	w the	y further	the or	ganızatıon	's ex	cempt purp	ose in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t								nılar	Г	Yes	┌ No
Par	t IV Escrow and Custodial Arrang						answere	d "Y	es" to Fo	rm 990	),	
	Part IV, line 9, or reported an an											
La	Is the organization an agent, trustee, custod included on Form 990, Part X?					ions or	other ass	ets i	not	Γ	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	V and complete the	follow	ıng ta	able		_					
							-			Amou	unt	
C	Beginning balance						-	1c				
d	Additions during the year						<u> </u>	1d				
e	Distributions during the year							1e				
f	Ending balance							1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, lın	ne 21?							Γ	Yes	┌ No
	If "Yes," explain the arrangement in Part XIV	/										
a	rt V Endowment Funds. Complete											
_	Daniman of warmhalana	(a)Current Year	(b)	Prior `	Year	(c)Two	Years Back	(d)	Three Years I	Back (e	:)Four Ye	ears Back
a 	Beginning of year balance							<del> </del>				
b	Contributions							+				
c	Investment earnings or losses							+				
d	Grants or scholarships				-			+				
e	Other expenditures for facilities and programs											
f	Administrative expenses											
g	End of year balance											
:	Provide the estimated percentage of the yea	r end balance held	as					<u>.                                      </u>		ı		
а	Board designated or quasi-endowment											
b	Permanent endowment											
c la	Term endowment ►  Are there endowment funds not in the posses	ssion of the organia	zation	that a	are held	and ad	ministere	d for	the			
·u	organization by	ssion of the organiz	acion	ciiac e	ire nera	ana aa	iiiiiiisteret	101	tile		Yes	No
	(i) unrelated organizations									3a(i)		
	(ii) related organizations									3a(ii)		
b	If "Yes" to 3a(II), are the related organizatio									3b		
	Describe in Part XIV the intended uses of th											
ar	t VI Land, Buildings, and Equipme	ent. See Form 99	90, Pa	art X	, line 10	). 						
	Description of property				a) Cost or sıs (ınvest		( <b>b)</b> Cost or o		(c) Accum deprecia		( <b>d)</b> Bo	ok value
.a	Land		•									
b	Buildings		•									
C	Leasehold improvements				5	32,572				525,038		7,534
d	Equipment		•		2	56,013				204,122		51,891
е	Other				1	108,090						108,090

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

167,515

Part VIII Investments—Other Securities. See	Form 990, Part X, line 12.	
(a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)		Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests (3)Other		
(A) FARALLON CAPITAL INST PTRS, L P	70,383,550	F
(B) MADISON REAL ESTATE LIQUIDATION LP	18,659,992	F
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	89,043,542	
Part VIII Investments—Program Related. Se		
(a) Description of investment type	(b) Book value	(c) Method of valuation
(a) Description of investment type	(B) Book value	Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)		
Part IX Other Assets. See Form 990, Part X, I  (a) Descr		(b) Book value
(a) beset	ption	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line	15.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part		
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  1 (a) Description of Liability	X, line 25.	
Part X Other Liabilities. See Form 990, Part  (a) Description of Liability		
Part X Other Liabilities. See Form 990, Part	X, line 25.	
Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	X, line 25.	
Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	X, line 25.	
Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	X, line 25.	
Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	X, line 25.	<b>.</b>
Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	X, line 25.	
Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	X, line 25.	
Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	X, line 25.	<b>.</b>
Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	X, line 25.	<b>.</b>
Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	X, line 25.	
Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	X, line 25.	
Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	X, line 25.	
Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	X, line 25.	
Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	X, line 25.	
Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	X, line 25.  (b) Amount	

Par	<b>TXII</b> Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	14,415,765
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	52,421,873
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-38,006,108
4	Net unrealized gains (losses) on investments	4	-22,987,964
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	-22,987,964
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-60,994,072
	XII Reconciliation of Revenue per Audited Financial Statements With Revenue p		
1	Total revenue, gains, and other support per audited financial statements	1	-8,572,199
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 2b		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d		
e	Add lines <b>2a</b> through <b>2d</b>	2e	-22,987,964
3	Subtract line <b>2e</b> from line <b>1</b>	3	14,415,765
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 XIV)		
c	Add lines <b>4a</b> and <b>4b</b>	<b>4</b> c	0
5	Total Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12)	5	14,415,765
	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	
1	Total expenses and losses per audited financial statements	1	52,421,874
2			
_	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities		
	Donated services and use of facilities		
а	Donated services and use of facilities		
a b	Donated services and use of facilities		
a b c	Donated services and use of facilities	2e	0
a b c d	Donated services and use of facilities	2e 3	
a b c d	Donated services and use of facilities		0 52,421,874
a b c d e	Donated services and use of facilities		
a b c d e 3	Donated services and use of facilities		
a b c d e 3 4	Donated services and use of facilities		

Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information

Identifier Return Reference Explanation

DLN: 93493046024363

**Employer identification number** 

OMB No 1545-0047

SCHEDULE F (Form 990)

# Statement of Activities Outside the United States

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

Open to Public **Inspection** 

Department of the Treasury Internal Revenue Service

Name of the organization

► Attach to Form 990. ► See separate instructions.

SANDLER FOUNDATION 94-3147856 Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award For grantmakers. Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States Activites per Region (Use Part V if additional space is needed ) (b) Number of (a) Region (d) Activities conducted in (e) If activity listed in (d) is (f) Total (c) Number of offices in the employees or region (by type) (e g, a program service, describe expenditures for region agents in region or fundraising, program services, specific type of region/investments ındependent investments, grants to service(s) in region ın region contractors recipients located in the region) NORTH AMERICA 0 0 GRANTMAKING 200,000 0 200,000 0 3a Sub-total **b** Total from continuation sheets 0 to Part I

c Totals (add lines 3a and 3b)

0

200,000

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			CANADA	GENERAL SUPPORT	200,000	WIRE TRANSFER			CASH VALUE
	-								
2	Enter total nur tax-exempt b	mber of recipie y the IRS, or fe	ent organizations l or which the grant	sted above that are re ee or counsel has pro	ecognized as charit vided a section 50:	ties by the foreign c L(c)(3) equivalency	ountry, recognized letter	as . ►	1
3	Enter total nui	mber of other	organizations or e	ntities				. ▶	

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
<del></del>		•		1	1	Cahadi	ule F (Form 990) 2011

# Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)	Γ	Yes	<u> </u>	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)	Γ	Yes	굣	No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)	Г	Yes	্	Νo
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)	Г	Yes	┍	Νo
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)	Г	Yes	┍	Νo
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).	Г	Yes	~	No

Schedule F (Form 990) 2011

Part V Supplemental Information
Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

ldentifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS OUTSIDE THE U.S.		

Identifier	Return Reference	Explanation
		STAFF AND VOLUNTEER COMMITTEES MONITOR COMPLIANCE AND PERFORMANCE WITH TERMS AND CONDITIONS LISTED IN GRANT AWARD LETTERS THROUGH MID-TERM AND YEAR END REPORT REQUIREMENTS

Schedule F (Form 990) 2010

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493046024363

OMB No 1545-0047

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

Department of the Treasury Internal Revenue Service

SANDLER FOUNDATION

Name of the organization

Schedule I

(Form 990)

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

**Inspection** Employer identification number 94-3147856

Form 990, Part IV, lin Part IV and Schedule	ne 21 for any recip	ient that received n	nore than \$5,000. Ch	eck this box if no one	recipient receive	ed more than \$5,000.	Use
(a) Name and address of organization or government	(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 grad or assistance
See Addıtıonal Data Table							

Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
	Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	( <b>b)</b> Number of recipients	<b>(c)</b> A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
See Additional Data Table					

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 THE ORGANIZATION ENDEAVORS TO MONITOR ITS GRANTS TO ENSURE THAT SUCH GRANTS ARE USED FOR PROPER PURPOSES AND NOT OTHERWISE DIVERTED FROM THEIR INTENDED USE THIS IS ACCOMPLISHED BY REQUESTING RECIPIENT ORGANIZATIONS TO AFFIRM THAT FUNDS MUST BE USED SOLELY IN ACCORDANCE WITH THE GRANT REQUEST AND BUDGET ON WHICH THE GRANT WAS BASED AND THAT ANY FUNDS NOT EXPENDED FOR THE STATED PURPOSE ARE TO BE RETURNED TO THE ORGANIZATION REPORTS ARE REQUESTED FROM TIME TO TIME AS APPROPRIATE

Software ID: Software Version:

**EIN:** 94-3147856

Name: SANDLER FOUNDATION

(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
INTERNATIONAL COMMUNITY FOUNDATION2505 N AVENUE NATIONAL CITY, CA 91950	13- 1624046	1 5017637	875,000		CASH VALUE		FOR THE SANDLER FAMILY INTERNATIONAL FUND
RELIGIOUS ACTION CENTER OF REFORM JUDAISM2027 MASSACHUSETTS AVE NW WASHINGTON, DC 20036	13- 1663143	501(C)(3)	50,000		CASH VALUE	N/A	GENERAL SUPPORT

(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
THE CITY COLLEGE FUND CITY COLLEGE OF NEW YORK CITY SHEPARD HALL RM 166 NEW YORK, NY 10031	13- 1760098	501(C)(3)	25,000		CASH VALUE	N/A	GENERAL SUPPORT
HUMAN RIGHTS WATCH350 FIFTH AVENUE 34TH FLOOR NEW YORK, NY 101183299	13- 2875808	501(C)(3)	2,750,000		CASH VALUE	N/A	FOR GENERAL SUPPORT IN MEETING CHALLENGE GRANT

	,,					3	
(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
CONSULTIVE GROUP ON BIOLOGICAL DIVERSITY PRESIDIO BLDG 1016 2ND FLOOR POBOX 29361 SAN FRANCISCO, CA 94129	13- 3431076	1 5017(*)(3)	80,000		CASH VALUE	N/A	GULF OF CALIFORNIA FUNDER'S GROUP
AMERICAN CIVIL LIBERTIES UNION FOUNDATION125 BROAD STREET NEW YORK, NY	13- 6213516	501(C)(3)	1,750,000		CASH VALUE	N/A	GENERAL SUPPORT

(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
PRO PUBLICA55 BROADWAY 23RD FLOOR NEW YORK, NY 10006	14- 2007220	501(C)(3)	5,000,000		CASH VALUE	N/A	GENERAL SUPPORT
WORKING AMERICA EDUCATION FUND 815 16TH STREET NW WASHINGTON, DC 20005	20- 2035052	501(C)(3)	25,000		CASH VALUE	N/A	GENERAL SUPPORT

(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
ST MARTIN DE PORRES SCHOOL 675 41ST STREET OAKLAND, CA 94609	20- 2697126	501(C)(3)	10,000		CASH VALUE	N/A	FUNDRAISING DINNER SUPPORT
J STREET EDUCATION FUND INCPOBOX 66073 WASHINGTON, DC 20035	20- 2777557	501(C)(3)	450,000		CASH VALUE	N/A	GENERAL SUPPORT

(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
AMERICAN ASTHMA FOUNDATIONFOUR EMBARCADERO CENTER STE 3150 SAN FRANCISCO, CA 94111	20- 8452401	501(C)(3)	3,000,000		CASH VALUE	N/A	IN SUPPORT OF THE RESEARCH PROGRAM
AMERICAN ASTHMA FOUNDATIONFOUR EMBARCADERO CENTER STE 3150 SAN FRANCISCO, CA 94111	20- 8452401	501(C)(3)	4,650,000		CASH VALUE	N/A	GENERAL SUPPORT

(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
LEADERSHIP CONFERENCE EDUCATION FUND INC1629 K STREET NW SUITE 1000 10TH FLOOR WASHINGTON, DC 20006	23- 7026895	501(C)(3)	100,000		CASH VALUE	N/A	GENERAL SUPPORT
THAT MAN MAY SEE 10 KORET WAY BOX 0352 SAN FRANCISCO, CA 94143	23- 7129943	501(C)(3)	50,000		CASH VALUE	N/A	GENERAL SUPPORT

(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
MDRC16 EAST 34TH STREET 19TH FLOOR NEW YORK, NY 100154326	23- 7379473	501(C)(3)	500,000		CASH VALUE	N/A	GENERAL SUPPORT
CENTER FOR BUDGET AND POLICY PRIORITIES820 FIRST STREET NE SUITE 510 WASHINGTON, DC 20002	52- 1234565	501(C)(3)	500,000		CASH VALUE	N/A	GENERAL SUPPORT

(a) Name and address of organization or government	(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,	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
					other)	assistance	
TRUMAN NATIONAL SECURITY PROJECT EDUCATIONAL INSTITUTE1050 17TH STREET SUITE 375 WASHINGTON, DC 20036	26- 2959113	501(C)(3)	450,000		CASH VALUE	N/A	GENERAL SUPPORT
NATIONAL PUBLIC EDUCATION SUPPORT FUND 3205 R STREET NW WASHINGTON, DC	26- 3015634	501(C)(3)	25,000		CASH VALUE		TO SUPPORT THE EDUCATIONAL FUNDERS STRATEGY GROUP

(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
CENTER FOR AMERICAN PROGRESS1333 H STREET NW 10TH FLOOR WASHINGTON, DC 20005	30- 0126510	501(C)(3)	2,200,000		CASH VALUE	N/A	GENERAL SUPPORT
CENTER FOR AMERICAN PROGRESS1333 H STREET NW 10TH FLOOR WASHINGTON, DC 20005	30- 0126510	501(C)(3)	2,000,000		CASH VALUE	N/A	FOR GENERAL SUPPORT IN MEETING CHALLENGE GRANT

(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
LEARNING FORWARD17330 PRESTON ROAD SUITE 106-D DALLAS,TX 75252	31- 0955962	501(C)(3)	500,000		CASH VALUE		PROFESSIONAL DEVELOPMENT FOR COMMON CARE STANDARDS
SCHWAB CHARITABLE FUND211 MAIN STREET SAN FRANCISCO,	31- 1640316	501(C)(3)	100,000		CASH VALUE	N/A	CONTRIBUTION TO DONOR ADVISED PHILANTHROPIC FUND

(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
FREE PRESS40 MAIN STREET SUITE 301 FLORENCE, MA 01062	41- 2106721	501(C)(3)	250,000		CASH VALUE	N/A	FOR GENERAL SUPPORT IN MEETING CHALLENGE GRANT
OCEANA INC1350 CONNECTICUT AVE NW 5TH FL WASHINGTON, DC 20036	51- 0401308	501(C)(3)	4,000,000		CASH VALUE	N/A	GENERAL SUPPORT

(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
CENTER FOR BUDGET AND POLICY PRIORITIES820 FIRST STREET NE SUITE 510 WASHINGTON, DC 20002	52- 1234565	501(C)(3)	1,300,000		CASH VALUE	N/A	STATE FISCAL EFFORTS
ACHIEVE INC1400 16TH STREET NW SUITE 510 WASHINGTON, DC 20036	52- 2006429	501(C)(3)	132,000		CASH VALUE	N/A	PARCC RESEARCH AND FAIRNESS INITIATIVE

(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
AMERICAN CONSTITUTION SOCIETY FOR LAW AND POLICY1333 H STREET NW 11TH FLOOR WASHINGTON, DC 20005	52- 2313694	501(C)(3)	500,000		CASH VALUE	N/A	FOR GENERAL SUPPORT IN MEETING CHALLENGE GRANT
COUNCIL OF CHIEF STATE SCHOOL OFFICERSONE MASSACHUSETTS AVE NW SUITE 700 WASHINGTON, DC 20001	53- 0198090	501(C)(3)	170,038		CASH VALUE	N/A	TO SUPPORT THE SMARTER BALANCED ASSESSMENT PROJECT

(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
CENTER FOR RESPONSIBLE LENDINGPO BOX 3619 DURHAM,NC 277023619	74- 3043913	501(C)(3)	4,000,000		CASH VALUE	N/A	GENERAL SUPPORT
WILDCOAST925 SEACOAST DRIVE IMPERIAL BEACH, CA 91932	77- 0536297	501(C)(3)	200,000		CASH VALUE	N/A	GENERAL SUPPORT

(a) Name and address of organization or government	(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,	(g) Description of non-cash	(h) Purpose of grant or assistance
g 3 · · · · · · · · · · · · · · · · ·					appraisal, other)	assistance	
WILDCOAST925 SEACOAST DRIVE IMPERIAL BEACH, CA 91932	77- 0536297	1 501(0)(3)	100,000		CASH VALUE	N/A	FOR GENERAL SUPPORT IN MEETING CHALLENGE GRANT
CENTER FOR BIOLOGICAL DIVERSITYPOBOX 710 TUCSON, AZ 85702	85- 0420285	501(C)(3)	760,000		CASH VALUE	N/A	GENERAL SUPPORT

(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
CENTER FOR BIOLOGICAL DIVERSITYPOBOX 710 TUCSON,AZ 85702	85- 0420285	501(C)(3)	760,000		CASH VALUE	N/A	FOR THE CLIMATE LAW INSTITUTE
TURTLE ISLAND RESTORATION POBOX 400 FOREST KNOLLS, CA 94933	91- 1818080	501(C)(3)	275,000		CASH VALUE	N/A	GENERAL SUPPORT

(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
ISLAND CONSERVATION100 SHAFFER ROAD LML SANTA CRUZ, CA 95060	91- 1839907	501(C)(3)	200,000		CASH VALUE	N/A	GENERAL SUPPORT
ISLAND CONSERVATION100 SHAFFER ROAD LML SANTA CRUZ, CA 95060	91- 1839907	501(C)(3)	150,000		CASH VALUE	N/A	FOR GENERAL SUPPORT IN MEETING CHALLENGE GRANT

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> 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	<b>(h)</b> Purpose of grant or assistance
STANFORD UNIVERSITY326 GALVEZ STREET STANFORD, CA 94305	94- 1156365	501(C)(3)	32,400		CASH VALUE	N/A	STANFORD CENTER ON OPPORTUNITY POLICY IN EDUCATION
JEWISH COMMUNITY FEDERATION121 STEUART STREET SAN FRANCISCO, CA 94105	94- 1156533	501(C)(3)	75,000		CASH VALUE	N/A	CONTRIBUTIONS TO DONOR ADVISED PHILANTHROPIC FUNDS

(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
JEWISH COMMUNITY FEDERATION121 STEUART STREET SAN FRANCISCO, CA 94105	94- 1156533	501(C)(3)	10,000		CASH VALUE	N/A	ANONYMOUS GRANT TO SUPPORT 6TH ANNUAL INDIE AWARDS
JEWISH COMMUNITY FEDERATION121 STEUART STREET SAN FRANCISCO, CA 94105	94- 1156533	501(C)(3)	500,000		CASH VALUE	N/A	OPERATING SUPPORT PASS- THROUGH GRANTS

(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
PACIFIC INSTITUTE FOR COMMUNITY ORGANIZATIONS171 SANTA ROSA AVE OAKLAND, CA 94610	94- 2206497	501(C)(3)	1,000,000		CASH VALUE	N/A	GENERAL SUPPORT
NATIONAL CENTER FOR YOUTH LAW405 14TH STREET SUITE 1500 OAKLAND.CA 94612	94- 2506933	501(C)(3)	100,000		CASH VALUE	N/A	FOR GENERAL SUPPORT IN MEETING CHALLENGE GRANT

(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
NATIONAL CENTER FOR YOUTH LAW 405 14TH STREET SUITE 1500 OAKLAND, CA 94612	94- 2506933	501(C)(3)	150,000		CASH VALUE	N/A	FOR GENERAL SUPPORT
UNIVERSITY OF CALIFORNIA SAN FRANCISCO FOUNDATION220 MONTGOMERY STREET 5TH FLOOR SAN FRANCISCO, CA 94104	94- 2829914	501(C)(3)	1,550,000		CASH VALUE	N/A	SANDLER ASTHMA BASIC RESEARCH CENTER

(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
UNIVERSITY OF CALIFORNIA SAN FRANCISCO FOUNDATION220 MONTGOMERY STREET 5TH FLOOR SAN FRANCISCO, CA 94104	94- 2829914	501(C)(3)	1,575,000		CASH VALUE	N/A	SANDLER CENTER FOR DRUG DISCOVERY
UNIVERSITY OF CALIFORNIA SAN FRANCISCO FOUNDATION220 MONTGOMERY STREET 5TH FLOOR SAN FRANCISCO, CA 94104	94- 2829914	501(C)(3)	50,000		CASH VALUE	N/A	FOR THE OSHER CENTER FOR INTEGRATIVE MEDICINE

(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
JUSTICE MATTERS INSTITUTE436 14TH STREET SUITE 700 OAKLAND,CA 94612	94- 3275302	501(C)(3)	35,000		CASH VALUE	N/A	GENERAL SUPPORT
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA AT BERKELEY2150 SHATTUCK AVE SUITE 313 BERKELEY, CA 947204200	94- 6002123	501(C)(3)	175,000		CASH VALUE	N/A	INVESTIGATIVE RESEARCH PROGRAM

(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	valuation (book, FMV, appraisal,	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA AT BERKELEY2150 SHATTUCK AVE SUITE 313 BERKELEY, CA 947204200	94- 6002123	501(C)(3)	50,000		other)	N/A	GENERAL SUPPORT OF OSHER CENTER
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA AT BERKELEY2150 SHATTUCK AVE SUITE 313 BERKELEY,CA 947204200	94- 6002123	501(C)(3)	600,000		CASH VALUE	N/A	TO SUPPORT THE CENTER FOR EQUITABLE GROWTH

(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
SIERRA CLUB FOUNDATION85 SECOND STREET 2ND FLOOR SAN FRANCISCO, CA 94105	94- 6069890	501(C)(3)	1,000,000		CASH VALUE	N/A	FOR THE BEYOND COAL CAMPAIGN CHALLENGE GRANT
UNIVERSITY OF CALIFORNIA SAN FRANCISCO FOUNDATION220 MONTGOMERY STREET 5TH FLOOR SAN FRANCISCO, CA 94104	94- 2829914	501(C)(3)	71,438		CASH VALUE	N/A	NUEROSCIENCES INITIATIVE BUILDING CAMPAIGN

(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
RESOURCES LEGACY FUND555 CAPITOL MALL SUITE 675 SACRAMENTO,CA 95814	95- 4703838	501(C)(3)	2,500,000		CASH VALUE	N/A	FOR NORTHWEST MEXICO LAND CONSERVATION PROGRAM
AMERICAN CIVIL LIBERTIES UNION FOUNDATION125 BROAD STREET NEW YORK, NY	13- 6213516	501(C)(3)	1,200,000		CASH VALUE	N/A	STRATEGIC ALLIANCE INITIATIVE

(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)	( <b>g)</b> Description of non-cash assistance	(h) Purpose of grant or assistance
COUNCIL OF CHIEF STATE SCHOOL OFFICERSONE MASSACHUSETTS AVE NW SUITE 700 WASHINGTON, DC 20001	53- 0198090	501(C)(3)	75,000		CASH VALUE	N/A	TO SUPPORT DRIVING COLLEGE AND CAREER READINESS PROJECT
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA AT BERKELEY2150 SHATTUCK AVE SUITE 313 BERKELEY, CA 947204200	94- 6002123	1 5017631	3,000,000		CASH VALUE	N/A	PROGRAM FOR BREAKTHROUGH BIOMEDICAL RESEARCH

#### Form 990. Schedule I. Part III. Grants and Other Assistance to Individuals in the United States

(a)Type of grant or assistance	(b)Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	<b>(f)</b> Description of non-cash assistance
				CASH VALUE	
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# Form 990, Schedule I, Part III, Grants and Other Assistance to Individuals in the United States

(a)Type of grant or assistance	(b)Number of recipients	<b>(c)</b> 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
				CASH VALUE	
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### Form 990, Schedule I, Part III, Grants and Other Assistance to Individuals in the United States

(a)Type of grant or assistance	( <b>b)</b> Number of recipients	<b>(c)</b> A mount of cash grant	( <b>d)</b> A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	<b>(f)</b> Description of non-cash assistance
				CASH VALUE	
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DLN: 93493046024363

OMB No 1545-0047

#### **Schedule J** (Form 990)

Department of the Treasury Internal Revenue Service

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

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

**Compensation Information** 

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name	of	the	orga	niza	tion
SANDLE	R F	OUN	DATIC	N	

**Employer identification number** 

94-3147856

Pai	t I Questions Regarding Compensation					
					Yes	No
1a	Check the appropriate box(es) if the organization provides 990, Part VII, Section A, line 1a Complete Part III to					
	First-class or charter travel	$\Gamma$	Housing allowance or residence for personal use			
	Travel for companions	$\sqcap$	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	$\sqcap$	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the orga reimbursement orprovision of all the expenses describe			1b		
2	Did the organization require substantiation prior to rein officers, directors, trustees, and the CEO/Executive D			2		
3	Indicate which, if any, of the following the organization organization's CEO/Executive Director Check all that Compensation committee  Independent compensation consultant	appl				
	Form 990 of other organizations	Ī	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Pai or a related organization	rt VII	I, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control pa	ymer	nt?	4a		Νo
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?					
C	Participate in, or receive payment from, an equity-based compensation arrangement?					
	If "Yes" to any of lines 4a-c, list the persons and provi	de th	ne applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must	com	plete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, lin compensation contingent on the revenues of					
а	The organization?			5a		No
b	Any related organization?			5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A, lin compensation contingent on the net earnings of	e 1a,	, did the organization pay or accrue any			
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 payments not described in lines 5 and 6? If "Yes," des			7		Νo
8	Were any amounts reported in Form 990, Part VII, pair subject to the initial contract exception described in R in Part III			8		No
9	If "Yes" to line 8, did the organization also follow the re	ebutt	able presumption procedure described in Regulations			
	section 53 4958-6(c)?			9		

#### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space 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)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

I							
(A) Name	(B) Breakdown of	f W-2 and/or 1099-MI		(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
(1) STEVE DAETZ (I)	352,667 0	1	0	49,000 0	19,946 0	421,613 0	0
(2) MARK REISBAUM (1)	0 237,317		1	0 8,750	0 10,372	0 2 256,439	0 0
(3) SERGIO KNAEBEL (1)	132,000 0		0	19,800 0	874 0	152,674	0
(4) CHARLOTTE (1) BIERN (11)	218,269 0	0	_	30,362 0	15,416 0	264,047 0	0

Schedule J (Form 990) 2011 Page **3** 

#### Part III Supplemental Information

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

Identifier	Return Reference	Explanation

Schedule J (Form 990) 2011

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As Filed Data -

DLN: 93493046024363

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

2011
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Name of the organization	Employer ident if	ication number
SANDLER FOUNDATION		
	94-3147856	

ldentifier	Return Reference	Explanation
		FORM 990, PART IV, LINE 12 & PART XII, LINE 2A THE ORGANIZATION RESPONDED "NO" TO THIS QUESTION BECAUSE THE FORM 990 IS FILED FOR THE ORGANIZATION ON A STAND-ALONE-BASIS, WHILE THE AUDITED FINANCIALS ARE PREPARED ON A CONSOLIDATED BASIS WITH THE RESULTS OF ITS SUPPORTED ORGANIZATION THE FINANCIAL STATEMENTS OF THE ORGANIZATION ARE CONSOLIDATED WITH THOSE OF ITS SUPPORTED ORGANIZATION, AND AUDITED BY AN INDEPENDENT PUBLIC ACCOUNTING FIRM IN ACCORDANCE WITH GAAP THE SUPPORTED ORGANIZATION'S AUDIT COMMITTEE HAS RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF THE CONSOLIDATED FINANCIAL STATEMENTS

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 2	HERBERT SANDLER AND SUSAN SANDLER ARE FATHER AND DAUGHTER

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	THE FORM 990 IS PREPARED BY AN INDEPENDENT PUBLIC ACCOUNTING FIRM BASED ON AUDITED FINANCIAL STATEMENTS AND WITH THE ASSISTANCE OF A RELATED PARTY'S FINANCE AND ACCOUNTING STAFF THE FINAL DRAFT OF THE FORM 990 IS REVIEWED BY THE TREASURER THE PRESIDENT AND/OR OTHER OFFICERS RECEIVE THE FINAL VERSION OF THE FORM PRIOR TO FILING

ldentifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	THE ORGANIZATION REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES COMPLIANCE WITH ITS CONFLICT OF INTEREST POLICY FOR OFFICERS AND DIRECTORS CONFLICT OF INTEREST POLICY, THE SUPPORTED ORGANIZATION REQUESTS COMPLETION OF AN ANNUAL DISCLOSURE FORM BY JANUARY 31 FOR ALL OFFICERS AND DIRECTORS THE SUPPORTED ORGANIZATION ENSURES THAT ALL FORMS HAVE BEEN RECEIVED AND PREPARES A SUMMARY OF DISCLOSURES AND FORWARDS THE FORMS AND SUMMARY TO ITS LEGAL COUNSEL THE SUPPORTED ORGANIZATION'S CFO ALSO RECEIVES A COPY OF THE SUMMARY AND REVIEWS ALL FORMS AND IS RESPONSIBLE FOR ASSURING APPROPRIATE REPORTING TO THE EXTERNAL AUDITORS AND DISCLOSURE IN THE ANNUAL TAX FILINGS

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	THE ORGANIZATION HAS FULL TIME EMPLOYEES AND COMPENSATES ONE OFFICER OF ITS BOARD CERTAIN OFFICERS AND/OR DIRECTORS ARE COMPENSATED BY A RELATED PARTY, THE JEWISH COMMUNITY FEDERATION OF SAN FRANCISCO, THE PENINSULA, MARIN AND SONOMA COUNTIES ('JCF') JCF DOES A COMPENSATION SURVEY AND ANALYSIS FOR THE SENIOR LEVEL POSITIONS JCF LOOKS AT COMPENSATION THAT IS EQUITABLE INTERNALLY AND EXTERNALLY FOR THESE POSITIONS THE EXECUTIVE COMMITTEE OFFICERS APPROVE THE COMPENSATION FOR THE CEO THERE IS A PERIODIC REVIEW OF ALL SALARIES FROM AN INDEPENDENT PROFESSIONAL COMPENSATION ORGANIZATION THE REVIEW INCLUDES SIMILAR POSITIONS IN THE NON-PROFIT AND FOR-PROFIT SECTOR LOCALLY AND IS ADJUSTED NATIONALLY THE COMPENSATION REVIEW ALSO ANALYZES COMPENSATION INFORMATION FROM OTHER FORM 990S FOR SIMILAR ORGANIZATIONS AS WELL AS MANY OTHER SOURCES OF COMPENSATION DATA

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION IS A PART OF THE JEWISH COMMUNITY FEDERATION, A RELATED PARTY, THAT MAKES ITS CONSOLIDATED AUDITED FINANCIAL STATEMENTS AND FORM 990 FOR THE MOST RECENT THREE YEARS AND CONFLICT OF INTEREST POLICY AVAILABLE TO THE PUBLIC UPON REQUEST

ldentifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -22,987,964

Identifier	Return Reference	Explanation
		DUE TO TAX SOFTWARE LIMITATIONS, CERTAIN QUESTIONS THAT SHOULD HAVE BEEN ANSWERED N/A WERE EITHER LEFT BLANK OR ANSWERED N/O AS FOLLOWS 1) PART IV, QUESTION 5, 24B, 24C, 24D 2) PART V, QUESTION 1C, 3B, 5C, 6B, 7G, 7H, 8, 9A, 9B, 10A, 10B, 11A, 11B, 12A, 13A, 13B, 13C 3) PART VI, QUESTION 10B, 16B 4) PART XII, QUESTION 3B 5) SCHEDULE J, QUESTION 1B, 2, 9

efile GRAPHIC print - DO NOT PROCESS | As Filed Data SCHEDULE R Related Or

DLN: 93493046024363

# **Related Organizations and Unrelated Partnerships**

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

► Attach to Form 990. ► See separate instructions.

2011

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

(Form 990)

Name of the organization SANDLER FOUNDATION				Employer i	dentification number		
				94-31478	56		
Part I Identification of Disregarded Entities (Comp	olete if the organizatio	n answered "Yes"	on Form 990, Pa	irt IV, line 33.)			
(a) Name, address, and EIN of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct controlling entity		
			+				
			+				
Part II Identification of Related Tax-Exempt Organ or more related tax-exempt organizations during	<b>nizations</b> (Complete in the tax year.)	f the organization	answered "Yes"	on Form 990, I	Part IV, line 34 becaus	e it had	one
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity star (if section 501(c)(	tus Direct controlling entity	Section 5 conti organ	( <b>g)</b> 512(b)(13) trolled nization
(1) JEWISH COMMUNITY FEDERATION OF SF						Yes	No
121 STEUART STREET  SAN FRANCISCO, CA 94105 94-1156533	BUILD, MAINTAIN, AND STRENGTHEN JEWISH IDENTITY, COMM AND LIFE	CA	501(C)(3)	LI	NE 7 N/A		No
For Privacy Act and Paperwork Reduction Act Notice, see the Instruct	ions for Form 990.	Cat No 50	135Y	•	Schedule R (I	Form 990)	2011

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

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total Income	(g) Share of end-of-year assets	<b>(h)</b> Percentage ownership

(4)

(5)

(6)

Part V	<b>Transactions With Related Organizations</b> (Complete if the organization answered "Y	es" on Form 990, Pa	rt IV, line 34, 35, 3	5A, or 36.)			
Not	e. Complete line 1 if any entity is listed in Parts II, III or IV					Yes	No
1 During	the tax year, did the orgranization engage in any of the following transactions with one or more related org	anızatıons lısted ın Part	s II-IV?				
a Rec	ceipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity				1a		No
<b>b</b> Gift	;, grant, or capital contribution to related organization(s)				1b	Yes	
<b>c</b> Gıft	, grant, or capital contribution from related organization(s)				1c		No
<b>d</b> Loa	ns or loan guarantees to or for related organization(s)				1d		No
<b>e</b> Loa	ns or loan guarantees by related organization(s)				1e		No
<b>f</b> Sale	e of assets to related organization(s)				1f		No
<b>g</b> Pur	chase of assets from related organization(s)				1g		No
h Exc	change of assets with related organization(s)				1h		No
i Lea:	se of facilities, equipment, or other assets to related organization(s)				1i		No
<b>j</b> Lea	se of facilities, equipment, or other assets from related organization(s)				1j		No
<b>k</b> Per	formance of services or membership or fundraising solicitations for related organization(s)				1k		No
I Perf	formance of services or membership or fundraising solicitations by related organization(s)				11	Yes	
<b>m</b> Sha	iring of facilities, equipment, mailing lists, or other assets with related organization(s)				1m		No
n Sha	aring of paid employees with related organization(s)				1n		No
<b>o</b> Rei	mbursement paid to related organization(s) for expenses				10		No
<b>p</b> Rei	mbursement paid by related organization(s) for expenses				1р		No
<b>q</b> Oth	ner transfer of cash or property to related organization(s)				1q		No
r Oth	er transfer of cash or property from related organization(s)				1r		No
				'			
2 If th	ne answer to any of the above is "Yes," see the instructions for information on who must complete this line,	ıncludıng covered relat	ionships and transact	ıon thresholds			
	(a)	(b) Transaction	(c)	Method of dete	( <b>d)</b> ermınır	ng amo	unt
	Name of other organization	type(a-r)	Amount involved		olved		
<b>1)</b> JEWISH	COMMUNITY FEDERATION OF SF	В	575,000	CASH VALUE			
<b>2)</b> JEWISH	COMMUNITY FEDERATION OF SF	L	200,000	CASH VALUE			
3)							

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

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

<b>(a)</b> Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(e) Are all partners section 501(c)(3) organizations?		partners section 501(c)(3)		<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man	<b>j)</b> eral or aging :ner?	(k) Percentage ownership
			314)	Yes	No			Yes	No		Yes	No			
													·		

Schedule R (Form 990) 2011

## Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier Return Reference Explanation

Schedule R (Form 990) 2011

### **Additional Data**

Software ID: Software Version:

**EIN:** 94-3147856

Name: SANDLER FOUNDATION

Form 990, Special Condition Description:

**Special Condition Description** 



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



DLN: 93493045031624

Department of the Treasury

# Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Open to Public Inspection

The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service A For the 2012 calendar year, or tax year beginning 07-01-2012 , 2012, and ending 06-30-2013 D Employer identification number B Check if applicable SANDLER FOUNDATION Address change 94-3147856 Doing Business As Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number 121 STEUART STREET Terminated (415)777-0411 City or town, state or country, and ZIP + 4 SAN FRANCISCO, CA 94105 Amended return Application pending **G** Gross receipts \$ 75,867,361 Name and address of principal officer Is this a group return for MARION O SANDLER ┌ Yes 🗸 No affiliates? 121 STEUART STREET SAN FRANCISCO, CA 941051236 **H(b)** Are all affiliates included? ☐ Yes ☐ No If "No," attach a list (see instructions) Tax-exempt status **▽** 501(c)(3) **┌ H(c)** Group exemption number ▶ Website: ► N/A L Year of formation 1992 M State of legal domicile CA Part I Summary Briefly describe the organization's mission or most significant activities SUPPORTS CHARITABLE, EDUCATIONAL, & RELIGIOUS PURPOSES OF JEWISH COMM FEDERATION OF SF Activities & Governance 2 Check this box 🛏 if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . Number of independent voting members of the governing body (Part VI, line 1b) 3 4 9 Total number of individuals employed in calendar year 2012 (Part V, line 2a) 5 6 0 Total number of volunteers (estimate if necessary) . . . 0 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a  $\boldsymbol{b}$  Net unrelated business taxable income from Form 990-T, line 34  $\,$ 7b 0 **Prior Year Current Year** 3,366,687 Contributions and grants (Part VIII, line 1h) . . 5.048.633 0 0 Program service revenue (Part VIII, line 2g) . . 9,367,132 14,862,636 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 0 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 14,415,765 18,229,323 13 50,326,876 47,052,676 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 0 0 14 Benefits paid to or for members (Part IX, column (A), line 4) . . Salaries, other compensation, employee benefits (Part IX, column (A), lines **15** 1,106,451 **Expenses** 1,026,023 16a Professional fundraising fees (Part IX, column (A), line 11e) . 0 b Total fundraising expenses (Part IX, column (D), line 25)  $\blacktriangleright 0$ **17** Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . . . 1,068,974 1,269,783 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 52,421,873 49,428,910 18 -31,199,587 19 Revenue less expenses Subtract line 18 from line 12 -38,006,108 t Assets or id Balances **Beginning of Current End of Year** Year 747,494,350 20 Total assets (Part X, line 16) . 683,935,436 3,359,583 21 Total liabilities (Part X, line 26) . . 3,739,304 22 Net assets or fund balances Subtract line 21 from line 20 680,196,132 744,134,767 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 2014-02-14 Signature of office Sign Here HOLDEN LEE CFO-JCF

Preparer's signature

Type or print name and title

Paid

Preparer

Use Only

Print/Type preparer's name SANDER I STADTLER CPA CVA

Firm's name ROTHSTEIN KASS

Firm's address ► 101 MONTGOMERY ST 22ND FLOOR

SAN FRANCISCO, CA 94104 May the IRS discuss this return with the preparer shown above? (see instructions)

✓ Yes ☐ No

P00195939

self-employed

Firm's EIN > 22-2131009

Phone no (415) 788-6666

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	Page <b>2</b>	n 990 (2012)	Form 990 (
THE FOUNDATION O PERATES EXCLUSIVELY FOR CHARITABLE, EDUCATIONAL, OR RELIGIOUS PURPOSES BY CONDUC SUPPORTING ACTIVITIES FOR THE BENEFIT OF, OR TO CARRY OUT THE PURPOSES OF, THE JEWISH COMMUNITY FEDE OF SAN FRANCISCO, THE PENINSULA, MARIN AND SONOMA COUNTIES  2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E27			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-E2?  If "Yes," describe these new services on Schedule 0  Jud the organization cease conducting, or make significant changes in how it conducts, any program services?  If "Yes," describe these changes on Schedule 0  Describe the organization's program service accomplishments for each of its three largest program services, as measured be expenses. Section 501(c)(2) and 501(c)(4) organizations are required to report the amount of grants and allocations to other the total expenses, and revenue, if any, for each program service reported.  4a (Code ) (Expenses \$ 47,052,676 including grants of \$ 47,052,676) (Revenue \$ THIS FOUNDATION MADE GRANTS IN SUPPORT OF THE CHARTITABLE, EDUCATIONAL, SCIENTIFIC OR RELIGIOUS PURPOSES OF THE JEWISHCOMMUNIT FEDERATION OF SAN FRANCISCO, THE PENHISULA, MARIN AND SONOMA CONTITES  4b (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )  Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )  4c (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )	RRY OUT THE PURPOSES OF, THE JEWISH COMMUNITY FEDERATION	FOUNDATION OPERATES EXCLUSIVELY FOR CHARITAB PORTING ACTIVITIES FOR THE BENEFIT OF, OR TO CAR	THE FOUN SUPPORTI
the prior Form 99 or 990-E2?	A COUNTIES	SAN FRANCISCO, THE PENINSULA, MARIN AND SONOMA	OF SAN FR
3 Did the organization cease conducting, or make significant changes in how it conducts, any program services acrives?  If "Yes," describe these changes on Schedule O  Describe the organization's program service accomplishments for each of its three largest program services, as measured be expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other total expenses, and revenue, if any, for each program service reported  (Code ) (Expenses \$ 47,052,676 including grants of \$ 47,052,676) (Revenue \$ THIS FOUNDATION MADE GRANTS IN SUPPORT OF THE CHARITABLE, EDUCATIONAL, SCIENTIFIC OR RELIGIOUS PURPOSES OF THE JEWISHCOMMUNIT FEDERATION OF SAN FRANCISCO, THE PENINSULA, MARIN ANDSONOMA COUNTIES  (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ ) (Rev	vices during the year which were not listed on		
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Describe the organization's program service accomplishments for each of its three largest program services, as measured be expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other the total expenses, and revenue, if any, for each program service reported.  4a (Code ) (Expenses \$ 47,052,676 including grants of \$ 47,052,676) (Revenue \$ THIS FOUNDATION MADE GRANTS IN SUPPORT OF THE CHARITABLE,EDUCATIONAL, SCIENTIFIC OR RELIGIOUS PURPOSES OF THE JEWISHCOMMUNIT FEDERATION OF SAN FRANCISCO, THE PENINSULA, MARIN ANDSONOMA COUNTIES  4b (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )  4c (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )  4d Other program services (Describe in Schedule O )	changes in how it conducts, any program	services?	servi
expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other total expenses, and revenue, if any, for each program service reported  4a (Code ) (Expenses \$ 47,052,676 including grants of \$ 47,052,676) (Revenue \$ THIS FOUNDATION MADE GRANTS IN SUPPORT OF THE CHARITABLE,EDUCATIONAL, SCIENTIFIC OR RELIGIOUS PURPOSES OF THE JEWISHCOMMUNIT FEDERATION OF SAN FRANCISCO, THE PENINSULA, MARIN ANDSONOMA COUNTIES  4b (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )  4c (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )  4d Other program services (Describe in Schedule O )		If "Yes," describe these changes on Schedule O	If "Ye
THIS FOUNDATION MADE GRANTS IN SUPPORT OF THE CHARITABLE, EDUCATIONAL, SCIENTIFIC OR RELIGIOUS PURPOSES OF THE JEWISHCOMMUNIT FEDERATION OF SAN FRANCISCO, THE PENINSULA, MARIN ANDSONOMA COUNTIES  4b (Code ) (Expenses \$ including grants of \$ ) (Revenue \$  4c (Code ) (Expenses \$ including grants of \$ ) (Revenue \$  4d Other program services (Describe in Schedule O )	are required to report the amount of grants and allocations to others,	expenses Section 501(c)(3) and 501(c)(4) organizations a	exper
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4d Other program services (Describe in Schedule O )			
4d Other program services (Describe in Schedule O )	undudum comute of the house of	(Code ) (European t	
	including grants of \$ / (Revenue \$ /	(Code ) (Expenses \$ III	<b>4c</b> (cou
	\$ )(Revenue \$ )		
4e Total program service expenses ► 47,052,676		<b>Total program service expenses ►</b> 47,0 52,676	4e Tota

Part IV	Checkli	st 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	
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 $I$	3		No
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		No
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 $IV^{\square}$	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</i> "Yes," complete Schedule D, Part V	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	Yes	
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		Νo
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part $X^{f z}$	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		No
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	Yes	
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	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		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		No
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 and other assistance to any government or organization in the United States 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 and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	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 25	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	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," 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
	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? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
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	Yes	
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	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		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 197  Note, All Form 990 filers are required to complete Schedule O	38	Yes	

	Chack if Schodulo O contains a response to any question in this Bart V			г
	Check if Schedule O contains a response to any question in this Part V		Yes	No
la	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable   1a   10			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0	1		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	1		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
)	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	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			
a	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
2	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
		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		No
)	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 services provided to the payor?	7a		N
,	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
	file Form 8282?	7c		N
i	If "Yes," indicate the number of Forms 8282 filed during the year			
	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		No
J	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		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			
		8		
	Sponsoring organizations maintaining donor advised funds.	0-		
	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	-		
	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 )	1		
•	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? <b>Note.</b> 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	]		
1	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
<b>.</b>	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. 

Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		Νo
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	eveni	ıe Cod	e.)
Se		evenu	ie Cod Yes	e.) <b>No</b>
		evenu 10a		
10a	ection B. Policies (This Section B requests information about policies not required by the Internal R			No
10a b	Did the organization have local chapters, branches, or affiliates?	10a		No
10a b 11a	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
10a b 11a b	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
10a b 11a b 12a	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a	Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a	Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes Yes Yes	No
110a b 111a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes Yes Yes Yes	No
110a b 111a b 112a b c	Did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  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 annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  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 annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written whistleblower policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  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 annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  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 review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  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 or similar arrangement with a	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No No

- List the States with which a copy of this Form 990 is required to be filed▶CA
- 18 Section 6104 requires an organization to make its 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
  - Own website Another's website Upon request Other (explain in Schedule O)
- Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►HOLDEN LEE 121 STEUART STREET SAN FRANCISCO, CA (415)777-0411

# <u>Part VIII</u> Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

#### 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	more pers	than on is	one bot rect	not box h ar	chec (, unle n offic	ess er e)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	from the organization and related organizations
(1) HERBERT M SANDLER	1 00	х		Х				0	0	(
PRESIDENT/DIRECTOR				_^				Ü	<u> </u>	•
(2) PHYLLIS COOK DIRECTOR	1 00	х						0	66,000	(
(3) ROBERT FRIEND	1 00									
INVEST CHAIR/DIRECTOR		X		X				0	0	(
(4) DAVID FOLKMAN	1 00	l						_	_	
DIRECTOR		X						0	0	(
(5) SUSAN SANDLER	1 00	T.,								
DIRECTOR		X						0	0	(
(6) STEVE DAETZ	40 00			х				376,000	0	74,039
EXECUTIVE VP/ASST SEC								2.1,313		,
(7) MARK REISBAUM	1 00			x				0	243,717	18,097
TREASURER/SECRETARY		<u> </u>								
(8) SERGIO KNAEBEL	40 00					х		138,600	0	21,550
GRANT DIRECTOR										
					_					
		1								

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

	<b>(A)</b> Name and Title	(B) A verage hours per week (list any hours for related	more t	tion ( han d on is	ne l both	box, an c	heck unless officer stee)		Repor comper from organiza	table isation the tion (W-	(E) Reportable compensation from related organization (W-		(F) Estima mount o compens	ited fother sation the
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099	-MISC)	2/1099-MISC)		ganizati relati organiza	ed
								<u> </u>				_		
1b c	Sub-Total				•			-						
d	Total (add lines 1b and 1c) .	•		` .	٠.	•		•		514,600	309,71	7		113,686
2	Total number of individuals (ii \$100,000 of reportable comp	ncluding but not					d abov	e) w	ho receive	d more th	nan	1		
3	Did the organization list any <b>f</b>	ormer officer du	ector o	r trus	tee	kev	emnlo	.vee	or highes	t compen	sated employee		Yes	No
_	on line 1a? If "Yes," complete						• •	•	, or mg//cs	• •		3		No
4	For any individual listed on lin organization and related organ individual											_		
5	Did any person listed on line 3 services rendered to the orga									anızatıon	or individual for	5	Yes	No
													l	
	Complete this table for your fi compensation from the organi	ve highest comp											ax year	
	ı	(A) Name and business	address							Des	(B) scription of services		(C Comper	
												$\pm$		
												_		
2	Total number of independent co	ontractors (inclu	dına but	not	lımıt	ed to	o thos	e list	ted above)	who rece	ived more than	-		

\$100,000 of compensation from the organization  $\blacktriangleright 0$ 

Part V	1   1	Statement of Revenue	h	on the Doublett			
		Check if Schedule O contains a response	to any question	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513, or 514
0	1a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	ь	Membership dues <b>1b</b>					
Gra not	С	Fundraising events <b>1c</b>					
ß,	_	<del>-</del>					
Gifi ilar	d	Related organizations 1d —					
is,	e	Government grants (contributions) <b>1e</b>					
tior r S	f	All other contributions, gifts, grants, and <b>1f</b> similar amounts not included above —	3,366,687	İ			İ
bu the	_	Noncash contributions included in lines					 
n di	g	1a-1f \$	_				
Col	h	Total. Add lines 1a-1f	<b>.</b>	3,366,687			
Program Service Revenue	2a b	B	Susiness Code				
93	С						
er E	d						
S (	е						
Gra	f	All other program service revenue					
₽₹	g	Total. Add lines 2a-2f					
	3	Investment income (including dividends,					
		and other similar amounts)	▶ [	15,138,461			15,138,46
	4	Income from investment of tax-exempt bond proc	eeds 🕨				
	5	Royalties	· · •				
			(II) Personal				
	6a b	Gross rents Less rental					
		expenses					
	C	Rental income or (loss)					
	d	Net rental income or (loss)					
		(i) Securities Gross amount	(II) Other				
	7a	from sales of 57,362,213 assets other than inventory					
	b	Less cost or other basis and 57,638,038					
	c	sales expenses Gain or (loss) -275,825					
	d	Net gain or (loss)		-275,825			-275,825
Other Revenue	8a	Gross income from fundraising events (not including  \$ of contributions reported on line 1c) See Part IV, line 18					
- -		a					
Ě		Less direct expenses <b>b</b>					
0	c 9a	Net income or (loss) from fundraising eve  Gross income from gaming activities  See Part IV, line 19	nts 🛌				
	ь	Less direct expenses b					
	c	Net income or (loss) from gaming activities	es				
	10a	Gross sales of inventory, less returns and allowances	·				
	ь	Less cost of goods sold <b>b</b>					
		Net income or (loss) from sales of inventor	ory 🛌				
			usiness Code				
	11a						
	ь						
	С						
	d	All other revenue					
	е	Total. Add lines 11a-11d	🕨				
	12	Total revenue. See Instructions					
			· · · •	18,229,323	0	C	14,862,636

	Statement of Functional Expenses				
ectio	on 501(c)(3) and 501(c)(4) organizations must complete all columns All				
	Check if Schedule O contains a response to any question in this Pa	irt IX			<u> </u>
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	45,498,376	45,498,376		
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	1,554,300	1,554,300		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	1,091,401		1,091,401	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	15,050		15,050	
LO	Payroll taxes				
.1	Fees for services (non-employees)				
а	Management				
b	Legal				
C	Accounting				
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	276,702		276,702	
.2	Advertising and promotion	2.5,132			
	Office expenses	31,554		31,554	
4	Information technology	31,331		31,331	
5	Royalties				
6	Occupancy				
7	Travel	113,376		113,376	
.8	Payments of travel or entertainment expenses for any federal, state, or local public officials	113,370		113,370	
9	Conferences, conventions, and meetings				
0	Interest				
1	Payments to affiliates				
2	Depreciation, depletion, and amortization				
3	Insurance	5,896		5,896	
4	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	OCCUPANCY	521,530		521,530	
ь	ADMINISTRATIVE FEES	200,000		200,000	
c	DATA PROCESSING SERVICE	120,725		120,725	
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	49,428,910	47,052,676	2,376,234	
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		Check if Schedule O contains a response to any question in this	s Part :	x	(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			Beginning or year	1	Lilu oi yeai
	2	Savings and temporary cash investments			33,238,762	2	41.620.190
	3	Pledges and grants receivable, net			33,230,702	3	41,020,130
	4				5,042,877	4	5,467,815
		Accounts receivable, net			5,042,877	4	5,467,815
	5	Loans and other receivables from current and former officers, divided the second secon				5	
ets	6	Loans and other receivables from other disqualified persons (a section $4958(f)(1)$ ), persons described in section $4958(c)(3)(employers)$ and sponsoring organizations of section $501(c)(9)(employers)$ beneficiary organizations (see instructions) Complete Part II of	B), and volunta	l contributing iry employees'		6	
4ssets	7	Notes and loans receivable, net				7	
⋖	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			0	9	1,223
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D		896,675			,
	ь	Less accumulated depreciation	10b	765,022	167,515	10c	131,653
	11	Investments—publicly traded securities	<u> </u>		556,442,740	11	655,339,121
	12	Investments—other securities See Part IV, line 11			89,043,542	12	44,934,348
	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).			683,935,436	16	747,494,350
	17	Accounts payable and accrued expenses			137,958	17	186,799
	18	Grants payable	•		3,601,346		3,172,784
	19	Deferred revenue	0,001,010	19	5,112,101		
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability Complete Part IV of Sche	 مطیام ۲			21	
ities		, ,				21	
Liabiliti	22	Loans and other payables to current and former officers, direct key employees, highest compensated employees, and disquali	fied	·		l	
<u>ज</u>		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third partie				23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities (including federal income tax, payables to rela and other liabilities not included on lines 17-24) Complete Pa D	rt X of	Schedule		25	
	26	Total liabilities. Add lines 17 through 25			3,739,304	26	3,359,583
	20	Organizations that follow SFAS 117 (ASC 958), check here			5,1 55,55 1	20	3,555,555
ф S		lines 27 through 29, and lines 33 and 34.	jv and	complete			
Ĕ	27	Unrestricted net assets			675,237,890	27	737,670,303
<u></u>	28	Temporarily restricted net assets			4,958,242	28	6,464,464
핕	29	Permanently restricted net assets				29	
Assets or Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check h complete lines 30 through 34.	ere ►	┌─ and			
	30	Capital stock or trust principal, or current funds				30	
ψ Q	31	Paid-in or capital surplus, or land, building or equipment fund				31	
ASS	32	Retained earnings, endowment, accumulated income, or other f				32	
Set Set	33	Total net assets or fund balances			680,196,132	33	744,134,767
Ž	34	Total liabilities and net assets/fund balances			683,935,436		747,494,350
			-	-	,		, , ,

Pai	Reconcilliation of Net Assets Check if Schedule O contains a response to any question in this Part XI				r
1	Total revenue (must equal Part VIII, column (A), line 12)	1		18,2	229,323
2	Total expenses (must equal Part IX, column (A), line 25)	2		49,4	128,910
3	Revenue less expenses Subtract line 2 from line 1	3		-31,1	199,587
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			.96,132
5	Net unrealized gains (losses) on investments	5			138,222
6	Donated services and use of facilities	6			,
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			(
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		744,1	.34,767
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				. <b>~</b>
				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		Νo
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revie a separate basis, consolidated basis, or both	wed on			
h	Separate basis Consolidated basis Both consolidated and separate basis  Were the organization's financial statements audited by an independent accountant?		2b	Yes	
D	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa	rate	20	res	
	basis, consolidated basis, or both	., 4.0			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				]
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh audit, review, or compilation of its financial statements and selection of an independent accountant?	it of the	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	n			1:
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Single Audit Act and OMB Circular A-133?	e	За		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	required	3b		

**Employer identification number** 

### OMB No 1545-0047

# **SCHEDULE A**

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Total

Name of the organization

## **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.

Open to Public Inspection

SANDL	ER FOUNI	DATION						04 3147	Г.				
Pai	rt I	Reason for Pu	blic Charity Sta	tus (All ord	nanizations	must comi	nlete this n	94-31478 art \ See in		ions			
			te foundation becaus						isti ucc				
1	_	· ·	on of churches, or as	•		-	•	-					
2	_ A	school described	in <b>section 170(b)(1</b>	.)( <b>A</b> )(ii). (At	tach Schedu	ıle E )							
3	ГА	hospital or a coo	perative hospital se	rvice organiz	atıon descri	bed in <b>sectio</b>	n 170(b)(1)	(A)(iii).					
4		medical research	h organization operat ity, and state	ted in conjun	ction with a	hospital desc	cribed in <b>sec</b>	tion 170(b)(	1)(A)(	iii). Ente	rthe		
5			erated for the benefi	t of a college	or universit	y owned or o	perated by a	government	al unıt	describ	ed in		
	s	ection 170(b)(1)(	(A)(iv). (Complete P	art II )									
6	Г A	federal, state, or	local government or	government	al unit desc	rıbed ın <b>secti</b>	on 170(b)(1	)(A)(v).					
7 8	_ d	escribed in <b>sect io</b>	at normally receives on 170(b)(1)(A)(vi). described in <b>sectior</b>	(Complete P	art II)	• •	J	ntal unit or fi	om the	genera	public		
9	_		at normally receives					utions mem	ners hin	fees ai	nd arns	5	
_			ities related to its ex										
			oss investment inco										
			janızatıon after June						,				
10			, ganızed and operated										
11	0	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> Check the box that describes the type of supporting organization and complete lines 11e through 11h <b>a</b>											
e	0	•	ox, I certify that the on managers and otl	_									
f g	I c S	f the organization heck this box since August 17, 2	received a written do						III sup	porting	organı	zation,	
		ollowing persons?	rootly or indirectly o	controls outh	oralono ort	ogothor with	narcana das	scribad in (ii)			<b>V</b>		
			irectly or indirectly o governing body of th				persons des	scribed iii (ii)		11g(i)	Yes	No No	
			er of a person descri							11g(i)		No	
	_		lled entity of a perso			bove?				11g(iii)		No	
h			ng information about							<del> 9</del> ()			
sup	lame of ported nization		(iii) Type of organization (described on lines 1-9 above or IRC section (see	panization organization in the organization scribed on col (i) listed in in col (i) of your support?  RC section document?			zation fyour	organization in			<b>vii)</b> Am mone supp		
			instructions))	Yes	No	Yes	No	Yes	No				
CÓMI	EWISH MUNITY RATION :	941156533	7	Yes		Yes		Yes			5	60,000	

560,000

	(Complete only if you of Part III. If the organization	checked the bo	x on line 5, 7,	or 8 of Part I o	r if the organiza	ition failed to q	ualify under
	ection A. Public Support	idon ians to qu	anny under the	tests listed bei	ow, picase com	ipiete rait III.)	
	endar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	<b>(e)</b> 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	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						
4	<b>Total.</b> Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column						
6	(f) <b>Public support.</b> Subtract line 5 from line 4						
S	ection B. Total Support			-			
	endar year (or fiscal year beginning in) 🟲	(a) 2008	<b>(b)</b> 2009	(c) 2010	( <b>d)</b> 2011	<b>(e)</b> 2012	(f) Total
7	A mounts from line 4						
8	Gross income from interest,						
9	dividends, payments received on securities loans, rents, royalties and income from similar sources  Net income from unrelated business activities, whether or not						
10	the business is regularly carried on Other income Do not include gain or loss from the sale of capital						
11	assets (Explain in Part IV ) <b>Total support</b> (Add lines 7 through						
12	10) Gross receipts from related activiti	es, etc (see inst	ructions)	l .	1	12	<u> </u>
13	First five years. If the Form 990 is this box and stop here	for the organizat	ion's first, second			501(c)(3) organ	ızatıon, check
	ection C. Computation of Pub						
14	Public support percentage for 2012	•		11, column (f))		14	
15	Public support percentage for 2011	•	•			15	
	33 1/3% support test—2012. If the and stop here. The organization qua 33 1/3% support test—2011. If the	llifies as a public organization did	ly supported orga not check a box o	inization on line 13 or 16a,			► neck this
	box and <b>stop here.</b> The organization <b>10%-facts-and-circumstances test</b> -is 10% or more, and if the organization Part IV how the organization meeorganization	<b>–2012.</b> If the org tion meets the "f ets the "facts-and	anization did not acts-and-circum d-circumstances	check a box on lii stances" test, ch ' test The organi	eck this box and s zation qualifies as	stop here. Explairs a publicly suppo	
18	10%-facts-and-circumstances test- 15 is 10% or more, and if the organ Explain in Part IV how the organiza supported organization Private foundation. If the organizat instructions	nization meets th tion meets the "f	e "facts-and-circ acts-and-circum	umstances" test, stances" test Th	, check this box a le organization qu	nd <b>stop here.</b> alifies as a public	:ly ►⊏

Schedule A (Form 990 or 990-EZ) 2012 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total in) 🟲 Gifts, grants, contributions, and membership fees received (Do not 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						
	business under section 513			-			
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
6	<b>Total.</b> Add lines 1 through 5						
	Amounts included on lines 1, 2,						
<i>7</i> a	and 3 received from disqualified						
	persons						
b	Amounts included on lines 2 and 3						
_	received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c						
	from line 6 )						
_Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning	(a) 2008	<b>(b)</b> 2009	(c) 2010	( <b>d)</b> 2011	(e) 2012	(f) Total
	in) ►	(u) 2000	(6) 2003	(6) 2010	(4) 2011	(6) 2012	(1) 10tai
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
	sources						
Ь	Unrelated business taxable income (less section 511 taxes)						
	from businesses acquired after						
	June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated						
11	business activities not included						
	in line 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part						
	IV)						
13	Total support. (Add lines 9, 10c,						
	11, and 12)			Librari Corretto con	6.01	E04(-)(2)	
14	First five years. If the Form 990 is for	or the organization	on's first, second	i, thira, fourth, or	ππη tax year as a	1 501(c)(3) org	anization, ►
	check this box and stop here	a Cunnaut Da					<u> </u>
	ction C. Computation of Public			1.2		T I	
15	Public support percentage for 2012			13, column (T))		15	
16	Public support percentage from 2011	L Schedule A, Pa	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	me Percenta	ge			
17	Investment income percentage for 20				nn (f))	17	
					. , ,		
18	Investment income percentage from					18	
19a	33 1/3% support tests—2012. If the o						ıd lıne 17 ıs not ▶□

33 1/3% support tests—2011. 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

Schedule A (Form 990 or 990-EZ) 2012

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DLN: 93493045031624

OMB No 1545-0047

#### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

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

Open to Public

ntema	l Revenue Service	► Attach to Form	m 990. ► See separate instructions.		Inspecti	ion
	me of the organi	zation		Employer identif	ication numbe	r
SAN	IDLER FOUNDATION			94-3147856		
Pa	rt I Organi	izations Maintaining Donor Adv	vised Funds or Other Similar Fu		<b>ts.</b> Complete	e if the
		zation answered "Yes" to Form 990	, Part IV, line 6.			
			(a) Donor advised funds	(b) Funds an	d other accou	nts
1	Total number at					
2		tributions to (during year)				
3		nts from (during year)				
4 -		e at end of year		<u> </u>		
5	_	zation inform all donors and donor advisor granization's property, subject to the or	<u> </u>	oradvised	☐ Yes	┌ No
6	used only for cl conferring impe	ration inform all grantees, donors, and donartable purposes and not for the benefermissible private benefit?	it of the donor or donor advisor, or for an	ny other purpose	┌ Yes	┌ No
		rvation Easements. Complete if		o Form 990, Part	IV, line 7.	
1 2	Preservation Protection Preservation	conservation easements held by the organ on of land for public use (e g , recreation of natural habitat on of open space s 2a through 2d if the organization held a	or education) Preservation of an Preservation of a c	ertified historic str	ucture	
_	-	he last day of the tax year			he End of the	Year
а	Total number o	of conservation easements		2a	ne Liiu or the	- Cui
b	Total acreage i	restricted by conservation easements	ļ	2b		
c	Number of cons	servation easements on a certified histo	oric structure included in (a)	2c		
d		servation easements included in (c) acq ure listed in the National Register	uired after 8/17/06, and not on a	2d		
3	Number of cons	servation easements modified, transferr	ed, released, extinguished, or terminate	d by the organization	n during	
	the tax year ►_					
4	Number of stat	es where property subject to conservati	on easement is located ►			
5	_	nization have a written policy regarding t f the conservation easements it holds?	he periodic monitoring, inspection, hand	dling of violations, a	nd <b>  Yes</b>	┌ No
6	Staff and volun ►	teer hours devoted to monitoring, inspec	cting, and enforcing conservation easem	nents during the yea	ar	
7	A mount of expe	enses incurred in monitoring, inspecting	, and enforcing conservation easements	during the year		
В		servation easement reported on line 2(c (0(h)(4)(B)(ii)?	d) above satisfy the requirements of sec	tion 170(h)(4)(B)(i	) 「Yes	┌ No
9	balance sheet,	escribe how the organization reports cor and include, if applicable, the text of the n's accounting for conservation easeme	e footnote to the organization's financial			
Par		izations Maintaining Collection etc if the organization answered "Y		or Other Simila	r Assets.	
1a	works of art, his	tion elected, as permitted under SFAS 1 storical treasures, or other similar asse le, in Part XIII, the text of the footnote t	ts held for public exhibition, education, o	or research in furthe		
b	works of art, his	tion elected, as permitted under SFAS 1 storical treasures, or other similar asse le the following amounts relating to these	ts held for public exhibition, education, o			С
	(i) Revenues II	ncluded in Form 990, Part VIII, line 1		<b>►</b> \$		
	(ii) Assets incl	luded in Form 990, Part X				
2	If the organizat	tion received or held works of art, histori nts required to be reported under SFAS				
а	_	uded in Form 990, Part VIII, line 1		<b>►</b> \$		

**b** Assets included in Form 990, Part X

**►**\$\_\_\_

Раг	Organizations Maintaining Co	mections of Art	., nis	LOFI	cai ii	reasur	es, or or	nei	Similar AS	sets (c	ontinuea)
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other recor	ds, ch	neck 	·		_		sıgnıfıcant use	of its	
а	Public exhibition		d	Г	Loan	or exch	ange progra	ams			
b	Scholarly research		e	Γ	Othe	r					
C	Preservation for future generations										
4	Provide a description of the organization's copart XIII	ollections and expla	ıın hov	w the	y furth	er the or	rganızatıon':	s ex	empt purpose (	n	
5	During the year, did the organization solicit									┌ Yes	<b>□</b> No.
Par	assets to be sold to raise funds rather than to take to be sold to raise funds rather than to take to be sold to raise funds rather than to take the take to be sold to raise funds rather than to be sold to raise funds rather than to be sold to raise funds rather than to be sold to raise funds rather than to be sold to raise funds rather than to be sold to raise funds rather than to be sold to raise funds rather than the rather		-							·	No No
	Part IV, line 9, or reported an ar						4115176164				
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	lian or other interme	ediary	ford	ontribi	utions o	r other asse	ets r	ot	┌ Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	II and complete the	follov	ving	table		_				
							<u> </u>		An	nount	
С	Beginning balance						<u> </u>	1c			
d	Additions during the year						<u> </u>	1d			
е	Distributions during the year						-	1e			
f	Ending balance						<u> </u>	1f			
2a	Did the organization include an amount on F	orm 990, Part X, line	e 21?							│ Yes	☐ No
b	If "Yes," explain the arrangement in Part XII	I Check here if the	expla	anatı	on has	been pr	ovided in Pa	art X	III		Γ
Pa	rt V Endowment Funds. Complete										
-	Danish and the land	(a)Current year	(b)	<b>)</b> Prior	year	<b>b (c)</b> Tw	o years back	(d) <sup>1</sup>	hree years back	<b>(e)</b> Four y	ears back
la L	Beginning of year balance										
b	Contributions	-									
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur	rent year end baland	ce (lın	ie 1g	, colum	nn (a)) h	eld as				
а	Board designated or quasi-endowment 🕨										
b	Permanent endowment ▶										
c	Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c sho	uld equal 100%									
За	Are there endowment funds not in the posse	ssion of the organiz	ation	that	are hel	d and ac	dministered	for	the		
	organization by									Yes	No
	(i) unrelated organizations							•	3a(		<del>                                     </del>
b	If "Yes" to 3a(II), are the related organization				· · dule R?	• • •		٠. ٠	31	_	<del>                                     </del>
4	Describe in Part XIII the intended uses of the										<u> </u>
Par	t VI Land, Buildings, and Equipme	ent. See Form 99	0, Pa	rt X	, line	10.					
	Description of property				a) Cost o	or other estment)	( <b>b</b> )Cost or of basis (othe		(c) Accumulated depreciation	( <b>d)</b> B	ook value
1a	Land			$\top$							
b	Buildings										
	Leasehold improvements					532,572			532,5	72	0
C								_			
	Equipment					256,013			232,4	50	23,563
d	Equipment	<u> </u>	· ·			256,013 108,090	<del>                                     </del>		232,4	50	23,563 108,090

Part VII Investments—Other Securities. See	Form 990, Part X, line 12.	
(a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)		Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests (3)Other		
(A) FARALLON CAPITAL INST PTRS, LP	24,305,628	F
		<u>_</u>
(B) MADISON REAL ESTATE LIQUIDATION LP	20,628,720	F
Total. (Column (b) must equal Form 990. Part X. col (B) line 12 )	44.034.340	
(2) (2) (2) (2) (2) (2)	/ /	
Part VIII Investments—Program Related. See  (a) Description of investment type	(b) Book value	. (c) Method of valuation
(a) Bescription of investment type	(B) Book value	Cost or end-of-year market value
	<u> </u>	
Total. (Column (b) must equal Form 990, Part X, col (B) line 13 )		
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip		(b) Book value
(a) besen	301011	(B) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15		
Part X Other Liabilities. See Form 990, Part X		
1 (a) Description of liability	(b) Book value	
Federal income taxes		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 )		
Iotal. (Column (b) must equal form 990, Part X, col (b) line 25 )	i l	

ınformatıon

Identifier

		Total revenue, gains, and other support per audited financial statements	1
95 138 222		. otal for one of game, and other outpoint per dualities manners.	-
95 138 222		Amounts included on line 1 but not on Form 990, Part VIII, line 12	2
93,130,222	95,138,222	Net unrealized gains on investments 2a	а
	ь	Donated services and use of facilities 2b	b
	С	Recoveries of prior year grants	C
	1	Other (Describe in Part XIII )	d
<b>2e</b> 95,138,222		Add lines <b>2a</b> through <b>2d</b>	е
<b>3</b> 18,229,323		Subtract line <b>2e</b> from line <b>1</b>	3
		Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>	4
	a	Investment expenses not included on Form 990, Part VIII, line 7b . 4a	а
	ь	Other (Describe in Part XIII ) 4b	b
<b>4c</b> 0		Add lines <b>4a</b> and <b>4b</b>	c
<b>. 5</b> 18,229,323	)	Total revenue Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12)	5
n Expenses per Return	ments With Expenses	t XII Reconciliation of Expenses per Audited Financial Statem	Pai
<b>1</b> 49,428,910		Total expenses and losses per audited financial statements	1
		Amounts included on line 1 but not on Form 990, Part IX, line 25	2
	2a	Donated services and use of facilities	а
	2b	Prior year adjustments	b
	2c	Other losses	C
	2d	Other (Describe in Part XIII )	d
<b>2e</b> 0		Add lines <b>2a</b> through <b>2d</b>	e
<b>3</b> 49,428,910		Subtract line <b>2e</b> from line <b>1</b>	3
		Amounts included on Form 990, Part IX, line 25, but not on line 1:	4
	4a	Investment expenses not included on Form 990, Part VIII, line 7b 4a	а
	4b	Other (Describe in Part XIII ) 4Ł	b
<b>4c</b> 0		Add lines <b>4a</b> and <b>4b</b>	c
<b>5</b> 49,428,910	8)	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	5
· · ·		t XIII Supplemental Information	Pa

Return Reference

Explanation

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SCHEDULE F (Form 990)

Department of the Treasury

#### **Statement of Activities Outside the United States**

Complete if the organization answered "Yes" to Form 990,
 Part IV, line 14b, 15, or 16.
 ► Attach to Form 990. ► See separate instructions.

2012

Open to Public Inspection

No

Name of the organization
SANDLER FOUNDATION

(a) Degree

Employer identification number

94-3147856

Part I	General Information on	<b>Activities Outside the United States</b>	. Complet	e if the organization answered
	"Yes" to Form 990, Part IV,	line 14b.	-	-

- **2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States.
- 3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

	( <b>a)</b> Region	offices in the region	employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(†) Total expenditures for and investments in region
	UNITED KINGDOM		<u>-</u>	GRANTMAKING		1,092,500
	AUSTRALIA			GRANTMAKING		461,800
За	Sub-total	0	0			1,554,300
b	Total from continuation sheets to Part I	0	0			0
c	Totals (add lines 3a and 3b)	0	0			1,554,300

(a) Number of (d) Actuates conducted in (a) If actuaty listed in (d) is (f) Total expenditures

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			UNITED KINGDOM	ASTHMA NATIONAL GRANTS PROGRAM RESEARCH AWARD	1,092,500	WIRE TRANSFER			CASH VALUE
			AUSTRALIA	ASTHMA NATIONAL GRANTS PROGRAM RESEARCH AWARD	461,800	WIRE TRANSFER			CASH VALUE
2				ted above that are re e or counsel has prov					2

Schedule F (Form 990) 2012

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (c) Number of (d) A mount of (e) Manner of cash (a) Type of grant or (b) Region (f) A mount of (g) Description (h) Method of assistance recipients cash grant disbursement non-cash of non-cash valuation assistance (book, FMV, assistance appraisal, other)

#### Part IV Foreign Forms

1	organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Γ	Y	'es	<u> </u>	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organizationmay be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	Γ	Y	'es	্য	No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)	Г	Y	'es	<u> </u>	Νo
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	Γ	Υ	'es	<u> </u>	Νo
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)	Г	Υ	'es	<u>  -</u>	Νo
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713).	Γ	Υ	'es	<u> </u>	No

Schedule F (Form 990) 2012

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

		distributional information (see instructions).
Identifier	ReturnReference	Explanation
		STAFF AND VOLUNTEER COMMITTEES MONITOR
		COMPLIANCE AND PERFORMANCE WITH TERMS AND
		CONDITIONS LISTED IN GRANT AWARD LETTERS
		THROUGH MID-TERM AND YEAR END REPORT
		REQUIREMENTS
	-	

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OMB No 1545-0047

Open to Public

Department of the Treasury

Schedule I

(Form 990)

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

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

Internal Revenue Service			Attach to Form 990				Inspection
Name of the organization SANDLER FOUNDATION						Employer identification	on number
						94-3147856	
Part I General Informat							
Does the organization maintain the selection criteria used to a							▽ Yes □
2 Describe in Part IV the organi							, 105 ,
				<b>United States.</b> Con ort II can be duplicate			es" 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 gra or assistance
See Addıtıonal Data Table							
							1
2 Enter total number of section							67
3 Enter total number of other or	ganizations listed in th	e line 1 table					

Schedule I (Form 990) 2012					Page Z						
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	( <b>b)</b> Number of recipients	<b>(c)</b> A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance						
See Additional Data Table											

Part IV	Supplemental	Informa	tion

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	,	SCHEDULE I, PART I, LINE 2 THE ORGANIZATION ENDEAVORS TO MONITOR ITS GRANTS TO ENSURE THAT SUCH GRANTS ARE USED FOR PROPER PURPOSES AND NOT OTHERWISE DIVERTED FROM THEIR INTENDED USE THIS IS ACCOMPLISHED BY REQUESTING RECIPIENT ORGANIZATIONS TO AFFIRM THAT FUNDS MUST BE USED SOLELY IN ACCORDANCE WITH THE GRANT REQUEST AND BUDGET ON WHICH THE GRANT WAS BASED AND THAT ANY FUNDS NOT EXPENDED FOR THE STATED PURPOSE ARE TO BE RETURNED TO THE ORGANIZATION REPORTS ARE REQUESTED FROM TIME TO TIME AS APPROPRIATE

Software ID:

**Software Version:** 

**EIN:** 94-3147856

Name: SANDLER FOUNDATION

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	( <b>h</b> ) Purpose of grant or assistance
INTERNATIONAL COMMUNITY FOUNDATION 2505 N AVENUE NATIONAL CITY, CA 91950	13-1624046	501(C)(3)	1,000,000		CASH VALUE	,	FOR THE SANDLER FAMILY INTERNATIONAL FUND
RELIGIOUS ACTION CENTER FOR REFORM JUDAISM2027 MASSACHUSETTS AVE NW WASHINGTON, DC 20036	13-1663143	501(C)(3)	50,000		CASH VALUE	[ · · · ·	FOR GENERAL SUPPORT

(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
THE CITY COLLEGE FUND CITY COLLEGE OF NEW YORK CITY SHEPARD HALL RM 166 NEW YORK, NY 10031	13-1760098	501(C)(3)	25,000		CASH VALUE		FOR GENERAL SUPPORT
HUMAN RIGHTS WATCH 350 FIFTH AVENUE 34TH FLOOR NEW YORK, NY 101183299	13-2875808	501(C)(3)	2,750,000		CASH VALUE	N/A	GENERAL SUPPORT

(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
CONSULTATIVE GROUP ON BIOLOGICAL DIVERSITY PRESIDIO BLDG 1016 2ND FLOOR POBOX 29361 SAN FRANCISCO,CA 94129	13-3431076	501(C)(3)	40,000		CASH VALUE		GULF OF CALIFORNIA FUNDER'S GROUP COORDINATION
AMERICAN CIVIL LIBERTIES UNION125 BROAD STREET NEW YORK, NY 10004	13-6213516	501(C)(3)	1,175,000		CASH VALUE		FOR THE STRATEGIC AFFILIATE INITIATIVE

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	( <b>d)</b> 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	( <b>h)</b> Purpose of grant or assistance
AMERICAN CIVIL LIBERTIES UNION125 BROAD STREET NEWYORK,NY 10004	13-6213516	501(C)(3)	1,750,000		CASH VALUE	1 '	FOR GENERAL SUPPORT
PRO PUBLICA INC55 BROADWAY 23RD FLOOR NEW YORK,NY 10006	14-2007220	501(C)(3)	3,000,000		CASH VALUE	1 '	FOR GENERAL SUPPORT

(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	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
J STREET EDUCATION FUND INCPOBOX 66073 WASHINGTON, DC 20035	20-2777557	501(C)(3)	250,000		CASH VALUE	: · / · ·	FOR GENERAL SUPPORT
LEADERSHIP CONFERENCE EDUCATION FUND INC 1629 K STREET NW SUITE 1000 10TH FLOOR WASHINGTON, DC 20006	23-7026895	501(C)(3)	100,000		CASH VALUE	N/A	GENERAL SUPPORT

(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
THAT MAN MAY SEE10 KORET WAY BOX 0352 SAN FRANCISCO,CA 94143	23-7129943	501(C)(3)	50,000		CASH VALUE	1	FOR GENERAL SUPPORT
MDRC16 EAST 34TH STREET 19TH FLOOR NEW YORK, NY 100154326	23-7379473	501(C)(3)	600,000		CASH VALUE	'	FOR GENERAL SUPPORT

(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
TRUMAN NATIONAL SECURITY INSTITUTE 1050-17TH STREET SUITE 375 WASHINGTON,DC 20036	26-2959113	501(C)(3)	150,000		CASH VALUE	1	FOR GENERAL SUPPORT
NATIONAL PUBLIC EDUCATION SUPPORT FUND3205 R STREET NW WASHINGTON, DC 20007	26-3015634	501(C)(3)	50,000		CASH VALUE	1 '	FOR NEW MODELS WORKING GROUP

(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
NATIONAL PUBLIC EDUCATION SUPPORT FUND3205 R STREET NW WASHINGTON,DC 20007	26-3015634	501(C)(3)	25,000		CASH VALUE		FOR THE EDUCATION FUNDERS STRATEGY GROUP
CENTER FOR AMERICAN PROGRESS1333 H STREET NW 10TH FLOOR WASHINGTON, DC 20005	30-0126510	501(C)(3)	250,000		CASH VALUE	'	FOR THE EQUITABLE GROWTH PROGRAM

(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	( <b>h)</b> Purpose of grant or assistance
CENTER FOR AMERICAN PROGRESS1333 H STREET NW 10TH FLOOR WASHINGTON, DC 20005	30-0126510	501(C)(3)	4,000,000		CASH VALUE	'	FOR GENERAL SUPPORT
LEARNING FORWARD17330 PRESTON ROAD SUITE 106-D DALLAS,TX 75252	31-0955962	501(C)(3)	250,000		CASH VALUE	'	FOR MOVING TPL FORWARD PROJECT

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	( <b>d)</b> 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	( <b>h</b> ) Purpose of grant or assistance
SCHWAB CHARITABLE FUND211 MAIN STREET SAN FRANCISCO,CA 94105	31-1640316	501(C)(3)	100,000		CASH VALUE		FOR DONOR- ADVISED PHILANTHROPIC FUND PURPOSES
OCEANA1350 CONNECTICUT AVE NW 5TH FL WASHINGTON, DC 20036	51-0401308	501(C)(3)	2,000,000		CASH VALUE	N/A	GENERAL SUPPORT

(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	( <b>h)</b> Purpose of grant or assistance
CENTER ON BUDGET AND POLICY PRIORITIES820 FIRST STREET NE SUITE 510 WASHINGTON,DC 20002	52-1234565	501(C)(3)	500,000		CASH VALUE	[··/··	FOR GENERAL SUPPORT
CENTER ON BUDGET AND POLICY PRIORITIES820 FIRST STREET NE SUITE 510 WASHINGTON, DC 20002	52-1234565	501(C)(3)	1,300,000		CASH VALUE		TO SUPPORT THE CENTER'S STATE FISCAL EFFORTS

(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
THE AMERICAN CONSTITUTION SOCIETY FOR LAW & POLICY1333 H STREET NW 11TH FLOOR WASHINGTON, DC 20005	52-2313694	501(C)(3)	750,000		CASH VALUE		FOR GENERAL SUPPORT
COUNCIL OF CHIEF STATE SCHOOL OFFICERSONE MASSACHUSETTS AVE NW SUITE 700 WASHINGTON, DC 20001	53-0198090	501(C)(3)	170,038		CASH VALUE		FOR THE "SMARTER BALANCED ASSESSMENT CONSORTIUM

(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
CENTER FOR RESPONSIBLE LENDINGPO BOX 3619 DURHAM,NC 277023619	74-3043913	501(C)(3)	3,000,000		CASH VALUE	<i>'</i>	FOR GENERAL SUPPORT
WILDCOAST925 SEACOAST DRIVE IMPERIAL BEACH, CA 91932	77-0536297	501(C)(3)	300,000		CASH VALUE	<i>'</i>	FOR GENERAL SUPPORT

(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	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR BIOLOGICAL DIVERSITYPOBOX 710 TUCSON,AZ 85702	85-0420285	501(C)(3)	760,000		CASH VALUE	,	IN SUPPORT OF THE CLIMATE LAW INSTITUTE
TURTLE ISLAND RESTORATION NETWORK POBOX 400 FOREST KNOLLS, CA 94933	91-1818080	501(C)(3)	265,000		CASH VALUE	<i>'</i>	FOR GENERAL SUPPORT

(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
ISLAND CONSERVATION 100 SHAFFER ROAD LML SANTA CRUZ,CA 95060	91-1839907	501(C)(3)	300,000		CASH VALUE	N/A	FOR GENERAL SUPPORT
STANFORD UNIVERSITY 326 GALVEZ STREET STANFORD,CA 94305	94-1156365	501(C)(3)	250,000		CASH VALUE	N/A	ASTHMA NATIONAL GRANTS PROGRAM RESEARCH AWARD

(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
STANFORD UNIVERSITY 326 GALVEZ STREET STANFORD,CA 94305	94-1156365	501(C)(3)	100,000		CASH VALUE		FOR THE "SUPPORTING PERFORMANCE ASSESSMENT" PROJECT
STANFORD UNIVERSITY 326 GALVEZ STREET STANFORD,CA 94305	94-1156365	501(C)(3)	154,000		CASH VALUE	1	FOR THE "SCOPE" PROJECT

(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	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	( <b>h)</b> Purpose of grant or assistance
STANFORD UNIVERSITY 326 GALVEZ STREET STANFORD,CA 94305	94-1156365	501(C)(3)	32,400		CASH VALUE	,	STANFORD CENTER ON OPPORTUNITY POLICY IN EDUCATION
JEWISH COMMUNITY FEDERATION121 STEUART STREET SAN FRANCISCO,CA 94105	94-1156533	501(C)(3)	50,000		CASH VALUE	[··/··	FOR DONOR ADVISED FUND

(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
JEWISH COMMUNITY FEDERATION121 STEUART STREET SAN FRANCISCO,CA 94105	94-1156533	501(C)(3)	500,000		CASH VALUE		JEWISH VOCATIONAL SERVICES
PICO171 SANTA ROSA AVE OAKLAND,CA 94610	94-2206497	501(C)(3)	1,000,000		CASH VALUE	l '	FOR GENERAL SUPPORT

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL CENTER FOR YOUTH LAW405 14TH STREET SUITE 1500 OAKLAND,CA 94612	94-2506933	501(C)(3)	250,000		CASH VALUE	· · • · ·	FOR GENERAL SUPPORT
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA AT SAN FRANCISCO 1855 FOLSOM STREET MCB 425 BOX 0897 SAN FRANCISCO, CA 94143	94-2829914	501(C)(3)	75,000		CASH VALUE	,	ASTHMA NATIONAL GRANTS PROGRAM RESEARCH AWARD

(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) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF CALIFORNIA SAN FRANCISCO FOUNDATION 220 MONTGOMERY STREET 5TH FLOOR SAN FRANCISCO,CA 94104	94-2829914	501(C)(3)	1,325,000		CASH VALUE	•	SANDLER ASTHMA BASIC RESEARCH CENTER (SABRE)
UNIVERSITY OF CALIFORNIA SAN FRANCISCO FOUNDATION 220 MONTGOMERY STREET 5TH FLOOR SAN FRANCISCO,CA 94104	94-2829914	501(C)(3)	3,000,000		CASH VALUE		PROGRAM FOR BREAKTHROUGH BIOMEDICAL RESEARCH (PBBR)

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF CALIFORNIA SAN FRANCISCO FOUNDATION 220 MONTGOMERY STREET 5TH FLOOR SAN FRANCISCO,CA 94104	94-2829914	501(C)(3)	260,000		CASH VALUE		ADMINISTRATIVE COSTS FOR THE AMERICAN ASTHMA FOUNDATION RESEARCH PROGRAM
UNIVERSITY OF CALIFORNIA SAN FRANCISCO FOUNDATION 220 MONTGOMERY STREET 5TH FLOOR SAN FRANCISCO,CA 94104	94-2829914	501(C)(3)	2,071,438		CASH VALUE		NEUROSCIENCES INITIATIVE BUILDING CAMPAIGN

(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
UNIVERSITY OF CALIFORNIA SAN FRANCISCO FOUNDATION 220 MONTGOMERY STREET 5TH FLOOR SAN FRANCISCO, CA 94104	94-2829914	501(C)(3)	50,000		CASH VALUE	,	FOR THE OSHER CENTER FOR INTEGRATIVE MEDICINE
JUSTICE MATTERS INSTITUTE436 14TH STREET SUITE 700 OAKLAND,CA 94612	94-3275302	501(C)(3)	35,000		CASH VALUE	· • • ·	FOR GENERAL SUPPORT

(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
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA AT BERKELEY 2150 SHATTUCK AVE SUITE 313 BERKELEY, CA 947204200	94-6002123	501(C)(3)	375,000		CASH VALUE		ASTHMA NATIONAL GRANTS PROGRAM RESEARCH AWARD
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA AT BERKELEY 2150 SHATTUCK AVE SUITE 313 BERKELEY, CA 947204200	94-6002123	501(C)(3)	100,000		CASH VALUE		FOR THE INVESTIGATIVE REPORTING PROGRAM

(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	<b>(h)</b> Purpose of grant or assistance
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA AT BERKELEY 2150 SHATTUCK AVE SUITE 313 BERKELEY,CA 947204200	94-6002123	501(C)(3)	250,000		CASH VALUE		FOR THE CENTER FOR EQUITABLE GROWTH
SIERRA CLUB FOUNDATION85 SECOND STREET 2ND FLOOR SAN FRANCISCO,CA 94105	94-6069890	501(C)(3)	500,000		CASH VALUE	'	BEYOND COAL CAMPAIGN

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	( <b>d)</b> 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
RESOURCES LEGACY FUND 555 CAPITOL MALL SUITE 675 SACRAMENTO,CA 95814	95-4703838	501(C)(3)	2,500,000		CASH VALUE		NORTHWEST MEXICO LAND CONSERVATION PROGRAM
JEWISH COMMUNITY FEDERATION121 STEUART STREET SAN FRANCISCO,CA 94105	94-1156533	501(C)(3)	10,000		CASH VALUE	N/A	A WARDS EVENT

(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
CASE WESTERN RESERVE UNIVERSITY10900 EUCLID AVENUE CLEVELAND, OH 441064919	34-1018992	501(C)(3)	150,000		CASH VALUE		ASTHMA NATIONAL GRANTS PROGRAM RESEARCH AWARD
COMMUNITY STUDIES INC 670 WEST END AVENUE NEW YORK CITY, NY 10026	13-2998311	501(C)(3)	150,000		CASH VALUE		FOR NEW YORK PERFORMANCE STANDARDS CONSORTIUM

(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
COMPASSION AND CHOICESPO BOX 101810 DENVER,CO 80250	84-1328829	501(C)(3)	10,000		CASH VALUE	N/A	LUNCH FOR LIFE
CREIGHTON UNIVERSITY 2500 CALIFORNIA PLAZA OMAHA,NE 68178	47-0376583	501(C)(3)	150,000		CASH VALUE		ASTHMA NATIONAL GRANTS PROGRAM RESEARCH AWARD

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	(h) Purpose of grant or assistance
EARTHJUSTICE50 CALIFORNIA STREET SUITE 500 SAN FRANCISCO,CA 94111	94-1730465	501(C)(3)	2,000,000		CASH VALUE	F - 4	FOR GENERAL SUPPORT
EDUCATION COUNCIL101 CONSTITUTION AVENUE NW SUITE 900 WASHINGTON, DC 20001	57-0215445	501(C)(3)	150,000		CASH VALUE	[ · · · · ·	FOR GENERAL SUPPORT

(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	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EDUCATION POLICY IMPROVEMENT CENTER 720 E 13TH AVENUE SUITE 203 EUGENE, OR 97401	82-0569407	501(C)(3)	68,000		CASH VALUE		FOR THE "SUPPORTING PERFORMANCE ASSESSMENT" PROJECT
FAITH AND PUBLIC LIFE RESOURCE CENTER1101 VERMONT AVENUE NW 9TH FLOOR WASHINGTON, DC 20005	20-3798596	501(C)(3)	200,000		CASH VALUE		FOR GENERAL SUPPORT

(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	( <b>h)</b> Purpose of grant or assistance
FLORIDA INSTITUTE OF TECHNOLOGY150 WEST UNIVERSITY BLVD MELBOURNE,FL 32901	59-6046500	501(C)(3)	250,000		CASH VALUE		ASTHMA NATIONAL GRANTS PROGRAM RESEARCH AWARD
JOHN HOPKINS UNIVERSITYONE CHARLES CENTER SUITE 336 100 NORTH CHARLES ST BALTIMORE, MD 21201	52-0595110	501(C)(3)	400,000		CASH VALUE		ASTHMA NATIONAL GRANTS PROGRAM RESEARCH AWARD

(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
KNOX COLLEGE2 SOUTH STREET GALESBURG,IL 61401	37-0673513	501(C)(3)	50,000		CASH VALUE		IN SUPPORT OF THE RENOVATION OF A HISTORICAL BUILDING ON
NATIONAL INSTITUTE ON HEALTH9000 ROCKVILLE PIKE BETHESDA,MD 20892	52-0858115	501(C)(3)	161,500		CASH VALUE		ASTHMA NATIONAL GRANTS PROGRAM RESEARCH AWARD

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	( <b>d)</b> 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	<b>(h)</b> Purpose of grant or assistance
NATURAL RESOURCES DEFENSE COUNCIL111 SUTTER STREET 20TH FLOOR SAN FRANCISCO,CA 94104	13-2654926	501(C)(3)	200,000		CASH VALUE	'	FOR THE OCEANS PROGRAM
PALINDROME ADVISORS 229 BRANNA STREET SUITE 6E SAN FRANCISCO, CA 94107	27-3768163	501(C)(3)	200,000		CASH VALUE	[ - /	FOR THE CLIMATE X PROJECT

(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	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SCHOTT FOUNDATION FOR PUBLIC EDUCATION675 MASSACHUSETTS AVENUE 8TH FLOOR CAMBRIDGE,MA 02139	04-3457065	501(C)(3)	51,000		CASH VALUE		FOR COLLABORATIVE WORK WITH SCOPE ON OTL ISSUES
ST JUDE CHILDREN'S RESEARCH HOSPITAL501 ST JUDE PLACE MEMPHIS,TN 38105	62-0646012	501(C)(3)	150,000		CASH VALUE	,	ASTHMA NATIONAL GRANTS PROGRAM RESEARCH AWARD

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> 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
THE BOARD OF REGENTS OF THE UNIV OF WISCONSIN SYSTEM DRAWER 538 MILWAUKEE, WI 532780538	39-6006492	501(C)(3)	250,000		CASH VALUE	,	ASTHMA NATIONAL GRANTS PROGRAM RESEARCH AWARD
THE MANAGEMENT CENTER1710 RHODE ISLAND AVENUE NW SUITE 1100 WASHINGTON, DC 20036	20-5197607	501(C)(3)	100,000		CASH VALUE	- · · ·	FOR GENERAL SUPPORT

(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
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA AT SAN DIEGO9500 GILMAN DRIVE MAIL CODE 0009 LA JOLLA,CA 920930009		501(C)(3)	325,000		CASH VALUE		ASTHMA NATIONAL GRANTS PROGRAM RESEARCH AWARD
THE TRUSTEE OF BOSTON UNIVERSITY25 BUICK STREET 2ND FLOOR BOSTON, MA 02215	04-2103547	501(C)(3)	150,000		CASH VALUE	, , , ,	ASTHMA NATIONAL GRANTS PROGRAM RESEARCH AWARD

(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	<b>(h)</b> Purpose of grant or assistance
THE UNIVERSITY OF CHICAGO1427 EAST 60TH STREET SUITE 120 CHICAGO,IL 60637	36-2177139	501(C)(3)	75,000		CASH VALUE		ASTHMA NATIONAL GRANTS PROGRAM RESEARCH AWARD
THE UNIVERSITY OF IOWA B5 JESSUP HALL IOWA CITY,IA 52245	42-6004813	501(C)(3)	150,000		CASH VALUE		ASTHMA NATIONAL GRANTS PROGRAM RESEARCH AWARD

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(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) Amount 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
THE UNIVERSITY OF TEXAS MD ANDERSON CANCER CENTERPO BOX 4390 HOUSTON,TX 772104390		501(C)(3)	250,000		CASH VALUE		ASTHMA NATIONAL GRANTS PROGRAM RESEARCH AWARD
TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY OF NEW YORKPO BOX 29789 NEW YORK, NY 100879789	13-5598093	501(C)(3)	125,000		CASH VALUE		ASTHMA NATIONAL GRANTS PROGRAM RESEARCH AWARD

(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	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA 3451 WALNUT STREET PHILADELPHIA, PA 191046205	23-1352685	501(C)(3)	250,000		CASH VALUE		ASTHMA NATIONAL GRANTS PROGRAM RESEARCH AWARD
UNIVERSITY OF CHICAGO 6054 S DREXEL AVENUE CHICAGO,IL 60637	36-2177139	501(C)(3)	75,000		CASH VALUE		ASTHMA NATIONAL GRANTS PROGRAM RESEARCH AWARD

(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	( <b>h</b> ) Purpose of grant or assistance
UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL104 AIRPORT ROAD AOB CHAPEL HILL,NC 27599		501(C)(3)	150,000		CASH VALUE	,	ASTHMA NATIONAL GRANTS PROGRAM RESEARCH AWARD
UNIVERSITY OF TEXAS MEDICAL BRANCH AT GALVESTON301 UNIVERSITY BOULEVARD GALVESTON,TX 77555	74-1343044	501(C)(3)	150,000		CASH VALUE		ASTHMA NATIONAL GRANTS PROGRAM RESEARCH AWARD

(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
UNIVERSITY OF WASHINGTON1410 NE CAMPUS PARKWAY SEATTLE, WA 98195		501(C)(3)	250,000		CASH VALUE		ASTHMA NATIONAL GRANTS PROGRAM RESEARCH AWARD
VAN ANDEL RESEARCH INSTITUTE333 BOSTWICK AVENUE NE GRAND RAPIDS,MI 49503	52-2000823	501(C)(3)	250,000		CASH VALUE		ASTHMA NATIONAL GRANTS PROGRAM RESEARCH AWARD

(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	<b>(h)</b> Purpose of grant or assistance
VIRGINIA COMMONWEALTH UNIVERSITYPO BOX 843039 RICHMOND, VA 232843039		501(C)(3)	250,000		CASH VALUE		ASTHMA NATIONAL GRANTS PROGRAM RESEARCH AWARD
WASHINGTON UNIVERSITY 700 ROSEDALE AVENUE ST LOUIS,MO 631121408	43-0653611	501(C)(3)	150,000		CASH VALUE		ASTHMA NATIONAL GRANTS PROGRAM RESEARCH AWARD

(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
WILDAID744 MONTGOMERY STREET SUITE 300 SAN FRANCISCO,CA 94111	20-3644441	501(C)(3)	200,000		CASH VALUE	F - 1 - 1	FOR GENERAL SUPPORT
YALE UNIVERSITYPO BOX 1873 NEW HAVEN,CT 065081873	06-0646973	501(C)(3)	150,000		CASH VALUE	,	ASTHMA NATIONAL GRANTS PROGRAM RESEARCH AWARD

## Form 990, Schedule I, Part III, Grants and Other Assistance to Individuals in the United States

(a)Type of grant or assistance	( <b>b)</b> Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book,	(f)Description of non-cash assistance
				CASH VALUE	
	1			CASH VALUE	
				CASH VALUE	
				CASH VALUE	
				CASH VALUE	
				CASH VALUE	
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				CASH VALUE	
				CASH VALUE	
				CASH VALUE	
	ı	1	1	l i	

# Form 990, Schedule I, Part III, Grants and Other Assistance to Individuals in the United States (a)Type of grant or assistance (b) Number of (c)A mount of (d)A mount of (e)Method of valuation (book, (f)Description of non-cash assistance cash grant non-cash assistance FMV, appraisal, other) recipients CASH VALUE CASH VALUE CASH VALUE CASH VALUE CASH VALUE CASH VALUE CASH VALUE CASH VALUE CASH VALUE CASH VALUE CASH VALUE CASH VALUE CASH VALUE CASH VALUE CASH VALUE

# Form 990, Schedule I, Part III, Grants and Other Assistance to Individuals in the United States (a)Type of grant or assistance (b) Number of (c)A mount of (d)A mount of (e)Method of valuation (book, (f)Description of non-cash assistance cash grant non-cash assistance FMV, appraisal, other) recipients CASH VALUE CASH VALUE CASH VALUE CASH VALUE CASH VALUE CASH VALUE CASH VALUE CASH VALUE CASH VALUE CASH VALUE CASH VALUE CASH VALUE CASH VALUE CASH VALUE CASH VALUE

# Form 990, Schedule I, Part III, Grants and Other Assistance to Individuals in the United States (a)Type of grant or assistance (b) Number of (c)A mount of (d)A mount of (e)Method of valuation (book, (f)Description of non-cash assistance cash grant non-cash assistance FMV, appraisal, other) recipients CASH VALUE CASH VALUE CASH VALUE CASH VALUE CASH VALUE CASH VALUE CASH VALUE CASH VALUE CASH VALUE CASH VALUE CASH VALUE CASH VALUE CASH VALUE CASH VALUE CASH VALUE

## Form 990, Schedule I, Part III, Grants and Other Assistance to Individuals in the United States (a)Type of grant or assistance (b) Number of (c)A mount of (d)A mount of (e)Method of valuation (book, (f)Description of non-cash assistance cash grant non-cash assistance FMV, appraisal, other) recipients CASH VALUE CASH VALUE CASH VALUE CASH VALUE CASH VALUE CASH VALUE CASH VALUE CASH VALUE CASH VALUE CASH VALUE CASH VALUE CASH VALUE

CASH VALUE

DLN: 93493045031624

OMB No 1545-0047

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** ► Complete if the organization answered "Yes" to Form 990,

Part IV, question 23. ► Attach to Form 990. ► See separate instructions. Open to Public Inspection

Name of the organization SANDLER FOUNDATION

**Schedule J** (Form 990)

Department of the Treasury

Internal Revenue Service

**Employer identification number** 

94-3147856

Pa	Questions Regarding Compensation			
_			Yes	No
<b>1</b> a	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 officers, directors, trustees, and 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 ☐ Written employment contract			
	✓ Independent compensation consultant ✓ Compensation survey or study			
	Form 990 of other organizations  Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
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		Νo
С		4c		Νo
	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		Νo
b	Any related organization?	5b		Νo
	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		No
b	Any related organization?	6b		No
	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		No
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		Νo
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)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation		(C) Retirement and	(D) Nontaxable	(E) Total of	(F) Compensation	
		(i) Base compensation	(ii) Bonus & ıncentıve compensatıon	(iii) Other reportable compensation	other deferred compensation	benefits	columns (B)(ı)-(D)	reported as deferred in prior Form 990
(1)STEVE DAETZ EXECUTIVE VP/ASST SEC	(i) (ii)	376,000 0	0	0	51,000 0	23,039 0	450,039 0	0
(2)MARK REISBAUM TREASURER/SECRETARY	(i) (ii)	0 243,717	0	0	0 7,335	0 10,762	0 261,814	0
(3)SERGIO KNAEBEL GRANT DIRECTOR	(i) (ii)	138,600 0	0	0	20,790	760 0	160,150 0	0

Schedule J (Form 990) 2012

#### Part III Supplemental Information

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

Identifier Return Reference Explanation

Schedule J (Form 990) 2012

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493045031624

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047
2012
Open to Public

Inspection

Name of the organization SANDLER FOUNDATION

Employer identification number 94-3147856

ldentifier	Return Reference	Explanation
		FORM 990, PART IV, LINE 12 & PART XII, LINE 2A THE ORGANIZATION RESPONDED "NO" TO THIS QUESTION BECAUSE THE FORM 990 IS FILED FOR THE ORGANIZATION ON A STAND-ALONE-BASIS, WHILE THE AUDITED FINANCIALS ARE PREPARED ON A CONSOLIDATED BASIS WITH THE RESULTS OF ITS SUPPORTED ORGANIZATION THE FINANCIAL STATEMENTS OF THE ORGANIZATION ARE CONSOLIDATED WITH THOSE OF ITS SUPPORTED ORGANIZATION, AND AUDITED BY AN INDEPENDENT PUBLIC ACCOUNTING FIRM IN ACCORDANCE WITH GAAP THE SUPPORTED ORGANIZATION'S AUDIT COMMITTEE HAS RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF THE CONSOLIDATED FINANCIAL STATEMENTS

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 2	HERBERT SANDLER AND SUSAN SANDLER ARE FATHER AND DAUGHTER

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	THE FORM 990 IS PREPARED BY AN INDEPENDENT PUBLIC ACCOUNTING FIRM BASED ON AUDITED FINANCIAL STATEMENTS AND WITH THE ASSISTANCE OF A RELATED PARTY'S FINANCE AND ACCOUNTING STAFF THE FINAL DRAFT OF THE FORM 990 IS REVIEWED BY THE TREASURER THE PRESIDENT AND/OR OTHER OFFICERS RECEIVE THE FINAL VERSION OF THE FORM PRIOR TO FILING

Identifier	Return Reference	Explanation		
	FORM 990, PART VI, SECTION B, LINE 12C	THE ORGANIZATION REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES COMPLIANCE WITH ITS CONFLICT OF INTEREST POLICY FOR TRUSTEES AND OFFICERS CONFLICT OF INTEREST POLICY, THE SUPPORTED ORGANIZATION REQUESTS COMPLETION OF AN ANNUAL DISCLOSURE FORM BY JANUARY 31 FOR ALL TRUSTEES AND OFFICERS THE SUPPORTED ORGANIZATION ENSURES THAT ALL FORMS HAVE BEEN RECEIVED AND PREPARES A SUMMARY OF DISCLOSURES AND FORWARDS THE FORMS AND SUMMARY TO ITS LEGAL COUNSEL THE SUPPORTED ORGANIZATION'S CFO ALSO RECEIVES A COPY OF THE SUMMARY AND REVIEWS ALL FORMS AND IS RESPONSIBLE FOR ASSURING APPROPRIATE REPORTING TO THE EXTERNAL AUDITORS AND DISCLOSURE IN THE ANNUAL TAX FILINGS		

ldentifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	THE ORGANIZATION HAS FULL TIME EMPLOYEES AND COMPENSATES ONE OFFICER OF ITS BOARD CERTAIN OFFICERS AND/OR DIRECTORS ARE ALSO COMPENSATED BY A RELATED PARTY, THE JEWISH COMMUNITY FEDERATION OF SAN FRANCISCO, THE PENINSULA, MARIN AND SONOMA COUNTIES ('JCF') JCF DOES A COMPENSATION SURVEY AND ANALYSIS FOR THE SENIOR LEVEL POSITIONS JCF LOOKS AT COMPENSATION THAT IS EQUITABLE INTERNALLY AND EXTERNALLY FOR THESE POSITIONS THE EXECUTIVE COMMITTEE OFFICERS APPROVE THE COMPENSATION FOR THE CEO THERE IS A PERIODIC REVIEW OF ALL SALARIES FROM AN INDEPENDENT PROFESSIONAL COMPENSATION ORGANIZATION THE REVIEW INCLUDES SIMILAR POSITIONS IN THE NON-PROFIT AND FOR-PROFIT SECTOR LOCALLY AND IS ADJUSTED NATIONALLY THE COMPENSATION REVIEW ALSO ANALYZES COMPENSATION INFORMATION FROM OTHER FORM 990S FOR SIMILAR ORGANIZATIONS AS WELL AS MANY OTHER SOURCES OF COMPENSATION DATA

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION IS A PART OF THE JEWISH COMMUNITY FEDERATION, A RELATED PARTY, THAT MAKES ITS CONSOLIDATED AUDITED FINANCIAL STATEMENTS AND FORM 990 FOR THE MOST RECENT THREE YEARS AND CONFLICT OF INTEREST POLICY AVAILABLE TO THE PUBLIC UPON REQUEST

Identifier	Return Reference	Explanation
		DUE TO TAX SOFTWARE LIMITATIONS, CERTAIN QUESTIONS THAT SHOULD HAVE BEEN ANSWERED N/A WERE EITHER LEFT BLANK OR ANSWERED N/O AS FOLLOWS 1) PART IV, QUESTION 5, 24B, 24C, 24D 2) PART V, QUESTION 1C, 3B, 5C, 6B, 7G, 7H, 8, 9A, 9B, 10A, 10B, 11A, 11B, 12A, 13A, 13B, 13C 3) PART VI, QUESTION 10B, 16B 4) PART XII, QUESTION 3B 5) SCHEDULE J, QUESTION 1B, 2, 9

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Name of the organization

SANDLER FOUNDATION

DLN: 93493045031624

OMB No 1545-0047

**Employer identification number** 

94-3147856

2012

Open to Public Inspection

### **SCHEDULE R Related Organizations and Unrelated Partnerships** (Form 990)

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ► Attach to Form 990. ► See separate instructions.

Department of the Treasury Internal Revenue Service

(a) Name, address, and EIN (If applicable) of disregarded entity	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	(d) Total income	(e) ind-of-year assets	D	<b>(f)</b> Direct controlling entity		
			-					
Part II Identification of Related Tax-Exempt Organic or more related tax-exempt organizations during t	zations (Complete if the tax year.)	the organization a	nswered "Yes" t	o Form 990, F	Part IV,	line 34 because it	had o	ne
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	on Public charity (if section 501	status L(c)(3))	<b>(f)</b> Direct controlling entity	Section (13) co	g) 1512(bontrolle tity?
							Yes	No
(1) JEWISH COMMUNITY FEDERATION OF SF  121 STEUART STREET	BUILD, MAINTAIN, AND STRENGTHEN JEWISH IDENTITY, COMM AND LIFE	CA	501(C)(3)	LINE 7				No
SAN FRANCISCO, CA 94105 94-1156533	,					N/A		
For Paperwork Reduction Act Notice, see the Instructions for Form 990	1		I DEV	ı		Schedule R (Forr	n 000) 3	012

because it had one or more rel		(b)						1				. 1	ar -
(a) Name, address, and EIN o related organization	(a) Name, address, and EIN of related organization		(c) Legal domicile (state or foreign country)	entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	<b>(f)</b> Share of total income	(g) Share of end-of-year assets	(h Disprop allocai	ortionate	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	managin partner		<b>(k)</b> Percentage ownership
					,			Yes	No		Yes	No	
Identification of Related Or line 34 because it had one or n								swere	d "Ye	s" to Form	990,	Part	IV,
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)		( <b>d)</b> Direct controlli entity	(e) Type of enti (C corp, S corp, or trust)		otal Share of-	( <b>g)</b> of end- year ssets		<b>(h)</b> ercentage wnership	(i Section (b)( contri ent	olled	
		,,									Yes		No

Part	<b>Transactions With Related Organizations</b> (Complete if the organization a	answered "Yes" to	o Form 990, Part IV, lır	ne 34, 35b, or 36.)			
	ote. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	No
<b>1</b> Dur	ng the tax year, did the orgranization engage in any of the following transactions with one or mo	re related organizat	ions listed in Parts II-IV	>			
a F	eceipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a		No
ь (	Gift, grant, or capital contribution to related organization(s)				1b	Yes	
<b>c</b> (	ift, grant, or capital contribution from related organization(s)				1c	Yes	
d L	oans or loan guarantees to or for related organization(s)				1d		No
<b>e</b> l	oans or loan guarantees by related organization(s)				1e		No
f [	vividends from related organization(s)				1f		No
g S	ale of assets to related organization(s)				1g		No
_	urchase of assets from related organization(s)				1h		No
i E	xchange of assets with related organization(s)				1i		No
	ease of facilities, equipment, or other assets to related organization(s)				1j		No
k L	ease of facilities, equipment, or other assets from related organization(s)				1k		No
<b>I</b> P	erformance of services or membership or fundraising solicitations for related organization(s)				11		No
<b>m</b> P	erformance of services or membership or fundraising solicitations by related organization(s)				1m	Yes	
n S	naring of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		No
o 9	haring of paid employees with related organization(s)				10		No
p F	eimbursement paid to related organization(s) for expenses				<b>1</b> p	Yes	
q F	eimbursement paid by related organization(s) for expenses				1q		No
r C	ther transfer of cash or property to related organization(s)				1r		No
s	ther transfer of cash or property from related organization(s)				<b>1</b> s		No
<b>2</b> I	the answer to any of the above is "Yes," see the instructions for information on who must comp	olete this line, includ	ding covered relationships	and transaction thresholds			
	(a) Name of other organization	<b>(b)</b> Transaction type (a-s)	(c) Amount involved	( <b>d)</b> Method of determining am	nount i	nvolved	J
<b>(1)</b> JEW	ISH COMMUNITY FEDERATION OF SF	В	560,000	CASH VALUE			
<b>(2)</b> JEW	ISH COMMUNITY FEDERATION OF SF	М	200,000	CASH VALUE			
<b>(3)</b> JEW	SH COMMUNITY FEDERATION OF SF	С	2,520,810	CASH VALUE			
(4) JEW	ISH COMMUNITY FEDERATION OF SF	Р	6,717	CASH VALUE			

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

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross)

revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships													
<b>(a)</b> Name, address, and EIN of entity	(b) Primary activity	domicile (state or foreign	(d) Predominant income (related, unrelated, excluded from tax under section 512-	org	(e) all partners section 501(c)(3) janizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		( <b>k</b> ) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
				ш					Щ.		L	1	

Additional Data Return to Form

Software ID: Software Version:

**EIN:** 94-3147856

Name: SANDLER FOUNDATION

Schedule R (Form 990) 2012

Page **5** 

# Part VII Supplemental Information

Identifier Return Reference Explanation	Complete this part to provide additional information for responses to questions on Schedule R (see instructions)									
	Identifier	Return Reference	Explanation							



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



### DLN: 93493133033885

# OMB No 1545-0047

Department of the Treasury

**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

Open to Public

			► Information about Form 990 and its instructions is at <u>www.IRS.gov/</u>	<u>form990</u>			Inspection
			endar year, or tax year beginning 07-01-2013 , 2013, and ending 06-30- C Name of organization	2014	<b>7</b> p. s		* <b>- 1</b>
_		pplicable	SANDLER FOUNDATION		D Employe	r identii	ication number
Addr		-	Doing Business As		94-314	7856	
Nam		-					
Initia -			Number and street (or P O box if mail is not delivered to street address) Room/suite	!	E Telephone	number	
Term	nınated	d	121 STEUART STREET		(415)7	77-041	1
Ame	nded i	return	City or town, state or province, country, and ZIP or foreign postal code SAN FRANCISCO, CA 94105		(113)7	, , 0 13	
Appli	ıcatıon	pending			<b>G</b> Gross rece	eipts \$ 12	27,247,690
			<b>F</b> Name and address of principal officer	<b>H(a)</b> Is t	his a group re	turn fo	
			HERBERT M SANDLER 121 STEUART STREET		ordinates?		┌ Yes 🔽 No
			SAN ERANCISCO CA 94105	H(h) Ara	all subordina	toc	┌ Yes ┌ No
					uded?	tes	j řesj No
Tax-	-exem	pt status	▼ 501(c)(3)	If"	No," attach a	lıst (s	ee instructions)
We	bsite	:: <b>►</b> N/	A	uza Gr	oup exemption	n numh	or <b>h</b> -
				1			
			✓ Corporation Trust Association Other ►	<b>L</b> Year of	formation 1992	M Sta	ite of legal domicile (
Par	tΙ	Sun	ımary				
			escribe the organization's mission or most significant activities	ICH COM	M EEDEDATI	0 N O E	CE
,	3	SUPPU	RTS CHARITABLE, EDUCATIONAL, & RELIGIOUS PURPOSES OF JEWI	ISH COMI	Y FEDERALL	JN OF	<u>5r</u>
	_						
	2 (	Check t	his box দ if the organization discontinued its operations or disposed of i	more than	25% of its no	et asse	ts
					1	_	
			of voting members of the governing body (Part VI, line 1a)		<b>—</b>	3	
			of independent voting members of the governing body (Part VI, line 1b)		F	4	
			mber of individuals employed in calendar year 2013 (Part V, line 2a) .		· · ·	5	
			mber of volunteers (estimate if necessary)		· · ·	6	
			related business revenue from Part VIII, column (C), line 12		· ·	7a	
	ЬГ	Net unr	elated business taxable income from Form 990-T, line 34	1		7b	
				Pr	ior Year	_	Current Year
ա	8		butions and grants (Part VIII, line 1h)		3,366,68	_	27,146,99
Hevenue	9	_	am service revenue (Part VIII, line 2g)			0	
š	10		tment income (Part VIII, column (A), lines 3, 4, and 7d)		14,862,63	_	48,244,11
_	11		revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			0	
	12		revenue—add lines 8 through 11 (must equal Part VIII, column (A), line		18,229,32	3	75,391,11
	13		s and similar amounts paid (Part IX, column (A), lines 1–3)		47,052,67		53,643,46
	14		its paid to or for members (Part IX, column (A), line 4)			0	, ,
	15		es, other compensation, employee benefits (Part IX, column (A), lines				
전) 8388 		5-10			1,106,45	1	1,137,10
<del>वें</del>	16a	Profe	ssional fundraising fees (Part IX, column (A), line 11e)			0	(
ਜ਼ਿ∣	b	Total f	ındraısıng expenses (Part IX, column (D), lıne 25) ▶0				
	17	Othe	expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,269,78	3	1,248,48
	18	Total	expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		49,428,91	0	56,029,050
-	19	Reve	ue less expenses Subtract line 18 from line 12		-31,199,58	7	19,362,06
8				Beginni	ng of Current		End of Year
, <u>a</u>			(0.1)		Year	_	
: I	20		assets (Part X, line 16)		747,494,35		884,877,08
25	21		liabilities (Part X, line 26)		3,359,58	_	9,911,83
	22		ssets or fund balances Subtract line 21 from line 20		744,134,76	/	874,965,24
nder y kno	owled	lties of dge and	perjury, I declare that I have examined this return, including accompanying belief, it is true, correct, and complete Declaration of preparer (other that nowledge				
		***	***		2015-05-13		
ign		Sign	ature of officer		Date		
ere		▶ ног	DEN LEE CFO - JCF				
		Тур	e or print name and title				
			Print/Type preparer's name Preparer's signature Date DONALD A CORBETT 201	- 0- 00   0	HECK! II	TIN	n
aid			OONALD A CORBETT 201  Firm's name ► GRANT THORNTON LLP		elf-employed   P rm's EIN ► 36-6	0018657	<i>.</i>
rep	are		IIII 3 IIGIIC F GRANT HIGRITON LLE	''	20-0		
•	Onl		Firm's address ► 101 CALIFORNIA SUITE 2700	PI	none no (415) 9	86-3900	
_		<i>a</i> 1		ı			

SAN FRANCISCO, CA 94111

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

✓ Yes 厂No

Form	990 (2013)				Page <b>2</b>
Par		nt of Program Service chedule O contains a respons	Accomplishments e or note to any line in this Part III		
1	Briefly describe t	the organization's mission			
SUP	PORTING ACTIVI		R CHARITABLE, EDUCATIONAL O OR TO CARRY OUT THE PURPOS ND SONOMA COUNTIES		
2	the prior Form 99	0 or 990-EZ?	program services during the year wh		☐ Yes F No
	•	these new services on Sche			
3	services?	ion cease conducting, or making the second consistency of the second c		ucts, any program	┌ Yes ┌ No
4	expenses Sectio		complishments for each of its three ganizations are required to report th h program service reported		
4a		) (Expenses \$ MADE GRANTS IN SUPPORT OF THE O N FRANCISCO, THE PENINSULA, MAR	53,643,462 including grants of \$ CHARITABLE, EDUCATIONAL, SCIENTIFIC OR RIN AND SONOMA COUNTIES	53,643,462 ) (Revenue \$ RELIGIOUS PURPOSES OF THE JEW	) ISH COMMUNITY
4b	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
<b>4</b> c	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
	Other program s	ervices (Describe in Schedul	e O )		
	(Expenses \$	•	g grants of \$	) (Revenue \$	)
4e	Total program se	ervice expenses F 5	3,643,462		

Part IV	Checkli	st 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	
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	3		No
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		No
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 $I^{\bullet}$	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 $IV^{\square}$	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part $V^{\bullet}$	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		No
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	Yes	
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
	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	Yes	
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	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		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		No
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		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	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)			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part  IV	,		1
		28a		No
D	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? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule $M$	29		No
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	Yes	<u> </u>
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	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		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?	38	Yes	

αı	Check if Schedule O contains a response or note to any line in this Part V			г
	effects in seneration of containing a response of flore to any line in this rate v	•	Yes	No
a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable   1a   18			
)	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	1		
	gaming (gambling) winnings to prize winners?	1c	Yes	
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?	1		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		N
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		14
	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		N
	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		N
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		N
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
	Door the organization have applied assessments that are recovered to a section that the section of the section	5c		ь.
J	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		N
	services provided to the payor?			
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		N
	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	7-		N.
	contract?	7e 7f		N
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	F		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		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			
		8		
	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	-		
	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	1		
	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	-		
	Is the organization licensed to issue qualified health plans in more than one state?			
	<b>Note.</b> 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	4		
	Enter the amount of reserves on hand	ļ	ļ	
	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	1	

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	scholl A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O	•		
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization'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 to elect or appoint one or			
_	more members of the governing body?	7a		No_
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		N o 
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	eveni	ıe 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?	10a 10b	Yes	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing	10b		
b 11a	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b	Yes	
b 11a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990	10b	Yes	
b 11a b 12a	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b		
b 11a b 12a	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b	Yes	
b 11a b 12a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a	Yes	
b 11a b 12a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a 12b	Yes Yes Yes	
b 11a b 12a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  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 annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?	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 activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes	
b 11a b 12a c 13 14	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  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 annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe 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 review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes	
b 11a b 12a c 13 14 15 a	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  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 annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe 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 review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes	No
b 11a b 12a c 13 14 15 a	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  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 annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe 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 review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No
b 11a b 12a c 13 14 15 a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  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 annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe 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 review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  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)	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No
b 11a b 12a c 13 14 15 a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  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 annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe 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 review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  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 or similar arrangement with a taxable entity during the year?	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No
b 11a b 12a c 13 14 15 a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  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 annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe 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 review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 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)	10b 11a 12a 12b 12c 13 14 15a	Yes 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 activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  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 annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe 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 review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 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 participation in a joint venture or similar arrangement with a taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	10b 11a 12a 12b 12c 13 14 15a 15b	Yes 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 activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  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 annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe 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 review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  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 or similar arrangement with a taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	10b 11a 12a 12b 12c 13 14 15a 15b	Yes 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 ►HOLDEN LEE CFO 121 STEUART STREET SAN FRANCISCO,CA 941051236 (415)777-0411

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

### 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

( <b>A)</b> Name and Title	(B) Average hours per week (list any hours	more pers	than on is	one bot rect	not box h ar	chec k, unle n offic ustee	ess er e)	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation
(1) HERBERT M SANDLER	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	MISC)		from the organization and related organizations
(1) HERBERT M SANDLER	40 00	х		Х				0	0	
PRESIDENT/DIRECTOR		^		_^				ŭ	Ü	
(2) SUSAN SANDLER DIRECTOR	40 00	х						0	0	
(3) PHYLLIS COOK	1 00									
DIRECTOR		X						0	66,000	
(4) ROBERT FRIEND	1 00	<del>                                     </del>								
DIRECTOR		X						0	0	
(5) DAVID FOLKMAN	1 00	T.,								
DIRECTOR		X						0	0	
(6) STEVE DAETZ	40 00			V				396 460	0	72.67
EXECUTIVE VP				Х				386,460	0	73,67
(7) MARK REISBAUM	1 00			Х				0	223,327	19,300
TREASURER/SECRETARY	37 50							U	223,327	19,300
(8) SERGIO KNAEBEL	32 00					х		145,878	0	22,76
GRANT DIRECTOR						<u> </u>		113,070	<u> </u>	22,70
					_		_			

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

					_				I					
	<b>(A)</b> Name and Title	<b>(B)</b> Average	(C) Position (do not check						<b>(D)</b> Reportable I		<b>(E)</b> Reportable		<b>(F)</b> Estima	
		hours per week (list	more t				unless officer		compensation compensation from the				amount o	
		any hours for related			ecto	r/trus	stee)		organizat	ion (W-	organizations (W	'-	from t	he
		organizations	오파	] 	Office	<u>중</u>	Highest compensat employee	Former	2/1099-	MISC)	2/1099-MISC)		rganızatı relate	ed
		below dotted line)	85	ittut.	ĭĕ	emp	g ger	ner					organıza	tions
			ខ្ម	의   18		employee	lě og							
			Individual trustee or director	Institutional Trustee		ě	- P							
			•	ê			sated							
												+		
						-						+		
												+		
												+		
												+		
												+		
1b	Sub-Total							<u> </u>						
C	Total from continuation sheet	s to Part VII, S	ection A	٠.	•			•						
d	Total (add lines 1b and 1c) .							۰		532,338	289,3	27		115,741
2	Total number of individuals (in						d abov	e) wl	ho receive	d more th	an	•		
	\$100,000 of reportable compe		e organ	120110	JII F- 2									
_											[		Yes	No
3	Did the organization list any <b>f</b> oon line 1a? <i>If "Yes," complete S</i>						emplo	yee, •	or highest,	compen:	sated employee	3		No
4	For any individual listed on line	e 1a, is the sum	of repo	rtabl	есо	mpe	nsatıo	n and	d other con	npensatio	on from the			
	organization and related organ												,, .	
5	Did any person listed on line 1	a receive or acc	crue cor	nper	satu	• on fr	om an	• / unr	elated orga	• • 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												tax vear	
		(A) lame and business						,,-			(B) cription of services		(C	)
	IN.	iaine and pusiness	auu1E55							Des	cription of services		Comper	isauUII
												_		
												#		

2 Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization  $\blacktriangleright 0$ 

Form 99							Page <b>S</b>
Part V	/ • • •	Statement of Revenue Check if Schedule O contains a re	sponse or note to any li	ne in this Part VIII			
		eneck if senedule o contains a re	sponse of note to any in	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
u S	1a	Federated campaigns	1a				
and the	ь	Membership dues	1b				
9 E	С	Fundraising events	1c				
Tŝ, ⊺A	d	Related organizations	<b>1d</b> 546,000				
<u>i</u> .		Government grants (contributions)	1e				
Contributions, Gifts, Grants and Other Similar Amounts	e						
iğ iğ	f	All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b> 26,600,994				
들충	g	Noncash contributions included in lines 1a-1f \$					İ
ng n	h	Total. Add lines 1a-1f		27,146,994			
			Business Code				
E E	2a		Busiliess Code				
eve	b		-				
ው ሟ	c		-				
7 Y S	d		-				
B	e		-				
Program Serwce Revenue	f	All other program service revenue	-				
ě							
	g 3	<b>Total.</b> Add lines 2a-2f  Investment income (including div					
		and other similar amounts)		16,003,232			16,003,23
	4	Income from investment of tax-exempt t	oond proceeds 🕨				
	5	Royalties					
		(I) Real	(II) Personal				
	6a b	Gross rents Less rental					
		expenses Rental income					
	С	or (loss)					
	d	Net rental income or (loss)					
	7a	(1) Securities Gross amount	(II) Other				
	'"	from sales of 84,097,466 assets other	4				
		than inventory Less cost or					
	Ь	other basis and 51,856,57	7				
	c	sales expenses Gain or (loss) 32,240,88	7				
	d	Net gain or (loss)		32,240,887			32,240,88
4.	8a	Gross income from fundraising					
μe		events (not including \$					
Other Revenue		of contributions reported on line 1	c)				
Ģ		See Part IV, line 18	a				
<del>p</del> e	ь	Less direct expenses	ь				
ರ	С	Net income or (loss) from fundrais	sing events 🛌				
	9a	Gross income from gaming activit	iles				
		See Part IV, line 19	a				
	ь	Less direct expenses	ь				
	С	Net income or (loss) from gaming	activities				
	10a	Gross sales of inventory, less					
		returns and allowances .	a				
	ь	Less cost of goods sold	ь				
	С	Net income or (loss) from sales of	finventory 🛌				
		Miscellaneous Revenue	Business Code				
	11a		_				
	ь						
	С		_				
	d	All other revenue					
	е	<b>Total.</b> Add lines 11a-11d					
	12	Total revenue. See Instructions	🕨	75 301 113			48 244 11

	TIX Statement of Functional Expenses on 501(c)(3) and 501(c)(4) organizations must complete all columns Al	l other organizat	ions must comp	lete column (A )	
	Check if Schedule O contains a response or note to any line in this				F
	ot include amounts reported on lines 6b, p, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	53,643,462	53,643,462		
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	1,119,852		1,119,852	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	17,249		17,249	
10	Payroll taxes			,=.,	
11	Fees for services (non-employees)			<del>                                     </del>	
a	Management				
a b	Legal				
_					
C	Accounting				
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	348,980		348,980	
12	Advertising and promotion				
13	Office expenses	20,102		20,102	
14	Information technology	,		,	
15	Royalties				
16	Occupancy	520,609		520,609	
17	Travel	31,085		31,085	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	31,003		31,003	
19	Conferences, conventions, and meetings			+	
20	Interest			+	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	5,058		5,058	
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)	3,030		3,030	
а	ADMINISTRATIVE FEES	200,000		200,000	
b	DATA PROCESSING SERVICE	122,653		122,653	
c					
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	56,029,050	53,643,462	2,385,588	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in the $\ensuremath{I}$	hıs Par	tX			
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing				1	
	2	Savings and temporary cash investments		•	41,620,190	2	76,996,794
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			5,467,815	4	3,975,758
	5	Loans and other receivables from current and former officers, divided the series of th	e Part :	II of		5	
Assets	6	Loans and other receivables from other disqualified persons (as section 4958 (f)(1)), persons described in section 4958 (c)(3)(B employers and sponsoring organizations of section $501(c)(9)$ vobeneficiary organizations (see instructions) Complete Part II of	3), and oluntar	contributing ry employees'		6	
Š.	7	Notes and loans receivable, net				7	
⋖	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			1,223	9	1,642
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	905,779	·		,
	ь	Less accumulated depreciation	10b	783,375	131,653	10c	122,404
	11	Investments—publicly traded securities			655,339,121	11	772,207,318
	12	Investments—other securities See Part IV, line 11			44,934,348	12	31,573,166
	13	Investments—program-related See Part IV, line 11		,	13	31,010,100	
	14	Intangible assets			14		
	15	Other assets See Part IV, line 11				15	
	16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)			747,494,350	16	884,877,082
	17	Accounts payable and accrued expenses			186,799	17	122,315
	18	Grants payable		•	3,172,784	18	9,789,524
	19	Deferred revenue			3,172,704	19	9,709,324
	20	Tax-exempt bond liabilities				20	
8	21	Escrow or custodial account liability Complete Part IV of Scheo				21	
Liabilitie	22	Loans and other payables to current and former officers, directo key employees, highest compensated employees, and disqualifi	ed				
逗		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities (including federal income tax, payables to relate and other liabilities not included on lines 17-24) Complete Part D	t X of S	Schedule		25	
	26	Total liabilities. Add lines 17 through 25			3,359,583	26	9,911,839
e s		Organizations that follow SFAS 117 (ASC 958), check here ►  lines 27 through 29, and lines 33 and 34.			, ,		
3nc	27	Unrestricted net assets			737,670,303	27	870,990,307
<u> </u>	28	Temporarily restricted net assets		_	6,464,464	28	3,974,936
<u>.</u> Ш	29	Permanently restricted net assets				29	
or Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check he	re ► [	and			
	30	complete lines 30 through 34.  Capital stock or trust principal, or current funds				30	
ets ets	31	Paid-in or capital surplus, or land, building or equipment fund				31	
Assets	32	Retained earnings, endowment, accumulated income, or other fu				32	
	33	Total net assets or fund balances			744,134,767	33	874,965,243
ğ	34				744,134,767		
	34	Total liabilities and net assets/fund balances	•	•	747,494,300	34	884,877,082 Form <b>990</b> (2013)

	330 (2013)				aye 12
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)	_			
•	Total company (worst a goal Dart IV, caloner (A) long 25)	1		/5,3	391,113
2	Total expenses (must equal Part IX, column (A), line 25)	2		56,0	29,050
3	Revenue less expenses Subtract line 2 from line 1				
	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	3		19,5	362,063
4	Net assets of fund balances at beginning of year (must equal Part X, fine 33, column (A))	4		744,1	134,767
5	Net unrealized gains (losses) on investments			444	160 412
6	Donated services and use of facilities	5		111,2	168,413
U	Donated Services and use of lacinities	6			
7	Investment expenses	7			
8	Prior period adjustments	<b>-</b>			
Ü		8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,	10		9740	965,243
Dar	t XII Financial Statements and Reporting	10		0/4,	703,243
r Gi	Check if Schedule O contains a response or note to any line in this Part XII				
	<u> </u>			Yes	No
	Assumbly worth during the form one of the Form of the			1.05	
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 revia separate basis, consolidated basis, or both	ewed or	ו		
	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 sepbasis, consolidated basis, or both	arate			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversign audit, review, or compilation of its financial statements and selection of an independent accountant?	ht of th	e <b>2c</b>	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O	ın			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in t Single Audit Act and OMB Circular A-133?	he	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

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As Filed Data -

DLN: 93493133033885

OMB No 1545-0047

# **Public Charity Status and Public Support**

**SCHEDULE A** (Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service 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.

. Inspection

Name of the organization SANDLER FOUNDATION

**Employer identification number** 

								94-31478					
	rt I		ıblic Charity Sta						nstructions.				
			te foundation becaus	•		-	•	•					
1	_	•	ion of churches, or a				ection 170(	b)(1)(A)(i).					
2			d in <b>section 170(b)(</b> 1										
3			perative hospital se										
4			h organization opera	ted ın conjun	ction with a	hospital des	cribed in <b>se</b>	ction 170(b)(	1)(A)(iii). E	nter the			
_		hospital's name, c	ity, and state erated for the benefi	t of a colloge	or universit	ty owned or o	norstad by	a government	tal unit dage	ribad in			
5				_	e or universi	ty owned or o	perated by	a governmen	tai unit desc	ribed in			
_	_		(A)(iv). (Complete P				4 <b>70</b> (l-)(	437437-3					
6	_		local government of										
7		=	at normally receives		•	support from	a governm	ental unit or fi	rom the gene	erai public			
8		escribed in <b>section 170(b)(1)(A)(vi).</b> (Complete Part II ) community trust described in <b>section 170(b)(1)(A)(vi)</b> (Complete Part II )											
9	_							outions, mem	bership fees	and gross			
-		An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of											
		its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses											
	acquired by the organization after June 30, 1975 See <b>section 509(a)(2).</b> (Complete Part III)												
10	An organization organized and operated exclusively to test for public safety See section 509(a)(4).												
11													
			ly supported organiz										
		the box that descr	ibes the type of supp <b>b</b> Type II <b>c</b>	orting organ	ization and o	omplete line	s 11e throu	ıgh 11h					
e	<b>~</b>		ox, I certify that the							-			
_		· -	ion managers and ot	_		-			•	•			
		section 509(a)(2)	J		,	, , , , ,	J						
f			received a written d	etermınatıon	from the IR $$	S that it is a	Type I, Typ	e II, or Type	III supportı	ng organizatio <u>n,</u>			
		check this box	2006				<b>6</b>	-6.44-		I			
g		Since August 17, . following persons?	2006, has the organ	ization accep	oted any gift	or contributi	on from any	ortne					
			rectly or indirectly o	controls, eith	er alone or t	ogether with	persons de	scribed in (ii)		Yes No			
			governing body of th						11g	(i) No			
			er of a person descr						11g(				
			lled entity of a perso			above?			11g(				
h			ng information about										
					J	. ,							
(i) N	lame of	(ii) EIN	(iii) Type of	(iv) Is t	the	(v) Did you	ı notıfy	(vi) Is	the	(vii) A mount of			
	ported		organization	organizati		the organiz	zation	organizat		monetary			
orga	nizat io	n	(described on	col (i) list		in col (i) o		col (i) org		support			
			lines 1 - 9 above	your gove		suppor	t?	in the U	S?				
			or IRC section (see	docume	nt/								
			instructions))		1		<u> </u>	1					
				Yes	No	Yes	No	Yes	No				
COM	EWISH MUNITY RATION	941156533	7	Yes		Yes		Yes		550,000			
								1					
Total		1						1		550,000			
iotal		1	1	I	I	1	i	1	1	1 550,000			

1-1	(Complete only if you of Part III. If the organization	checked the bo	x on line 5, 7,	or 8 of Part I o	r if the organiza	ation failed to q	ualify under
S	ection A. Public Support	idon idiis to qu	anny ander the	tests listed bel	ow, piedse com	ipiete i dit III.)	
	endar 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 include any "unusual grants")						
2	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						
4	<b>Total.</b> Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column						
6	(f) <b>Public support.</b> Subtract line 5 from line 4						
S	ection B. Total Support	1				1	
	endar year (or fiscal year beginning in)	<b>(a)</b> 2009	<b>(b)</b> 2010	<b>(c)</b> 2011	( <b>d)</b> 2012	<b>(e)</b> 2013	<b>(f)</b> Total
7	A mounts from line 4						
8	Gross income from interest,						
9	dividends, payments received on securities loans, rents, royalties 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	<b>Total support</b> (Add lines 7 through 10)						
12	Gross receipts from related activiti	es, etc (see inst	ructions)		•	12	•
13 ——	First five years. If the Form 990 is this box and stop here		<u> </u>	, , ,	•		· —
	ection C. Computation of Pub			44 1 200		1 1	
14	Public support percentage for 2013			11, column (f))		14	
15	Public support percentage for 2012	•	•			15	
	33 1/3% support test—2013. If the and stop here. The organization qua 33 1/3% support test—2012. If the	llifies as a public organization did	ly supported orga not check a box o	inization on line 13 or 16a,			eck this
	box and <b>stop here.</b> The organization <b>10%-facts-and-circumstances test</b> -is 10% or more, and if the organization part IV how the organization meeorganization	<b>–2013.</b> If the org tion meets the "f ets the "facts-and	anization did not acts-and-circum d-circumstances	check a box on li stances" test, ch ' test The organi	eck this box and s zation qualifies as	stop here. Explairs a publicly suppo	
ь 18	10%-facts-and-circumstances test- 15 is 10% or more, and if the organ Explain in Part IV how the organiza supported organization Private foundation. If the organizat instructions	nization meets th tion meets the "f	e "facts-and-circ acts-and-circum	umstances" test stances" test Th	, check this box a le organization qu	nd <b>stop here.</b> alifies as a public	ly ▶⊏

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						
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))  ge 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 state of the sta	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 17b; and Part III, line 12. Also complete this part for any additional information. (See instruction)											
	Facts And Circumstances Test										
Retu	ırn Reference	Explanation									
	Schodulo A / Form 000 or 000-E7) 20:										

Schedule A (Form 990 or 990-EZ) 2013

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DLN: 93493133033885

OMB No 1545-0047

## **SCHEDULE D**

(Form 990)

Department of the Treasury Inte

# **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)

Open to Public

temal	Revenue Service and its instruct	tions is at <u>www.irs.gov/rorm990</u> .			Inspect	lon
	ne of the organization DLER FOUNDATION		Emp	loyer ident if icat	ion numbe	r
				3147856		
Pa	organizations Maintaining Donor Advorganization answered "Yes" to Form 990	vised Funds or Other Similar F	unds	or Accounts.	Complet	e if the
	organization answered Tes to Form 330	(a) Donor advised funds		(b) Funds and o	theraccou	ınts
	Total number at end of year			<u>(-, : ::::::::::::::::::::::::::::::::::</u>		
	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 advi	sed	┌ Yes	┌ No
	Did the organization inform all grantees, donors, and doused only for charitable purposes and not for the beneficonferring impermissible private benefit?	onor advisors in writing that grant funds			┌ Yes	┌ No
ar	t II Conservation Easements. Complete if	the organization answered "Yes" t	o Forn	n 990, Part IV	, line 7.	
	Purpose(s) of conservation easements held by the org Preservation 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 ar Preservation of a	certifie	d historic struct	ure	
	easement on the last day of the tax year					
	Total number of conservation easements			Held at the	End of the	Year
			2a			
	Total acreage restricted by conservation easements	oric structure included in (a)	2b			
	Number of conservation easements on a certified history	. ,	2c			
i	Number of conservation easements included in (c) acq historic structure listed in the National Register	quired after 8/17/00, and not on a	2d			
	Number of conservation easements modified, transferr	red, released, extinguished, or terminate	ed by th	ie organization d	luring	
	the tax year ▶					
	Number of states where property subject to conservat	ion easement is located ►				
	Does the organization have a written policy regarding tenforcement of the conservation easements it holds?	the periodic monitoring, inspection, han	dling of	violations, and	┌ Yes	┌ No
	Staff and volunteer hours devoted to monitoring, inspe	cting, and enforcing conservation easer	ments d	luring the year		
	Amount of expenses incurred in monitoring, inspecting  \$\blue\$\$\$	g, and enforcing conservation easement	s durınç	g the year		
	Does each conservation easement reported on line 2(d and section 170(h)(4)(B)(ii)?	d) above satisfy the requirements of sec	ction 17	70(h)(4)(B)(ı)	┌ Yes	┌ No
	In Part XIII, describe how the organization reports conbalance sheet, and include, if applicable, the text of the	e footnote to the organization's financia				
12	the organization's accounting for conservation easeme		or Otl	her Similar <i>I</i>	\ssets.	
	Complete if the organization answered "Y	'es" to Form 990, Part IV, line 8.				
•	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asseservice, provide, in Part XIII, the text of the footnote to	.16 (ASC 958), not to report in its reve	or rese	arch in furtherai		
)	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 thes	ts held for public exhibition, education,				ıc
	(i) Revenues included in Form 990, Part VIII, line 1			<b>►</b> \$		
	(ii) Assets included in Form 990, Part X			<b>►</b> \$		
	If the organization received or held works of art, histor following amounts required to be reported under SFAS			cıal gaın, provid	e the	
•	Revenues included in Form 990, Part VIII, line 1			<b>►</b> \$		

**b** Assets included in Form 990, Part X

Organizations Maintaining Collections of Art, His	torical Tr	easu	<u>res, or Ot</u>	<u>her</u>	Similar As	ssets (d	<u>continued)</u>
Using the organization's acquisition, accession, and other records, checollection items (check all that apply)	neck any of t	he follo	wing that ar	eas	ignificant use	e of its	
a Public exhibition d	Loan	or exch	iange progra	ms			
<b>b</b> $\Gamma$ Scholarly research <b>e</b>	┌ Other	·					
c Preservation for future generations							
Provide a description of the organization's collections and explain how Part XIII	w they furthe	r the o	rganızatıon's	exe	mpt purpose	ın	
During the year, did the organization solicit or receive donations of ar					ar	_	_
assets to be sold to raise funds rather than to be maintained as part of					"	Yes	No No
art IV Escrow and Custodial Arrangements. Complete if Part IV, line 9, or reported an amount on Form 990, Part IV, line 9.			answered	ryes	s" to Form !	990, 	
Is the organization an agent, trustee, custodian or other intermediary included on Form 990, Part X?	for contribu	tions o	r other asse	ts no	t	┌ Yes	┌ No
<b>b</b> If "Yes," explain the arrangement in Part XIII and complete the follow	ving table						
				_	Aı	nount	
C Beginning balance			-	lc			
<b>d</b> Additions during the year			1	ld			
e Distributions during the year			_1	le			
<b>f</b> Ending balance			_ 1	Lf			
Did the organization include an amount on Form 990, Part X, line 21?						┌ Yes	┌ No
<b>b</b> If "Yes," explain the arrangement in Part XIII Check here if the expla	anation has l	been pi	rovided in Pa	art XI	II		Г
Part V Endowment Funds. Complete if the organization ans							
	<b>)</b> Prior year	<b>b (c)</b> Tw	vo years back	<b>(d)</b> Th	ree years back	(e)Four	years back
Beginning of year balance							
<b>b</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							
Provide the estimated percentage of the current year end balance (lin	ie 1g, columi	n (a)) h	eld as				
a Board designated or quasi-endowment ▶							
<b>b</b> Permanent endowment ▶							
c Temporarily restricted endowment ►							
The percentages in lines 2a, 2b, and 2c should equal 100%							
Are there endowment funds not in the possession of the organization t	that are held	l and a	dmınıstered	for th	е		
organization by						Yes	No
(i) unrelated organizations					3a	-+	
<ul><li>(ii) related organizations</li></ul>				•	3a	_	<del>                                     </del>
Describe in Part XIII the intended uses of the organization's endowm					3	<u> </u>	<u> </u>
art VI Land, Buildings, and Equipment. Complete if the o		answ	ered 'Yes'	to Fo	orm 990. Pa	art IV. I	ine
11a. See Form 990, Part X, line 10.	· gameadon				,,,,,		
Description of property	(a) Cost or basis (inves		(b)Cost or ot basis (other		(c) Accumulate depreciation	d <b>(d)</b> E	Book value
a Land							
<b>b</b> Buildings							
			532,	572	532,	572	0
<b>b</b> Buildings			532, <sup>1</sup> 265,	_	532,! 250,8		0 14,314
<b>b</b> Buildings				117	<u> </u>		

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	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 /		

Par	Reconciliation of Revenue per Audited Financial Statements With Revenue per the organization answered 'Yes' to Form 990, Part IV, line 12a.	er R	<b>eturn</b> Complete If
1	Total revenue, gains, and other support per audited financial statements	1	186,859,526
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)............. <b>2d</b>		
e	Add lines <b>2a</b> through <b>2d</b>	2e	111,468,413
3	Subtract line <b>2e</b> from line <b>1</b>	3	75,391,113
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII).............. 4b		
c	Add lines <b>4a</b> and <b>4b</b>	4c	0
5	Total revenue Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12)	5	75,391,113
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	56,029,050
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)..............2d		
e	Add lines <b>2a</b> through <b>2d</b>	2e	0
3	Subtract line <b>2e</b> from line <b>1</b>	3	56,029,050
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII).............. 4b		
C	Add lines <b>4a</b> and <b>4b</b>	<b>4</b> c	0
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 18)	5	56,029,050
Par	Supplemental Information		
Part	ride 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 mation		de any additional
	Return Reference Explanation		
		•	

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

Schedule D (Form 990) 2013

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SCHEDULE F

Department of the Treasury

Internal Revenue Service

(Form 990)

As Filed Data -

DLN: 93493133033885

Statement of Activities Outside the United States

tatement of Activities outside the Office of

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

► Attach to Form 990. ► See separate instructions.

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

OMB No 1545-0047

2013

Open to Public Inspection

	e of the organization DLER FOUNDATION				Employer identi	fication number
27111	SEERIOONDATION				94-3147856	
Pa	rt I General Information "Yes" to Form 990, Pai			<b>ne United States.</b> Co	mplete if the organiza	ation answered
1	<b>For grantmakers.</b> Does the o other assistance, the grantee to award the grants or assista	es' eligibility fo	r the grants o	r assistance, and the s	election criteria used	d <b>▽ Yes ┌ No</b>
2	<b>For grantmakers.</b> Describe in assistance outside the United		ganızatıon's p	rocedures for monitorii	ng the use of its grant	s and other
3	Activites per Region (The follow	ung Part I, line 3	table can be d	uplicated if additional spa	ce is needed )	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	<b>(f)</b> Total expenditures for and investments in region
(1)	UNITED KINGDOM			GRANTMAKING		618,500
( 2)	AUSTRALIA			GRANTMAKING		244,000
(3)						
(4)						
( 5)						
3a	Sub-total	0	0			862,500
	Total from continuation sheets to Part I	0	0			C
_	Totals (add lines 2a and 2h)	I 0		I	ı	862 500

			nizations or Entitie erved more than \$5,0				on answered "Yes	" to Form 990,
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)		UNITED KINGDOM	ASTHMA NATIONAL GRANTS PROGRAM RESEARCH AWARD	618,500	WIRE TRANSFER			CASH VALUE
( 2)		AUSTRALIA	ASTHMA NATIONAL GRANTS PROGRAM RESEARCH AWARD	244,000	WIRE TRANSFER			CASH VALUE
(3)								
(4)								
			ted above that are re e or counsel has prov				5	3
3 Enter total nur	nber of other	organizations or en	tities					

Schedule F (Form 990) 2013

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Part III can be	duplicated if addit	tional space is ne	eeded.				
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
( 6)							
(7)							
(8)							
(9)							
(10)							
(11)							
( 12)							
(13)							
(14)							
( 15)							
(16)							
(17)							
(18)							

### Part IV Foreign Forms

1	organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Γ	Yes	ি	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	Γ	Yes	দ	Νo
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)	Г	Yes	ত	Νo
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	Γ	Yes	<b>~</b>	Νo
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)	Г	Yes	া	No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713).	Г	Yes	্ব	Νo

Schedule F (Form 990) 2013

Schedule F (Form 990) 2013 Page **5** 

### Part V Supplemental Information

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

### 990 Schedule F, Supplemental Information

Return Reference	Explanation
PART I, LINE 2	STAFF AND VOLUNTEER COMMITTEES MONITOR COMPLIANCE AND PERFORMANCE WITH TERMS AND CONDITION S LISTED IN GRANT AWARD LETTERS THROUGH YEAR END REPORT REQUIREMENTS

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493133033885

OMB No 1545-0047

Schedule I (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 www.irs.gov/form990.

Open to Public **Inspection** 

Name of the organization						Employer identificati	on number
SANDLER FOUNDATION						94-3147856	
Part I General Information	n on Grants and	Assistance				•	
<ol> <li>Does the organization maintain the selection criteria used to av</li> <li>Describe in Part IV the organization</li> </ol>	ward the grants or ass	istance?			_	•	▼ Yes 「 I
Part II Grants and Other A Form 990, Part IV, lin							es" to
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) Amount 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 gra or assistance
See Additional Data Table							

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

			Us	
ш	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	<b>(b)</b> Number of recipients	<b>(c)</b> A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
Part IV Supplemental Inform	ation. Provide the inf	ormation required in Pa	rt I, line 2, Part III, col	umn (b), and any other a	dditional information.
Polyment Company					

Supplemental II	<b>ntormation.</b> Provide the information required in Part 1, line 2, Part 111, column (b), and any other additional information.
Return Reference	Explanation
·	THE ORGANIZATION ENDEAVORS TO MONITOR ITS GRANTS TO ENSURE THAT SUCH GRANTS ARE USED FOR PROPER PURPOSES AND NOT OTHERWISE DIVERTED FROM THEIR INTENDED USE THIS IS ACCOMPLISHED BY REQUESTING RECIPIENT ORGANIZATIONS TO AFFIRM THAT FUNDS MUST BE USED SOLELY IN ACCORDANCE WITH THE GRANT REQUEST AND BUDGET ON WHICH THE GRANT WAS BASED AND THAT ANY FUNDS NOT EXPENDED FOR THE STATED PURPOSE ARE TO BE RETURNED TO THE ORGANIZATION REPORTS ARE REQUESTED

## **Additional Data**

Software ID:

**Software Version:** 

**EIN:** 94-3147856

Name: SANDLER FOUNDATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN CIVIL LIBERTIES UNION FOUNDATION 125 BROAD STREET NEW YORK, NY 10004	13-6213516	501(C)(3)	1,750,000	0	CASH VALUE	N/A	GENERAL SUPPORT

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
AMERICAN CIVIL LIBERTIES UNION FOUNDATION 125 BROAD STREET NEWYORK,NY 10004	13-6213516	501(C)(3)	1,250,000	0	CASH VALUE		STRATEGIC AFFILIATE INITIATIVE			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
CENTER FOR AMERICAN PROGRESS 1333 H STREET NW 10TH FLOOR WASHINGTON, DC 20005	30-0126510	501(C)(3)	2,000,000	0	CASH VALUE	N/A	GENERAL SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
CENTER FOR AMERICAN PROGRESS 1333 H STREET NW 10TH FLOOR WASHINGTON, DC 20005	30-0126510	501(C)(3)	2,000,000	0	CASH VALUE	N/A	GENERAL SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
WASHINGTON CENTER FOR EQUITABLE GROWTH CO CENTER FOR AMERICAN PROGRESS 1333 H STREET NW 10TH FLOOR WASHINGTON, DC 20005	30-0126510	501(C)(3)	500,000	0	CASH VALUE		WASHINGTON CENTER FOR EQUITABLE GROWTH			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
WASHINGTON CENTER FOR EQUITABLE GROWTH CO CENTER FOR AMERICAN PROGRESS 1333 H STREET NW 10TH FLOOR WASHINGTON, DC 20005	30-0126510	501(C)(3)	1,000,000	0	CASH VALUE		WASHINGTON CENTER FOR EQUITABLE GROWTH			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
CENTER FOR BIOLOGICAL DIVERSITY POBOX 710 TUCSON,AZ 85702	85-0420285	501(C)(3)	800,000	0	CASH VALUE	'	CLIMATE LAW INSTITUTE		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
CENTER FOR NATIONAL POLICY 1250 I STREET NW SUITE 500 WASHINGTON, DC 20005	52-1080919	501(C)(3)	300,000	0	CASH VALUE	N/A	GENERAL SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
CENTER FOR RESPONSIBLE LENDING PO BOX 3619 DURHAM,NC 277023619	74-3043913	501(C)(3)	1,600,000	0	CASH VALUE	N/A	GENERAL SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States											
(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	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
CENTER FOR RESPONSIBLE LENDING PO BOX 3619 DURHAM,NC 277023619	74-3043913	501(C)(3)	315,000	0	CASH VALUE	N/A	GENERAL SUPPORT				

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
CENTER FOR RESPONSIBLE LENDING PO BOX 3619 DURHAM,NC 277023619	74-3043913	501(C)(3)	2,000,000	0	CASH VALUE	N/A	GENERAL SUPPORT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States											
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
CENTER ON BUDGET AND POLICY PRIORITIES 820 FIRST STREET NE SUITE 510 WASHINGTON,DC 20002	52-1234565	501(C)(3)	500,000	0	CASH VALUE	N/A	GENERAL SUPPORT				

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States											
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
CENTER ON BUDGET AND POLICY PRIORITIES 820 FIRST STREET NE SUITE 510 WASHINGTON,DC 20002	52-1234565	501(C)(3)	1,300,000	0	CASH VALUE	· ·	TO SUPPORT STATE FISCAL EFFORTS				

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> 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			
CHILDREN'S HOSPITAL OF PHILADELPHIA PO BOX 8500 PHILADELPHIA,PA 19178	23-1352166	501(C)(3)	75,000	0	CASH VALUE		ASTHMA NATIONAL GRANTS PROGRAM RESEARCH AWARD			

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> 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			
CHILDREN'S HOSPITAL OF PHILADELPHIA PO BOX 8500 PHILADELPHIA,PA 19178	23-1352166	501(C)(3)	75,000	0	CASH VALUE		ASTHMA NATIONAL GRANTS PROGRAM RESEARCH AWARD			

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(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			
COMMUNITY STUDIES INC 670 WEST END AVENUE NEW YORK, NY 10026	13-2998311	501(C)(3)	50,000	0	CASH VALUE		NEW YORK PERFORMANCE STANDARDS CONSORTIUM			

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) Amount 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			
COMMUNITY STUDIES INC 670 WEST END AVENUE NEW YORK, NY 10026	13-2998311	501(C)(3)	108,000	0	CASH VALUE		NEW YORK PERFORMANCE STANDARDS CONSORTIUM			

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(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			
COMMUNITY STUDIES INC 670 WEST END AVENUE NEW YORK, NY 10026	13-2998311	501(C)(3)	15,000	0	CASH VALUE		NEW YORK PERFORMANCE STANDARDS CONSORTIUM			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
COMPASSION AND CHOICES PO BOX 101810 DENVER,CO 80250	84-1328829	501(C)(3)	10,000	0	CASH VALUE	N/A	LUNCH FOR LIFE			

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(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	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
COUNCIL OF CHIEF STATE SCHOOL OFFICERS ONE MASSACHUSETTS AVE NW SUITE 700 WASHINGTON, DC 20001	53-0198090	501(C)(3)	153,312	0	CASH VALUE		FOR THE "SMARTER BALANCED ASSESSMENT CONSORTIUM" PROJECT			

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
CREIGHTON UNIVERSITY 2500 CALIFORNIA PLAZA OMAHA,NE 68178	47-0376583	501(C)(3)	75,000	0	CASH VALUE		ASTHMA NATIONAL GRANTS PROGRAM RESEARCH AWARD			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
EARTHJUSTICE 50 CALIFORNIA STREET SUITE 500 SAN FRANCISCO,CA 94111	94-1730465	501(C)(3)	1,000,000	0	CASH VALUE	N/A	GENERAL SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> 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			
EDUCATION POLICY IMPROVEMENT CENTER 720 E 13TH AVENUE SUITE 203 EUGENE,OR 97401	82-0569407	501(C)(3)	67,000	0	CASH VALUE		SUPPORTING PERFORMANCE ASSESSMENT IN INNOVATIVE LAB STATES			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
FLORIDA INSTITUTE OF TECHNOLOGY 150 WEST UNIVERSITY BLVD MELBOURNE,FL 32901	59-6046500	501(C)(3)	125,000	0	CASH VALUE		ASTHMA NATIONAL GRANTS PROGRAM RESEARCH AWARD			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States											
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
FLORIDA INSTITUTE OF TECHNOLOGY 150 WEST UNIVERSITY BLVD MELBOURNE,FL 32901	59-6046500	501(C)(3)	125,000	0	CASH VALUE		ASTHMA NATIONAL GRANTS PROGRAM RESEARCH AWARD				

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
HUMAN RIGHTS WATCH 350 FIFTH AVENUE 34TH FLOOR NEW YORK,NY 101183299	13-2875808	501(C)(3)	1,000,000	0	CASH VALUE	N/A	GENERAL SUPPORT			

form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(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	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
HUMAN RIGHTS WATCH 350 FIFTH AVENUE 34TH FLOOR NEWYORK,NY 101183299	13-2875808	501(C)(3)	1,750,000	0	CASH VALUE	N/A	GENERAL SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States											
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
INSTITUTE FOR NEW ECONOMIC THINKING 300 PARK AVE S 5TH FLOOR NEWYORK,NY 10010	27-1916040	501(C)(3)	100,000	0	CASH VALUE	'	EMMANUEL SAEZ RESEARCH PROJECT				

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(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	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
INTERNATIONAL COMMUNITY FOUNDATION 2505 N AVENUE NATIONAL CITY, CA 91950	13-1624046	501(C)(3)	620,000	0	CASH VALUE		SANDLER FAMILY INTERNATIONAL FUND			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(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	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
INTERNATIONAL COMMUNITY FOUNDATION 2505 N AVENUE NATIONAL CITY, CA 91950	13-1624046	501(C)(3)	380,000	0	CASH VALUE		SANDLER FAMILY INTERNATIONAL FUND			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
ISLAND CONSERVATION 100 SHAFFER ROAD LML SANTA CRUZ,CA 95060	91-1839907	501(C)(3)	300,000	0	CASH VALUE	N/A	GENERAL SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
J STREET EDUCATION FUND INC POBOX 66073 WASHINGTON, DC 20035	20-2777557	501(C)(3)	250,000	0	CASH VALUE	N/A	GENERAL SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
JEWISH COMMUNITY FEDERATION 121 STEUART STREET SAN FRANCISCO,CA 94105	94-1156533	501(C)(3)	50,000	0	CASH VALUE		FOR DONOR ADVISED FUND			

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
JEWISH COMMUNITY FEDERATION 121 STEUART STREET SAN FRANCISCO, CA 94105	94-1156533	501(C)(3)	500,000	0	CASH VALUE		PASSTHROUGH GRANT - JEWISH VOCATIONAL SERVICE AND JEWISH HOME			

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
JOHN HOPKINS UNIVERSITY ONE CHARLES CENTER SUITE 336 100 NORTH CHARLES ST BALTIMORE, MD 21201	52-0595110	501(C)(3)	125,000	0	CASH VALUE		ASTHMA NATIONAL GRANTS PROGRAM RESEARCH AWARD			

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
JOHN HOPKINS UNIVERSITY ONE CHARLES CENTER SUITE 336 100 NORTH CHARLES ST BALTIMORE, MD 21201	52-0595110	501(C)(3)	125,000	0	CASH VALUE		ASTHMA NATIONAL GRANTS PROGRAM RESEARCH AWARD			

Form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
JUSTICE MATTERS INSTITUTE 436 14TH STREET SUITE 700 OAKLAND,CA 94612	94-3275302	501(C)(3)	35,000	0	CASH VALUE	N/A	GENERAL SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
LEADERSHIP CONFERENCE EDUCATION FUND INC 1629 K STREET NW SUITE 1000 10TH FLOOR WASHINGTON, DC 20006	23-7026895	501(C)(3)	100,000	0	CASH VALUE	N/A	GENERAL SUPPORT			

Form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(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	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
LEARNING FORWARD 17330 PRESTON ROAD SUITE 106-D DALLAS,TX 75252	31-0955962	501(C)(3)	250,000	0	CASH VALUE		TRANSFORMING PROFESSIONAL LEARNING PROJECT			

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
LOUISIANA STATE UNIVERSITY HEALTH SCIENCES CENTER 433 BOLIVAR STREET NEW ORLEANS, LA 70112	72-6087770	501(C)(3)	75,000	0	CASH VALUE		ASTHMA NATIONAL GRANTS PROGRAM RESEARCH AWARD			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
MDRC 16 EAST 34TH STREET 19TH FLOOR NEWYORK,NY 100154326	23-7379473	501(C)(3)	500,000	0	CASH VALUE	N/A	GENERAL SUPPORT			

Form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
NATIONAL CENTER FOR YOUTH LAW 405 14TH STREET SUITE 1500 OAKLAND,CA 94612	94-2506933	501(C)(3)	100,000	0	CASH VALUE	N/A	GENERAL SUPPORT			

Form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
NATIONAL CENTER FOR YOUTH LAW 405 14TH STREET SUITE 1500 OAKLAND,CA 94612	94-2506933	501(C)(3)	150,000	0	CASH VALUE	N/A	GENERAL SUPPORT			

Form 990,Schedule 1, Pa	form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> 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			
NATIONAL INSTITUTE ON HEALTH 9000 ROCKVILLE PIKE BETHESDA,MD 20892	52-0858115	501(C)(3)	41,500	0	CASH VALUE		ASTHMA NATIONAL GRANTS PROGRAM RESEARCH AWARD			

Form 990,Schedule 1, Pa	form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> 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			
NATIONAL INSTITUTE ON HEALTH 9000 ROCKVILLE PIKE BETHESDA,MD 20892	52-0858115	501(C)(3)	41,500	0	CASH VALUE		ASTHMA NATIONAL GRANTS PROGRAM RESEARCH AWARD			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
NATIONAL PUBLIC EDUCATION SUPPORT FUND 3205 R STREET NW WASHINGTON, DC 20007	26-3015634	501(C)(3)	100,000	0	CASH VALUE	[ · · / · · ·	NEW MODELS WORKING GROUP			

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
NATURAL RESOURCES DEFENSE COUNCIL 111 SUTTER STREET 20TH FLOOR SAN FRANCISCO,CA 94104	13-2654926	501(C)(3)	250,000	0	CASH VALUE		CENTER FOR MARKET INNOVATION			

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(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	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
NORTHWESTERN UNIVERSITY 1201 DAVIS STREET EVANSTON,IL 60201	36-2167817	501(C)(3)	75,000	0	CASH VALUE		ASTHMA NATIONAL GRANTS PROGRAM RESEARCH AWARD			

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(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	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
NORTHWESTERN UNIVERSITY 1201 DAVIS STREET EVANSTON,IL 60201	36-2167817	501(C)(3)	75,000	0	CASH VALUE		ASTHMA NATIONAL GRANTS PROGRAM RESEARCH AWARD			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(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	<b>(f)</b> Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
OCEANA INC 1350 CONNECTICUT AVE NW 5TH FL WASHINGTON, DC 20036	51-0401308	501(C)(3)	20,000	0	CASH VALUE		DINNER HONORING MAYOR BLOOMBERG'S COMMITMENT TO OCEANA			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
OCEANA INC 1350 CONNECTICUT AVE NW 5TH FL WASHINGTON,DC 20036	51-0401308	501(C)(3)	2,000,000	0	CASH VALUE	N/A	GENERAL SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) Amount 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			
PARCC 1400 16TH STREET NW SUITE 510 WASHINGTON,DC 20036	46-2081206	501(C)(3)	200,000	0	CASH VALUE		RESEARCH AND FAIRNESS INITIATIVE			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(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	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
PENNSYLVANIA STATE UNIVERSITY 1 OLD MAIN UNIVERSITY PARK,PA 168021502	24-6000376	501(C)(3)	75,000	0	CASH VALUE	•	ASTHMA NATIONAL GRANTS PROGRAM RESEARCH AWARD			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(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	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
PENNSYLVANIA STATE UNIVERSITY 1 OLD MAIN UNIVERSITY PARK,PA 168021502	24-6000376	501(C)(3)	75,000	0	CASH VALUE	•	ASTHMA NATIONAL GRANTS PROGRAM RESEARCH AWARD			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
PICO NATIONAL NETWORK 171 SANTA ROSA AVE OAKLAND,CA 94610	94-2206497	501(C)(3)	500,000	0	CASH VALUE	N/A	GENERAL SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
PICO NATIONAL NETWORK 171 SANTA ROSA AVE OAKLAND,CA 94610	94-2206497	501(C)(3)	500,000	0	CASH VALUE	N/A	GENERAL SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
PICO NATIONAL NETWORK 171 SANTA ROSA AVE OAKLAND,CA 94610	94-2206497	501(C)(3)	500,000	0	CASH VALUE	N/A	GENERAL SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(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	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
PROPUBLICA 55 BROADWAY 23RD FLOOR NEW YORK, NY 10006	14-2007220	501(C)(3)	1,000,000	0	CASH VALUE	N/A	GENERAL SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(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	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
PROPUBLICA 55 BROADWAY 23RD FLOOR NEW YORK, NY 10006	14-2007220	501(C)(3)	1,000,000	0	CASH VALUE	N/A	GENERAL SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(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	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
PROPUBLICA 55 BROADWAY 23RD FLOOR NEW YORK, NY 10006	14-2007220	501(C)(3)	1,000,000	0	CASH VALUE	N/A	GENERAL SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(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	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
PROTECT OUR DEFENDERS 20 PARK ROAD SUITE E BURLINGAME, CA 94010	45-4044997	501(C)(3)	25,000	0	CASH VALUE	N/A	GENERAL SUPPORT		

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
REGENTS OF THE UNIVERSITY OF CALIFORNIA AT BERKELEY 2150 SHATTUCK AVE SUITE 313 BERKELEY, CA 947204200	94-6002123	501(C)(3)	83,500	0	CASH VALUE		ASTHMA NATIONAL GRANTS PROGRAM RESEARCH AWARD			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
REGENTS OF THE UNIVERSITY OF CALIFORNIA AT BERKELEY 2150 SHATTUCK AVE SUITE 313 BERKELEY,CA 947204200	94-6002123	501(C)(3)	62,500	0	CASH VALUE		ASTHMA NATIONAL GRANTS PROGRAM RESEARCH AWARD		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
REGENTS OF THE UNIVERSITY OF CALIFORNIA AT BERKELEY 2150 SHATTUCK AVE SUITE 313 BERKELEY,CA 947204200	94-6002123	501(C)(3)	250,000	0	CASH VALUE	[ · · · ·	CENTER FOR EQUITABLE GROWTH			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
REGENTS OF THE UNIVERSITY OF CALIFORNIA AT BERKELEY 2150 SHATTUCK AVE SUITE 313 BERKELEY,CA 947204200	94-6002123	501(C)(3)	100,000	0	CASH VALUE	,	GENERAL SUPPORT FOR THE HUMAN RIGHTS CENTER			

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
REGENTS OF THE UNIVERSITY OF CALIFORNIA AT BERKELEY 2150 SHATTUCK AVE SUITE 313 BERKELEY,CA 947204200	94-6002123	501(C)(3)	125,000	0	CASH VALUE	[ · / · ·	IRP FELLOWSHIP PRO GRAM			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
REGENTS OF THE UNIVERSITY OF CALIFORNIA AT BERKELEY 2080 ADDISON STREET 4200 BERKELEY,CA 94720	94-6002123	501(C)(3)	162,000	0	CASH VALUE	,	ASTHMA NATIONAL GRANTS PROGRAM RESEARCH AWARD			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
REGENTS OF THE UNIVERSITY OF CALIFORNIA AT BERKELEY 2080 ADDISON STREET 4200 BERKELEY,CA 94720	94-6002123	501(C)(3)	62,500	0	CASH VALUE		ASTHMA NATIONAL GRANTS PROGRAM RESEARCH AWARD			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(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	<b>(f)</b> Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
RELIGIOUS ACTION CENTER OF REFORM JUDAISM 2027 MASSACHUSETTS AVE NW WASHINGTON, DC 20036	13-1663143	501(C)(3)	50,000	0	CASH VALUE	N/A	GENERAL SUPPORT			

Form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
SCHWAB CHARITABLE FUND 211 MAIN STREET SAN FRANCISCO,CA 94105	31-1640316	501(C)(3)	100,000	0	CASH VALUE	, ,	FOR DONOR ADVISED PHILANTHROPIC FUND			

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(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	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
STANFORD UNIVERSITY 326 GALVEZ STREET STANFORD,CA 94305	94-1156365	501(C)(3)	7,372,724	0	CASH VALUE		CLINICAL EXCELLENCE RESEARCH CENTER/SCHOOL OF MEDICINE			

Form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
STANFORD UNIVERSITY 326 GALVEZ STREET STANFORD,CA 94305	94-1156365	501(C)(3)	300,000	0	CASH VALUE		PILOTING PERFORMANCE ASSESSMENT IN INNOVATION LAB STUDIES			

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
STANFORD UNIVERSITY 326 GALVEZ STREET STANFORD,CA 94305	94-1156365	501(C)(3)	153,500	0	CASH VALUE	,	POLICY ANALYSIS SUPPORT FOR SCOPE		

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(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	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
STANFORD UNIVERSITY 326 GALVEZ STREET STANFORD,CA 94305	94-1156365	501(C)(3)	32,400	0	CASH VALUE		STANFORD CENTER ON OPPORTUNITY POLICY IN EDUCATION (SCOPE)			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
STANFORD UNIVERSITY 326 GALVEZ STREET STANFORD,CA 94305	94-1156365	501(C)(3)	100,000	0	CASH VALUE		SUPPORTING PERFORMANCE ASSESSMENT IN INNOVATIVE LAB STATES			

form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
THAT MAN MAY SEE INC 10 KORET WAY BOX 0352 SAN FRANCISCO,CA 94143	23-7129943	501(C)(3)	50,000	0	CASH VALUE	N/A	GENERAL SUPPORT			

Form 990, Schedule 1, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
THE AMERICAN CONSTITUTION SOCIETY FOR LAW AND POLICY 1333 H STREET NW 11TH FLOOR WASHINGTON, DC 20005	52-2313694	501(C)(3)	250,000	0	CASH VALUE	N/A	GENERAL SUPPORT			

Form 990, Schedule 1, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
THE AMERICAN CONSTITUTION SOCIETY FOR LAW AND POLICY 1333 H STREET NW 11TH FLOOR WASHINGTON, DC 20005	52-2313694	501(C)(3)	250,000	0	CASH VALUE	N/A	GENERAL SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
THE BOARD OF REGENTS OF THE UNIVERSITY OF WISCONSIN SYSTEM DRAWER 538 MILWAUKEE, WI 532780538	39-6006492	501(C)(3)	125,000	0	CASH VALUE		ASTHMA NATIONAL GRANTS PROGRAM RESEARCH AWARD			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
THE BOARD OF REGENTS OF THE UNIVERSITY OF WISCONSIN SYSTEM DRAWER 538 MILWAUKEE, WI 532780538	39-6006492	501(C)(3)	125,000	0	CASH VALUE		ASTHMA NATIONAL GRANTS PROGRAM RESEARCH AWARD			

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
THE CITY COLLEGE FUND CITY COLLEGE OF NEW YORK CITY SHEPARD HALL RM 166 NEW YORK, NY 10031	13-1760098	501(C)(3)	25,000	0	CASH VALUE	N/A	GENERAL SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
THE MANAGEMENT CENTER 1710 RHODE ISLAND AVENUE NW SUITE 1100 WASHINGTON, DC 20036	20-5197607	501(C)(3)	100,000	0	CASH VALUE	N/A	GENERAL SUPPORT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA BIOSCI III SUITE 1400 IRVINE,CA 926971050	95-2226406	501(C)(3)	75,000	0	CASH VALUE	,	ASTHMA NATIONAL GRANTS PROGRAM RESEARCH AWARD			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA BIOSCI III SUITE 1400 IRVINE,CA 926971050	95-2226406	501(C)(3)	75,000	0	CASH VALUE	,	ASTHMA NATIONAL GRANTS PROGRAM RESEARCH AWARD			

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA AT SAN DIEGO 9500 GILMAN DRIVE MAIL CODE 0009 LA JOLLA,CA 920930009	95-6006144	501(C)(3)	125,000	0	CASH VALUE		ASTHMA NATIONAL GRANTS PROGRAM RESEARCH AWARD			

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA AT SAN DIEGO 9500 GILMAN DRIVE MAIL CODE 0009 LA JOLLA,CA 920930009	95-6006144	501(C)(3)	125,000	0	CASH VALUE		ASTHMA NATIONAL GRANTS PROGRAM RESEARCH AWARD			

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA SAN FRANCISCO PO BOX 45339 SAN FRANCISCO,CA 941450339	94-6036493	501(C)(3)	75,000	0	CASH VALUE		ASTHMA NATIONAL GRANTS PROGRAM RESEARCH AWARD			

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA SAN FRANCISCO PO BOX 45339 SAN FRANCISCO,CA 941450339	94-6036493	501(C)(3)	75,000	0	CASH VALUE		ASTHMA NATIONAL GRANTS PROGRAM RESEARCH AWARD			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(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			
THE ROCKEFELLER UNIVERSITY 1230 YORK AVENUE NEWYORK,NY 10021	13-1624158	501(C)(3)	75,000	0	CASH VALUE	'	ASTHMA NATIONAL GRANTS PROGRAM RESEARCH AWARD			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(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			
THE ROCKEFELLER UNIVERSITY 1230 YORK AVENUE NEWYORK,NY 10021	13-1624158	501(C)(3)	75,000	0	CASH VALUE	'	ASTHMA NATIONAL GRANTS PROGRAM RESEARCH AWARD			

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
THE SCHOTT FOUNDATION FOR PUBLIC EDUCATION 675 MASSACHUSETTS AVENUE 8TH FLOOR CAMBRIDGE,MA 02139	04-3457065	501(C)(3)	50,000	0	CASH VALUE		COLLABORATIVE WORK WITH SCOPE ON OTL ISSUES			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States											
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
THE TRUSTEES OF BOSTON UNIVERSITY 25 BUICK STREET 2ND FLOOR BOSTON,MA 02215	04-2103547	501(C)(3)	75,000	0	CASH VALUE	,	ASTHMA NATIONAL GRANTS PROGRAM RESEARCH AWARD				

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States											
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
THE TRUSTEES OF BOSTON UNIVERSITY 25 BUICK STREET 2ND FLOOR BOSTON,MA 02215	04-2103547	501(C)(3)	75,000	0	CASH VALUE	,	ASTHMA NATIONAL GRANTS PROGRAM RESEARCH AWARD				

Form 990, Schedule 1, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(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	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
THE UNIVERSITY OF IOWA B5 JESSUP HALL IOWA CITY,IA 52245	42-6004813	501(C)(3)	75,000	0	CASH VALUE		ASTHMA NATIONAL GRANTS PROGRAM RESEARCH AWARD		

Form 990, Schedule 1, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(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	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
THE UNIVERSITY OF IOWA B5 JESSUP HALL IOWA CITY,IA 52245	42-6004813	501(C)(3)	75,000	0	CASH VALUE		ASTHMA NATIONAL GRANTS PROGRAM RESEARCH AWARD		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
THE UNIVERSITY OF TEXAS MD ANDERSON CANCER CENTER PO BOX 4390 HOUSTON,TX 772104390	74-6000203	501(C)(3)	125,000	0	CASH VALUE	,	ASTHMA NATIONAL GRANTS PROGRAM RESEARCH AWARD			

Form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
THE UNIVERSITY OF TEXAS MD ANDERSON CANCER CENTER PO BOX 4390 HOUSTON,TX 772104390	74-6000203	501(C)(3)	125,000	0	CASH VALUE	,	ASTHMA NATIONAL GRANTS PROGRAM RESEARCH AWARD			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(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			
TIDES FOUNDATION PO BOX 29903 SAN FRANCISCO,CA 941290903	51-0198509	501(C)(3)	50,000	0	CASH VALUE		THE LATINO ENGAGEMENT FUND			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA 3451 WALNUT STREET PHILADELPHIA, PA 191046205	23-1352685	501(C)(3)	125,000	0	CASH VALUE	,	ASTHMA NATIONAL GRANTS PROGRAM RESEARCH AWARD			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA 3451 WALNUT STREET PHILADELPHIA, PA 191046205	23-1352685	501(C)(3)	125,000	0	CASH VALUE	,	ASTHMA NATIONAL GRANTS PROGRAM RESEARCH AWARD			

Form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
TURTLE ISLAND RESTORATION NETWORK POBOX 400 FOREST KNOLLS, CA 94933	91-1818080	501(C)(3)	75,000	0	CASH VALUE	N/A	GENERAL SUPPORT		

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
TURTLE ISLAND RESTORATION NETWORK POBOX 400 FOREST KNOLLS,CA 94933	91-1818080	501(C)(3)	250,000	0	CASH VALUE	N/A	GENERAL SUPPORT			

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
UNIVERSITY OF CALIFORNIA SAN FRANCISCO FOUNDATION 220 MONTGOMERY STREET 5TH FLOOR SAN FRANCISCO,CA 94104	94-2829914	501(C)(3)	69,472	0	CASH VALUE		IN SUPPORT OF THE NEUROSCIENCES INITIATIVE BUILDING CAMPAIGN		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
UNIVERSITY OF CALIFORNIA SAN FRANCISCO FOUNDATION 220 MONTGOMERY STREET 5TH FLOOR SAN FRANCISCO,CA 94104	94-2829914	501(C)(3)	50,000	0	CASH VALUE	•	OSHER CENTER FOR INTEGRATIVE MEDICINE			

Form 990, Schedule 1, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
UNIVERSITY OF CALIFORNIA SAN FRANCISCO FOUNDATION 220 MONTGOMERY STREET 5TH FLOOR SAN FRANCISCO,CA 94104	94-2829914	501(C)(3)	200,000	0	CASH VALUE	l	ADMINISTRATIVE COSTS FOR AAFRP		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
UNIVERSITY OF CALIFORNIA SAN FRANCISCO FOUNDATION 220 MONTGOMERY STREET 5TH FLOOR SAN FRANCISCO,CA 94104	94-2829914	501(C)(3)	1,412,500	0	CASH VALUE	•	SANDLER ASTHMA BASIC RESEARCH CENTER (SABRE)			

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
UNIVERSITY OF CALIFORNIA SAN FRANCISCO FOUNDATION 220 MONTGOMERY STREET 5TH FLOOR SAN FRANCISCO,CA 94104		501(C)(3)	3,000,000	0	CASH VALUE		PROGRAM FOR BREAKTHROUGH BIOMEDICAL RESEARCH		

Form 990, Schedule 1, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
UNIVERSITY OF CALIFORNIA SAN FRANCISCO FOUNDATION 220 MONTGOMERY STREET 5TH FLOOR SAN FRANCISCO,CA 94104	94-2829914	501(C)(3)	204,100	0	CASH VALUE	l	ADMINISTRATIVE COSTS FOR AAFRP		

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
UNIVERSITY OF CALIFORNIA SAN FRANCISCO FOUNDATION 220 MONTGOMERY STREET 5TH FLOOR SAN FRANCISCO,CA 94104	94-2829914	501(C)(3)	261,000	0	CASH VALUE	l	ADMINISTRATIVE COSTS FOR AAFRP		

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
UNIVERSITY OF CALIFORNIA SAN FRANCISCO FOUNDATION 220 MONTGOMERY STREET 5TH FLOOR SAN FRANCISCO, CA 94104	94-2829914	501(C)(3)	2,000,000	0	CASH VALUE		NEUROSCIENCES INITIATIVE BUILDING CAMPAIGN			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
UNIVERSITY OF CALIFORNIA SAN FRANCISCO FOUNDATION 220 MONTGOMERY STREET 5TH FLOOR SAN FRANCISCO,CA 94104	94-2829914	501(C)(3)	1,474,545	0	CASH VALUE		INSTITUTE OF NEURO DEGENERATIVE DISEASES			

form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> 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			
UNIVERSITY OF CHICAGO 5235 S HARPER COURT 4TH FLOOR CHICAGO,IL 60615	36-2177139	501(C)(3)	75,000	0	CASH VALUE		ASTHMA NATIONAL GRANTS PROGRAM RESEARCH AWARD			

form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> 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			
UNIVERSITY OF CHICAGO 5235 S HARPER COURT 4TH FLOOR CHICAGO,IL 60615	36-2177139	501(C)(3)	75,000	0	CASH VALUE		ASTHMA NATIONAL GRANTS PROGRAM RESEARCH AWARD			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
UNIVERSITY OF MARYLAND BALTIMORE PO BOX 41428 BALTIMORE, MD 212036428	52-6002033	501(C)(3)	75,000	0	CASH VALUE	,	ASTHMA NATIONAL GRANTS PROGRAM RESEARCH AWARD			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
UNIVERSITY OF MARYLAND BALTIMORE PO BOX 41428 BALTIMORE, MD 212036428	52-6002033	501(C)(3)	75,000	0	CASH VALUE	,	ASTHMA NATIONAL GRANTS PROGRAM RESEARCH AWARD			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
UNIVERSITY OF MARYLAND BALTIMORE PO BOX 41428 BALTIMORE, MD 212036428	52-6002033	501(C)(3)	75,000	0	CASH VALUE	,	ASTHMA NATIONAL GRANTS PROGRAM RESEARCH AWARD			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
UNIVERSITY OF MARYLAND BALTIMORE PO BOX 41428 BALTIMORE, MD 212036428	52-6002033	501(C)(3)	75,000	0	CASH VALUE	,	ASTHMA NATIONAL GRANTS PROGRAM RESEARCH AWARD			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
VIRGINIA COMMONWEALTH UNIVERSITY PO BOX 843039 RICHMOND, VA 232843039	54-6001758	501(C)(3)	125,000	0	CASH VALUE		ASTHMA NATIONAL GRANTS PROGRAM RESEARCH AWARD			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
VIRGINIA COMMONWEALTH UNIVERSITY PO BOX 843039 RICHMOND, VA 232843039	54-6001758	501(C)(3)	125,000	0	CASH VALUE		ASTHMA NATIONAL GRANTS PROGRAM RESEARCH AWARD			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
WILDAID INC 744 MONTGOMERY STREET SUITE 300 SAN FRANCISCO,CA 94111	20-3644441	501(C)(3)	200,000	0	CASH VALUE	N/A	GENERAL SUPPORT			

Form 990,Schedule I, Pa	rt II, Grants an	<u>d Other Assistance</u>	e to Governments	and Organizations	s in the United Sta	tes	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WILDCOAST 925 SEACOAST DRIVE IMPERIAL BEACH, CA 91932	77-0536297	501(C)(3)	300,000	0	CASH VALUE	N/A	GENERAL SUPPORT

Form 990,Schedule 1, Pai	rt II, Grants an	<u>a Otner Assistance</u>	<u>a to Governments</u>	and Organization	s in the United Sta	,tes	
(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	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YALE UNIVERSITY PO BOX 1873 NEW HAVEN,CT 065081873	06-0646973	501(C)(3)	75,000	0	CASH VALUE	,	ASTHMA NATIONAL GRANTS PROGRAM RESEARCH AWARD

Form 990,Schedule I, Pai	rt II, Grants an	<u>a Otner Assistance</u>	<u>a to Governments</u>	and Organization	s in the United Sta	,tes	
(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	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YALE UNIVERSITY PO BOX 1873 NEW HAVEN,CT 065081873	06-0646973	501(C)(3)	75,000	0	CASH VALUE	,	ASTHMA NATIONAL GRANTS PROGRAM RESEARCH AWARD

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DLN: 93493133033885

OMB No 1545-0047

Schedule J (Form 990)

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** ► Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

► Attach to Form 990. ► See separate instructions. ▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990. Open to Public Inspection

Name of the organization SANDLER FOUNDATION

Department of the Treasury

Internal Revenue Service

**Employer identification number** 

94-3147856

Pa	Tt I Questions Regarding Compensation						
			Yes	No			
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, 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	Yes				
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?	•	V				
	directors, trustees, officers, filefading the GEO/Exceditive Birector, regarding the feelins effected in file 14.	2	Yes				
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 Written employment contract						
	☐ Independent compensation consultant ☐ Compensation survey or study						
	Form 990 of other organizations  Approval by the board or compensation committee						
4	During the year, did any person listed in Form 990, Part VII, Section A, line $1a$ with respect to the filing organization or a related organization						
а	Receive a severance payment or change-of-control payment?	4a		No			
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Νo			
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Νo			
	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			
	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		No			
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		No			
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						
	ın Part III	8		Νo			
9	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

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MIS	(iii) Other	(C) Retirement and other deferred	( <b>D)</b> Nontaxable benefits	(E) Total of columns	(F) Compensation reported as deferred
		compensation	incentive compensation	reportable compensation	compensation		(B)(ı)-(D)	ın prıor Form 990
(1)STEVE DAETZ EXECUTIVE VP	(i) (ii)	386,094 0	0	366 0	51,000 0	22,672 0	460,132 0	0 0
(2)MARK REISBAUM TREASURER/SECRETARY	(i) (ii)	0 222,637	0	0 690	0 6,741	0 12,565	0 242,633	0
(3)SERGIO KNAEBEL GRANT DIRECTOR	(i) (ii)	145,585 0	0	293 0	22,290	473 0	168,641 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

Also complete this part for any date	artional information
Return Reference	Explanation
PART I, LINE 1A	THE ORGANIZATION HAS A WRITTEN EXPENSE REIMBURSEMENT POLICY THAT PERMITS REIMBURSEMENT OF AIR TRAVEL FOR FLIGHTS EXCEEDING A CERTAIN DURATION AT A CLASS OF SERVICE HIGHER THAN COACH CLASS TICKETS, SUBJECT TO AUTHORIZATION AND APPROVAL BY THE INDIVIDUAL'S MANAGER, TOGETHER WITH APPROPRIATE DOCUMENTATION
PART I, LINE 3	FORM 990, PART VI, SECTION B, LINE 15 THE ORGANIZATION HAS FULL TIME EMPLOYEES AND COMPENSATES ONE OFFICER THE EXECUTIVE VICE PRESIDENT'S COMPENSATION IS REVIEWED ANNUALLY BY THE GOVERNING BOARD OF DIRECTORS, ALONG WITH A MEMO SUMMARIZING SALARY COMPARABILITY DATA PROPOSED COMPENSATION ADJUSTMENTS FOR THE EXECUTIVE VICE PRESIDENT ARE DISCUSSED AND APPROVED BY THE INDEPENDENT GOVERNING BOARD OF DIRECTORS CERTAIN OFFICERS AND/OR DIRECTORS ARE ALSO COMPENSATED BY A RELATED PARTY, THE JEWISH COMMUNITY FEDERATION OF SAN FRANCISCO, THE PENINSULA, MARIN AND SONOMA COUNTIES ('JCF') JCF DOES A COMPENSATION SURVEY AND ANALYSIS FOR THE SENIOR LEVEL POSITIONS JCF LOOKS AT COMPENSATION THAT IS EQUITABLE INTERNALLY AND EXTERNALLY FOR THESE POSITIONS THE EXECUTIVE COMMITTEE OFFICERS APPROVE THE COMPENSATION FOR THE JCF CEO THERE IS A PERIODIC REVIEW OF ALL SALARIES FROM AN INDEPENDENT PROFESSIONAL COMPENSATION ORGANIZATION THE REVIEW INCLUDES SIMILAR POSITIONS IN THE NON-PROFIT AND FOR-PROFIT SECTOR LOCALLY AND IS ADJUSTED NATIONALLY THE COMPENSATION REVIEW ALSO ANALYZES COMPENSATION INFORMATION FROM OTHER FORM 990S
1	FOR SIMILAR ORGANIZATIONS AS WELL AS MANY OTHER SOURCES OF COMPENSATION DATA

Schedule J (Form 990) 2013

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OMB No 1545-0047

2013

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Inspection

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

Department of the Treasury Internal Revenue Service

## Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

Name of the organization SANDLER FOUNDATION

Employer identification number

94-3147856

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	HERBERT SANDLER AND SUSAN SANDLER ARE FATHER AND DAUGHTER
FORM 990, PART VI, SECTION B, LINE 11	THE FORM 990 IS PREPARED BASED ON AUDITED FINANCIAL STATEMENTS AND WITH THE ASSISTANCE OF THE RELATED PARTY'S FINANCE AND ACCOUNTING STAFF THE FINAL DRAFT OF THE 990 IS REVIEWED B Y THE TREASURER THE PRESIDENT AND/OR OTHER OFFICERS AND DIRECTORS RECEIVE THE FINAL VERSI ON OF THE FORM PRIOR TO FILING
FORM 990, PART VI, SECTION B, LINE 12C	THE ORGANIZATION REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES COMPLIANCE WITH ITS CONF LICT OF INTEREST POLICY ALL DIRECTORS AND OFFICERS CONFIRM EACH YEAR THAT THEY ARE NOT AW ARE OF ANY CONFLICTS OF INTEREST AS TO THEMSELVES OR OTHERS, AND THE ORGANIZATION MONITORS COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY THROUGHOUT THE YEAR THE SUPPORTED ORGANI ZATION REQUESTS COMPLETION OF AN ANNUAL DISCLOSURE FORM, ENSURES THAT ALL FORMS HAVE BEEN RECEIVED AND PREPARES A SUMMARY OF DISCLOSURES AND FORWARDS THE FORMS AND SUMMARY TO ITS L EGAL COUNSEL THE SUPPORTED ORGANIZATION'S CFO ALSO RECEIVES A COPY OF THE SUMMARY AND REV IEWS ALL FORMS AND IS RESPONSIBLE FOR ASSURING APPROPRIATE REPORTING TO THE EXTERNAL AUDIT ORS AND DISCLOSURE IN THE ANNUAL TAX FILINGS
FORM 990, PART VI, SECTION B, LINE 15B	THE EXECUTIVE VICE PRESIDENT'S COMPENSATION IS REVIEWED ANNUALLY BY THE GOVERNING BOARD OF DIRECTORS, ALONG WITH A MEMO SUMMARIZING SALARY COMPARABILITY DATA PROPOSED COMPENSATION ADJUSTMENTS FOR THE EXECUTIVE VICE PRESIDENT ARE DISCUSSED AND APPROVED BY THE INDEPENDEN T GOVERNING BOARD OF DIRECTORS
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION IS A PART OF THE JEWISH COMMUNITY FEDERATION, A RELATED PARTY, THAT MAKES ITS CONSOLIDATED AUDITED FINANCIAL STATEMENTS AND FORM 990 FOR THE MOST RECENT THREE YEAR S AND CONFLICT OF INTEREST POLICY AVAILABLE TO THE PUBLIC UPON REQUEST
FORM 990 (VARIOUS)	DUE TO TAX SOFTWARE LIMITATIONS, CERTAIN QUESTIONS THAT SHOULD HAVE BEEN ANSWERED N/A WERE LEFT BLANK AS FOLLOWS 1) PART IV, QUESTION 20B, 24B, 24C, 24D, 35B 2) PART V, QUESTION 2 B, 3B, 4B, 5C, 6B, 7B, 7D, 7G, 7H, 8, 9A, 9B, 10A, 10B, 11A, 11B, 12A, 12B, 13A, 13B, 13C, 14B 3) PART VI, QUESTION 10B, 16B 4) PART XII, QUESTION 3B 5) SCHEDULE J, QUESTION 1A, 1B, 2, 3, 9

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DLN: 93493133033885

2013

OMB No 1545-0047

Open to Public Inspection

**Employer identification number** 

## **SCHEDULE R** (Form 990)

Name of the organization

Department of the Treasury Internal Revenue Service

## **Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ► Attach to Form 990. ► See separate instructions.

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

SANDLER FOUNDATION 94-3147856 Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33,

<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Total income	(e) End-of-year assets	<b>(f)</b> Direct controlling entity	
				_	
	(b) Primary activity	Primary activity Legal domicile (state	Primary activity Legal domicile (state   Total income	Primary activity   Legal domicile (state   Total income   End-of-year assets	Primary activity Legal domicile (state   Total income   End-of-year assets   Direct controlling

/ <del></del>		•		•			
Part II Identification of Related Tax-Exempt Organiz or more related tax-exempt organizations during the		e organization an	swered "Yes" on F	form 990, Part IV,	line 34 because it	had or	ne
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section (13) co	<b>g)</b> 512(b) ontrolled tity?
(1) JEWISH COMMUNITY FEDERATION OF SF 121 STEUART STREET	BUILD, MAINTAIN AND STRENGTHEN JEWISH IDENTITY, COMM AND LIFE	CA	501(C)(3)	LINE 7	N/A	Yes	No No
SAN FRANCISCO, CA 94105 94-1156533							
For Paperwork Reduction Act Notice, see the Instructions for Form 990.		Cat No 5013	5Y	•	Schedule R (Forn	n 990) 2	013

(a)		(b)	(c)	(d)	(e)	(f)	(g)	(t	1)	(i)	l (i	i)	(k)
Name, address, and EIN of related organization		Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of	Disproj	ortionate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana	ral or	Percentage ownership
					3117			Yes	No		Yes	No	
_													
IV Identification of Related Org- line 34 because it had one or mo							ar.	were	d "Yes	" on Form (		Part	IV,
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)		Direct controlli entity		y Share of to	otal Share of-	of end- year ssets		ercentage wnership	Sectio (b)( contr ent	on 512 (13) rolled	
									_	<u>[</u>	Yes		No

(4) JEWISH COMMUNITY FEDERATION OF SAN FRANCISCO

Part	t V	Transactions With Related Organizations Complete if the organization	n answered "Yes" on Foi	m 990, Part IV, lın	e 34, 35b, or 36.					
	Note.	Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	No		
<b>1</b> Dur	rıng th	e tax year, did the orgranization engage in any of the following transactions with one or	more related organizations	listed in Parts II-IV?						
a l	Receip	t of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a		No		
b	Gıft, g	ant, or capital contribution to related organization(s)				1b	Yes			
<b>c</b> (	Gıft, gı	ant, or capital contribution from related organization(s)				1c	Yes			
d I	Loans	or loan guarantees to or for related organization(s)				1d		No		
e I	Loans	or loan guarantees by related organization(s)				1e		No		
f [	Divide	nds from related organization(s)				1f		No		
g S	Sale o	fassets to related organization(s)				1g		No		
h I	Purch	se of assets from related organization(s)				1h		No		
i Exchange of assets with related organization(s)										
j Lease of facilities, equipment, or other assets to related organization(s)										
<b>k</b> 1	Lease	of facilities, equipment, or other assets from related organization(s)				1k		No		
I P	erforr	nance of services or membership or fundraising solicitations for related organization(s)	)			11		No		
m P	erforr	nance of services or membership or fundraising solicitations by related organization(s)				1m	Yes			
n S	harıng	of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		No		
o :	Sharın	g of paid employees with related organization(s)				10		No		
p I	Reımb	ursement paid to related organization(s) for expenses				1р	Yes			
q l	Reımb	ursement paid by related organization(s) for expenses				1q		No		
r	Other	ransfer of cash or property to related organization(s)				1r		No		
s (	Other	transfer of cash or property from related organization(s)				1s		No		
<b>2</b> I	fthea	nswer to any of the above is "Yes," see the instructions for information on who must co	omplete this line, including	covered relationships	and transaction thresholds					
		(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	(c) Amount involved	(d) Method of determining am	ount ı	nvolve	d		
( <b>1)</b> JEW	ISH CC	MMUNITY FEDERATION OF SAN FRANCISCO	В	550,000	CASH VALUE					
<b>(2)</b> JEW	/ISH CC	MMUNITY FEDERATION OF SAN FRANCISCO	М	200,000	CASH VALUE					
(3) JEW	/ISH CC	MMUNITY FEDERATION OF SAN FRANCISCO	С	546,000	CASH VALUE					

13,352 CASH VALUE

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

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross)

Rame, address, and I lik of entry    Production   Product	revenue) that was not a related organization. See instructions	regarding excl	usion for c	ertaın ınvest	ment	t partnerships	;							
	(a) Name, address, and EIN of entity	(b) Primary activity	domicile (state or foreign	Predominant income (related, unrelated, excluded from tax under sections 512-	org	section 501(c)(3) ganizations?	total	end-of-year		_	amount in box 20 of Schedule K-1 (Form 1065)	managing partner?		ownership
		1		314)	Yes	No			Yes	No		Yes	No	
					$\vdash$							Ţ	]	1

Schedule R (Form 990) 2013

#### Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference Explanation

Schedule R (Form 990) 2013



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



DLN: 93493046028426

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

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

OMB No 1545-0047

2014

Open to Public Inspection

		C Name of organization	g 07-01-2014 , and ending 06-30-20	13	D Employ	er iden	ntification number	
	eck if applicab Tress change	SANDLER FOUNDATION						
	ne change	Doing huamass			94-31	4/856	)	
	ial return	Doing business as						
•		Number and street (or P O box if r	nail is not delivered to street address) Room/	suite	E Telepho	ne numl	ber	
Fin- reti	arn/terminate	d 121 STEUART STREET			(415)	777-0	411	
┌ Am	ended return	City or town, state or province, cou	ntry, and ZIP or foreign postal code					
┌ App	olication pendi	SAN FRANCISCO, CA 94105			<b>G</b> Gross re	ceipts \$	87,305,411	
		<b>F</b> Name and address of pri	ncipal officer	H(a)	Is this a group	roturn	for	
		HERBERT M SANDLER			subordinates?	return	Yes   Vo	
		121 STEUART STREET SAN FRANCISCO, CA 941	0.5					
					Are all subordır ıncluded?	ates	Γ Y es Γ No	
I Ta	x-exempt sta	tus 🔽 501(c)(3) 🔽 501(c)( ) 🖪	insert no )			a list i	(see instructions)	
1 W	ebsite: ►	Ν/Δ		┥、	Croup avament	on nun	ahar 🌬	
			_	H(c)	Group exempti			
		tion 🔽 Corporation 🦳 Trust 🦳 Association	on Other ►	<b>L</b> Yea	r of formation 199	2 <b>M</b>	State of legal domicile CA	
Pa	rt I Su	ımmary						
		y describe the organization's missi	on or most significant activities NAL, & RELIGIOUS PURPOSES OF J	EMICH CO	NM EEDEDAT	T O N O	NE CE	
01	3077	ORTS CHARITABLE, EDUCATIO	NAL, & RELIGIOUS PURPOSES OF I	EWISH CO	DMM FEDERAL	10 N O	7 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	
ž								
139								
圣	2 Checl	k this box 🛏 if the organization d	scontinued its operations or disposed	l of more t	han 25% of its	net as:	sets	
Activities & Governance						l _ l	1 _	
<b>න්</b> රෙ			ing body (Part VI, line 1a)			3	5	
ĕ			of the governing body (Part VI, line 1			4	4	
톭			calendar year 2014 (Part V, line 2a)			5	6	
¥			necessary)			6	0	
			art VIII, column (C), line 12 rom Form 990-T, line 34			7a	0	
	<b>b</b> Net u	illelated busiliess taxable illcome	10111 F01111 990-1, IIIIe 34	<del></del>		7b	0 C::::::::::::::::::::::::::::::::::::	
			1 h)		Prior Year	0.4	Current Year	
ā			ne 1h)		27,146,9	0	38,632,886	
Revenue	-		ne 2g)		48,244,1		24,209,810	
歪			lines 5, 6d, 8c, 9c, 10c, and 11e)	•	40,244,1	0	24,209,810	
			(must equal Part VIII, column (A), li	ne —		$\dashv$		
		)			75,391,1	13	62,842,696	
	<b>13</b> Gra	nts and similar amounts paid (Part	IX, column (A), lines 1-3)		53,643,4	62	46,247,677	
	<b>14</b> Ber	nefits paid to or for members (Part	(X, column (A), line 4)			0	0	
			ee benefits (Part IX, column (A), lines		1,137,1	01	1,070,384	
Expenses	5-:	•	and the second s		· · ·			
র্			column (A), line 11e)	•		0	0	
蓋	<b>b</b> Tota	ll fundraising expenses (Part IX, column (E	), line 25) ▶- <u>0</u>					
	<b>17</b> Oth	ner expenses (Part IX, column (A),	lines 11a-11d, 11f-24e)		1,248,4	87	1,539,886	
			st equal Part IX, column (A), line 25)		56,029,0	50	48,857,947	
	<b>19</b> Rev	enue less expenses Subtract line	18 from line 12	-	19,362,0	63	13,984,749	
\$ 8 \$ 8				Begi	inning of Curren	t	End of Year	
Set Sen	<b>20</b> Tot	alaccete (Part V line 16)		-	<b>Year</b> 884,877,0	8 2	919,716,566	
Not Assets or Fund Balances					9,911,8	-	7,706,460	
を発			line 21 from line 20		874,965,2		912,010,106	
		gnature Block	ZI HOM MIE ZU		57 <del>1</del> ,505,2	' -	712,010,100	
		<u>=</u>	amined this return, including accompa	anvina ech	edules and stat	ement	s and to the hest of	
			nplete Declaration of preparer (other					
prepa	rer has any	/ knowledge						
	<b>.</b> .	****			2016 02 12			
Sign	<b>     </b> -	ignature of officer			2016-02-12 Date			
Here	- I.	OLDEN LEE CFO - JCF						
	I ■ ∴	ype or print name and title						
	17	Print/Type preparer's name	Preparer's signature	Date	CHECK! II	PTIN		
Paid	t	DONALD A CORBETT	DONALD A CORBETT	2016-02-12	self-employed	P00186		
	parer	Firm's name FGRANT THORNTON LL	Y		Firm's EIN ► 36	-605555	00	
	Only	Firm's address > 101 CALIFORNIA SUIT	E 2700		Phone no (415)	986-39	000	
	<b></b>	SAN FRANCISCO, CA	94111					

✓ Yes ☐ No

-orm	n 990 (2014)				Page <b>2</b>
Par		ment of Program Service A  If Schedule O contains a response		·	
1		be the organization's mission  OPERATES EXCLUSIVELY FOR	CHARITARIE EDUCATIONAL O	NR RELICIOUS BURDOSES BY	CONDUCTING OR
SUP	PORTING ACT	IVITIES FOR THE BENEFIT OF, CO., THE PENINSULA, MARIN AND	R TO CARRY OUT THE PURPOS		
_					
2	the prior Form	zation undertake any significant pr 1990 or 990-EZ?		nich were not listed on	┌ Yes ┌ No
	If "Yes," desc	ribe these new services on Schedu	ile O		
3	services? .	zation cease conducting, or make	significant changes in how it cond	ucts, any program	┌ Yes ┌ No
	If "Yes," desc	ribe these changes on Schedule O			
4	expenses Sec	organization's program service acc ction 501(c)(3) and 501(c)(4) orga nses, and revenue, if any, for each	inizations are required to report the		
4a		) (Expenses \$ 40 ON MADE GRANTS IN SUPPORT OF THE CH F SAN FRANCISCO, THE PENINSULA, MARI		46,247,677 ) (Revenue \$ R RELIGIOUS PURPOSES OF THE JEWI	) SH COMMUNITY
4b	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
4c	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
4d	Other progra (Expenses \$	m services (Describe in Schedule including	O ) grants of \$	) (Revenue \$	)
4e	Total program	m service expenses ► 46,	247,677		
_					

Part IV	Checkli	st of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1	Yes	
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	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		No
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 $IV^{\square}$	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		No
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	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule $E$	13		Νo
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	Yes	
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	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		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		No
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 domestic 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 or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
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), 501(c)(4), and 501(c)(29) 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 "Yes," 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? <i>If "Yes," complete Schedule L, Part III</i>	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			
		28a		No
	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		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		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? <i>If "Yes," complete Schedule R, Part I</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	Yes	
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	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		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?	38	Yes	

Form 990 (2014)

Part V Statements Regarding Other IRS Filings and Tax Compliance

1		Check if Schedule O contains a response or note to any line in this Part V			
be Enter the number of Form W-2G included in line 1 a Enter - 0- Indica applicable 20.0 In the organization comby with backup withholding rules for reportable payments to vendors and reportable payments. To vendors and reportable payments to vendors and reportable payments. The vendors and reportable payments to vendors and reportable payments. The vendors and reportable payments to vendors and reportable payments. The vendors and reportable payments to vendors and reportable payments. The vendors are vendors and reportable payments that returns the vendors are vendors and reportable payments. The vendors are vendors and reportable payments that returns the vendors are vendors and reportable payments. The vendors are vendors and reportable payments that returns the vendors are vendors and reportable payments. The vendors are vendors and reportable payments that returns the vendors are vendors and reportable payments. The vendors are vendors and reportable payments that the organization have an interest in, or a signature or other earthority over a fine ratio account in organization are vendors and reportable payments for Find CRIP Form 114, Report of Foreign Bask and Financial Accounts (FibAs).  5. Was the organization and party to a prohibited tax shelter transaction at any time during the tax year?  5. Was the organization and party to a prohibited tax shelter transaction at any time during the tax year?  5. Vendors the organization are vendors and reportable tax shelter transaction?  6. Did did not taxobe party north the representable that was or a party to a prohibited tax shelter transaction are any time during the tax year?  6. Did any taxobe party north the representable that was or a prohibited tax shelter transaction?  6. Did the organization are vendors and that the organization file form 8.866-17.  6. Did the organization received account of the value of the goods or services provided?  7. Organization that may receive deductible contributions under section 170(c).  8. Did the organization received a					No
Do the organization comply with backup withholding uses for reportable payments to vendors and reportable garming (parming) winnings to prize winners?  22 Enter the number of employees reported or Form W-3, Transmittal of Wage and Tax Statements, field of the calendary see anding with or within the vear covered by this return.  3 If a secondary see anding with or within the vear covered by this return.  4 If a secondary see anding with or within the vear covered by this return.  5 If a secondary see anding with or within the vear of the vear?  5 Note, I the sum of lines 1s and 2s is greater than 120, you may be required to e-file (see instructions).  5 If Yes, I have it filed a form 990-T for this year? If 'No' to line 30, provide an explanation in Schedule O.  5 If Yes, I have it filed a form 990-T for this year? If 'No' to line 30, provide an explanation in Schedule O.  5 If Yes, I have the name of the bringin country. I have a been decarding, or chart year, the same of the bringin country. I have a been decarded, or chart with a seen and secondary.  5 If Yes, I winter the name of the bringin country. I have a been decarded, or chart with the same of the bringin country. I have a seen a secondary or constitution of the seen secondary or an aparty to a prohibited tax shelter transaction at any time during the tax year?  5 If Yes, I win in See of St, did the organization file form 8388-T?  5 If Yes, I will not See of St, did the organization file form 8388-T?  5 If Yes, I will not See of St, did the organization file form 8388-T?  5 If Yes, I will not seen a seen a secondary or contribution of the venture of the secondary or contribution of the venture of the secondary or contribution of the venture of the secondary or contribution of the venture of the secondary or contribution of the venture of the secondary or contribution of the venture of the goods or serves provided?  6 If Yes, Yes, I will not seen a server of the value of the goods or serves provided?  7 If Yes, Yes the organization make a server of the					
gamma (gambling) winnings to prize winners?  2 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.  5 If fat least one is reported on line 2, and the organization file all required federal employment tax returns?  5 If the least one is reported on line 2, and the organization file all required federal employment tax returns?  5 If the organization have unrelated business gross income of \$1,000 or more during the year?  5 If Yes, and the organization have unrelated business gross income of \$1,000 or more during the year?  5 If Yes, and the organization have unrelated business gross income of \$1,000 or more during the year?  5 If Yes, and the organization have unrelated business gross income of \$1,000 or more during the year?  5 If Yes, and the organization have unrelated business gross income of \$1,000 or more during the year?  5 If Yes, and the organization forganization have an interestin, or a signature or other during the year over, a financial accounts in foreign country (such as a bank account, securities account, or other financial accounts accounts).  5 If Yes, and the name of the foreign country (such as a bank account, securities account, or other financial accounts (FBAR).  5 If Yes, or other financial accounts of the foreign country (such as a bank account, securities account, or other financial accounts (FBAR).  5 If Yes, or other financial accounts of the foreign country (such as a bank account, securities accounts, or other financial accounts of the foreign country (such as a bank account, securities account, or other financial accounts or financial accounts of the foreign country (such as a security (such as a sequential accounts of the foreign country (such as a sequential accounts).  5 If Yes, or other financial accounts of the foreign country (such as a sequential accounts of the foreign country (such as a sequential accounts).  5 If Yes, or other financial accounts of the	b	Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable  1b	<u> </u>		
Tax Statements, filed for the celendar year ending with or within the year covered by this return.  If it is least one is reported on line 22, did the organization of feal ir require federal employment tax returns?  Note. If the sum of lines 1 and 2 are greater than 250, you may be required to e-file (see instructions)  30. Did the organization have unrelated business gross income of \$1,000 or more during the ver?  44. At any time during the celendar year, did the organization have an interest in, of a segreture or other authority cauches as been account, are street financial accounts?  45. If Y'es, "see the name of the freque recursory.  56. See matrications for filing requirements for FinCE N Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  57. See the organization a party to a prohibited tax shelter transaction at any time during the tax year?  58. Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  59. Did any taxable party notify the organization that it was one a party to a prohibited tax shelter transaction?  69. Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization notify the dome of the value of the good or service provided?  69. If Y'es, a did the organization notify the dome of the value of the good or service provided?  70. Organization that may recovine deductible contributions under section 170(c).  71. If Yes, did the organization notify the dome of the value of the good or service provided?  72. If Yes, did the organization make any funds directly or indirectly, one paresonal benefit contract?  73. If Yes, did the organization is contribution of qualified intellectual property, did the organizati	С		1c	Yes	
Note, If the sum of lines Ia and 2 as is greater than 250, you may be required to e-file (see instructions)  30 Did the organization have unrelated business gross income of \$1,000 or more during the year?  31 A 14 any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in 6 froging country (such as a bank account, securities account, or other financial account in 6 froging country (such as a bank account, securities account, or other financial account in 6 froging country (such as a bank account, securities account, or other financial account in 6 froging country (such as a bank account, securities account, or other financial accounts (FBAR)  54 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  55 Was the organization aparty to a prohibited tax shelter transaction?  56 Did any taxable party neitly the organization that it was or is a party to a prohibited tax shelter transaction?  57 Did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization neitly with the organization that twee not tax deductibles.  58 Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts in the denor of the velocity of the second pr	2a	Tax Statements, filed for the calendar year ending with or within the year covered	5		
b   1" ves, "has it field a Form 990-T for this year? If "Not to line 2b, provide an explanation in Schedule 0 .	b		2b	Yes	
48 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)?  b If "Yes," enter the name of the foreign country. It is a solid to the property of the organization necesses any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7b If the organization received a contribution of qualified intellectual property, did the organization file form 8699 as required?  9c Did the organization semination of qualified intellectual property, did the organization file of the property of the property of the	За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		No
over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts (FBAR)  If "ves," enter the name of the foreign country >  B If "ves," the properties of the foreign country >  B Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  B Was the organization aparty to a prohibited tax shelter transaction at any time during the tax shelter transaction?  B D Id any taxable party notify the organization that it was one a party to a prohibited tax shelter transaction?  B D Id any taxable party notify the organization that it was one a party to a prohibited tax shelter transaction?  B D If "ves," to line 5 so 750, did the organization that it was one as party to a prohibited tax shelter transaction?  B If "ves," to line 5 so 750, did the organization in the form 8886-T?  B D If "ves," to the payor of the payor of the decitable contributions of the organization shelt any receive deductible contributions under section 170(c).  D If the organization shelt any receive deductible contributions under section 170(c).  D If the organization receive a payment in excess of 575 made party is a contribution and partly for goods and services provided to the payor?  D If "ves," indicate the number of Forms 8282 filed during the year.  D If "ves," indicate the number of Forms 8282 filed during the year.  D If the organization received an ontribution of qualified intellectual property, did the organization file form 8899 as required?  D If the organization file organization make any taxable distributions under section 4966?  D If the organization received a contribution of cars, boats, ariplanes, or other vehicles, did the organization file a form 1098-C?  D If the organization shalltaining door advised funds.  Did a door advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?  D If the organization make any taxable distributions under section 4966?  D O Control 501(c)(12) or	b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule $O$	3b		
See instructions for fining requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  50	<b>4a</b>	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	4a		No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5b   1f 'Yes,' to line 5 a or 5b, did the organization file form 8886-17   5c    5c   56   So besith 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?  5c   5   1f 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7   Organizations that may receive deductible contributions under section 170(c).  8   Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  9   Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to the form 8.282?  9   Did the organization of the year of the year of the year of the form 8.282?  16   Did the organization notify the donor of the value of the goods or services provided?  17   Did the organization notify the donor of the value of the goods or services provided?  18   Did the organization notify the donor of the value of the goods or services provided?  19   Did the organization notify the donor of the value of the goods or services provided?  10   Did the organization notify the donor of the value of the goods or services provided?  10   Did the organization notify the donor of the value of the goods or services provided?  10   Did the organization notify the donor of the value of the goods or services provided?  11   Did the organization notify the donor of the value of the goods or services provided?  12   Did the organization notify the donor of the value of the goods or services provided?  12   Did the organization notify the donor of the value of the goods or services provided?  13   Did the organization notify the donor of the value of the goods or services provided?  19   Did the organizatio	b	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
the organization received a contribution of qualified intellectual property, did the organization file Form 8292 at 16 file organization received a contribution of qualified intellectual property, did the organization maintained by the sponsoring organization received a contribution of cars, boats, arrplanes, or other vehicles, did the organization make any taxable distributions under section 4966?  8 Sponsoring organization received a contribution of cars, boats, arrplanes, or other vehicles, did the organization make any taxable distributions under section 4966?  9 Did the sponsoring organization sincluded on Part VIII, line 12, for public use of club factions included on Form 99.0, Part VIII, line 12, for public use of club factions and since were the instructions for additional information the organization in Schedule 0  16 Fires, enter the amount of fax-exempt interest received or accrued during the tax ever?  17 If yes, "enter the amount of fax-exempt interest received or accrued during the received and since the sponsoring organizations. Since the sponsoring organizations included on Form 99.0 and the organizations of Schedule 0  18 Section 904(0)(7) organizations. Enter  19 Did the sponsoring organizations. Enter  20 Script organizations received a contribution of cars, boats, arrplanes or other vehicles, did the organization file a form 1094 (7) organization make any taxable distributions under section 4966?  9 Did the sponsoring organizations maintaining donor advised funds.  10 Section 904(0)(7) organizations included on Part VIII, line 12.  10 July 10 July 10 organizations. Enter  11 July 10	5a		5a		Νo
the organization received a contribution of qualified intellectual property, did the organization file Form 8292 at 16 file organization received a contribution of qualified intellectual property, did the organization maintained by the sponsoring organization received a contribution of cars, boats, arrplanes, or other vehicles, did the organization make any taxable distributions under section 4966?  8 Sponsoring organization received a contribution of cars, boats, arrplanes, or other vehicles, did the organization make any taxable distributions under section 4966?  9 Did the sponsoring organization sincluded on Part VIII, line 12, for public use of club factions included on Form 99.0, Part VIII, line 12, for public use of club factions and since were the instructions for additional information the organization in Schedule 0  16 Fires, enter the amount of fax-exempt interest received or accrued during the tax ever?  17 If yes, "enter the amount of fax-exempt interest received or accrued during the received and since the sponsoring organizations. Since the sponsoring organizations included on Form 99.0 and the organizations of Schedule 0  18 Section 904(0)(7) organizations. Enter  19 Did the sponsoring organizations. Enter  20 Script organizations received a contribution of cars, boats, arrplanes or other vehicles, did the organization file a form 1094 (7) organization make any taxable distributions under section 4966?  9 Did the sponsoring organizations maintaining donor advised funds.  10 Section 904(0)(7) organizations included on Part VIII, line 12.  10 July 10 July 10 organizations. Enter  11 July 10			5h		No
Sc   Sc   Sc   Sc   Sc   Sc   Sc   Sc					
organization solicit any contributions that were not tax deductible as chantable contributions?  by If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  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 services provided to the payor?  If "Yes," did the organization notify the donor of the value of the goods or services provided?  Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8 282?  If If Yes," indicate the number of Forms 8 282 filed during the year.  Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  If Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  Form 1093-C?  Sponsoring organizations maintaining donor advised funds.  Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?  Did the sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make and istribution to a donor, donor advisor, or related person?  By Sociolo (C)(7) organizations. Enter  Initiation fees and capital contributions included on Part VIII, line 12  Did the sponsoring organizations. Enter  Gross income from members or shareholders  Gross income from members or shareholders  Gross income from members or shareholders  By Socion 501(c)(1) organizations. Enter  Gross income from other sources (Do not net amounts due or paid to other sources be against amounts due or received from them)  By Colon 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 9	•		5c		
were not tax deductible?  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 services provided to the payor?  Did the organization neceive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form \$282 filed during the year 7d 7d 7d 7d 7d 7d 7d 7d 7d 7d 7d 7d 7d		organization solicit any contributions that were not tax deductible as charitable contributions?			No
Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 2828?  If "Yes," indicate the number of Forms 8282 filed during the year.  Tod  Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  To Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 1988-C?  The Sponsoring organizations maintaining donor advised funds.  Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?  Sponsoring organization make any taxable distributions under section 4966?  Pa Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  Pa Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  Pa Did the sponsoring organizations. Enter  Initiation fees and capital contributions included on Part VIII, line 12  Gross income from members or shareholders  Gross income from other sources (Do not net amounts due or paid to other sources in the summary of the section 501(c)(12) organizations. Enter  Gross income from other sources (Do not net amounts due or paid to other sources in the summary of the section 501(c)(12) organizations from them one state?  Section 501(c)(20) qualified nonprofit health insurance issuers.  If "Yes," enter the amount of tax-exempt interest received or accrued during the year.  Section 501(c)(20) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health p		were not tax deductible?			
services provided to the payor?  b If "Yes," did the organization notify the donor of the value of the goods or services provided?  c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d If "Yes," indicate the number of Forms 8282 filed during the year  Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7c	_		1_		
to Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d If "Yes," indicate the number of Forms 8282 filed during the year		services provided to the payor?			No
file Form \$282?					
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7e	C				Νo
tontract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? f Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? f If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? f H If the organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?  8 Sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b Did the sponsoring organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  11 Section 501(c)(12) organizations. Enter a Gross income from members or shareholders b Gross income from members or shareholders 11 Section 501(c)(12) organizations. Enter a Gross income from members or shareholders 11 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 13a Section 501(c)(29) qualified nonprofit health insurance issuers. a 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  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O  c Enter the amount of reserves on hand  13a	d	If "Yes," indicate the number of Forms 8282 filed during the year			
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	e		7e		No
required?	f		7f		No
Form 1098-C?	g				
Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	h		7h		
pa Did the sponsoring organization make any taxable distributions under section 4966?	8	Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time	R		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9a	Did the sponsoring organization make any taxable distributions under section 4966?			
a Initiation fees and capital contributions included on Part VIII, line 12 10a   b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  11 Section 501(c)(12) organizations. Enter a Gross income from members or shareholders					
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  11 Section 501(c)(12) organizations. Enter  a Gross income from members or shareholders	10				
facilities  11 Section 501(c)(12) organizations. Enter  a Gross income from members or shareholders	а	Initiation fees and capital contributions included on Part VIII, line 12   10a			
a Gross income from members or shareholders	b				
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )	11	Section 501(c)(12) organizations. Enter			
against amounts due or received from them )	а	Gross income from members or shareholders			
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	b				
year	12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
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  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		If "Yes," enter the amount of tax-exempt interest received or accrued during the			
Note. See the instructions for additional information the organization must report on Schedule O  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13	·			
In which the organization is licensed to issue qualified health plans	а		13a		
c Enter the amount of reserves on hand	b				
14a Did the organization receive any payments for indoor tanning services during the tax year? 14a N	c	in when the organization is neclised to issue qualified health plans	1		
		130	14a		No
		If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		.,,

Part VI 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.

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

Se	ection A. Governing Body and Management			
			Yes	No
<b>1</b> a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?.	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		N o
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	eveni	ıe Cod	e.)
Se		evenu	ue Cod Yes	e.) No
		evenu 10a		
10a	ection B. Policies (This Section B requests information about policies not required by the Internal R			No
10a b	Did the organization have local chapters, branches, or affiliates?	10a 10b		No
10a b 11a	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
10a b 11a b	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
10a b 11a b 12a	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a	Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a	Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c	Yes Yes Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  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 annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe 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 review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  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 annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe 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 review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official  O ther 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 or similar arrangement with a taxable entity during the year?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No No

#### Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed ►CA
- Section 6104 requires an organization to make its 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

☐ Own website ☐ Another's website ☐ Upon request ☐ Other (explain in Schedule O)

- 1.9 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, address, and telephone number of the person who possesses the organization's books and records ►HOLDEN LEE CFO

121 STEUART STREET SAN FRANCISCO, CA 941051236 (415) 777-0411

## Part VIII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

#### 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	more pers	than on is	one bot	not box h ar	checl (, unle n office ustee	ess er	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Fornier	(W- 2/1099- MISC)	(W- 2/1099- MISC)	from the organization and related organizations
(1) HERBERT M SANDLER	40 00	х		х				0	0	0
PRESIDENT/DIRECTOR	0 00									
(2) SUSAN SANDLER DIRECTOR	40 00	х						0	0	0
(3) PHYLLIS COOK DIRECTOR	1 00	Х						0	68,350	0
(4) ROBERT FRIEND DIRECTOR	1 00	Х						0	0	0
(5) DAVID FOLKMAN DIRECTOR	1 00	х						0	0	0
(6) STEVE DAETZ  EXECUTIVE VP	40 00			Х				409,015	0	76,255
(7) MARK REISBAUM TREASURER/SECRETARY	1 00			х				0	240,800	18,809
(8) SERGIO KNAEBEL  GRANT DIRECTOR	32 00					х		150,523	0	22,800

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

(A) Name and Title	Name and Title Average hours per week (list any hours for related organizations		han d n is	ne l both	oox, an d	heck unless officer stee)	i	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations

1b	Sub-Total	•			
C	Total from continuation sheets to Part VII, Section A	►			
d	Total (add lines 1b and 1c)	►	559,538	309,150	117,864

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

			Yes	No	
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee				
	on line 1a? If "Yes," complete Schedule J for such individual	3		Νo	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such</i>				
	ındıvıdual	4	Yes		
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No	

#### Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►0

LC VIII		i <b>Revellue</b> ule O contains a respoi	nse or note to any lı	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
# 1a	·						
	Membership du	es <b>1b</b>					
뒤	: Fundraising eve	ents <b>1</b> c					
ar a	Related organiz	ations 1d	23,300				
Ē	Government grants	s (contributions) <b>1e</b>					
and Other Similar Amounts	All other contribution	ons, gifts, grants, and <b>1f</b> it included above	38,609,586				
돌l g		ons included in lines					
and	1a-1f \$  Total. Add lines	s 1a-1f		38,632,886			
1			Business Code				
22	a						
b	·						
_ c	·						
d	I						
e	<u> </u>						
2a b c d	All other progra	m service revenue					
. g	<b>Total.</b> Add lines	s 2a – 2f					
3	Investment inc	ome (ıncludıng dıvıden	ds, ınterest,	24.027.427			24 027 42
		ar amounts)		24,837,427			24,837,427
4		tment of tax-exempt bond	proceeds				
5	Royalties	(ı) Real	(II) Personal				
68	a Gross rents	(I) Keal	(II) F el Soliai				
Ь	Less rental						
۰	expenses Rental income						
	or (loss)	me or (loss)					
d	Net rental incor	(i) Securities	(II) Other				
78	Gross amount		(II) O tilel				
	from sales of assets other	23,835,098					
	than inventory Less cost or						
6	other basis and	24,462,715					
0	sales expenses Gain or (loss)	-627,617					
d	ا Net gaın or (los	s)		-627,617			-627,617
88	Gross income fi events (not incl						
		reported on line 1c)					
	See Part IV, lin	e 18 <b>a</b>					
Ь	) less direct ext	penses b					
		loss) from fundraising					
98		rom gaming activities	_				
	See Part IV, lın	e 19					
		a					
		penses <b>b</b>					
	<ul><li>Net income or (</li><li>Gross sales of interpretation</li><li>returns and allo</li></ul>		viues				
	and and	a					
Ь		oods sold <b>b</b>					
C		loss) from sales of inv					
	Miscellaneous	s Revenue	Business Code				
11a	-						
6							
C	-						
d							
e	: Iotal. Add lines	s 11a-11d					
12	Total revenue.	See Instructions .	🕨	62,842,696	0	0	24,209,810

# Form 990 (2014) Part IX Statement of Functional Expenses

Statement of Fanctional 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	

Check if Schedule O contains a response or note to any line in this Part IX						
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses	
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	45,514,077	45,514,077		·	
2	Grants and other assistance to domestic individuals See Part IV, line 22					
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	733,600	733,600			
4	Benefits paid to or for members		, 33,000			
5	Compensation of current officers, directors, trustees, and key employees	494,167		494,167		
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$					
7	Other salaries and wages	428,335		428,335		
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	52,424		52,424		
9	Other employee benefits	42,948		42,948		
10	Payroll taxes	52,510		52,510		
11	Fees for services (non-employees)					
а	Management					
b	Legal	1,624		1,624		
c	Accounting	29,250		29,250		
d	Lobbying					
e	Professional fundraising services See Part IV, line 17					
f	Investment management fees					
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	587,560		587,560		
12	Advertising and promotion					
13	Office expenses	27,386		27,386		
14	Information technology					
15	Royalties					
16	Occupancy	528,088		528,088		
17	Travel	38,171		38,171		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials					
19	Conferences, conventions, and meetings					
20	Interest					
21	Payments to affiliates					
22	Depreciation, depletion, and amortization	7,613		7,613		
23	Insurance	4,604		4,604		
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)					
а	ADMINISTRATIVE FEES	200,000		200,000		
b	DATA PROCESSING SERVICE	115,590		115,590		
c						
d						
e	All other expenses					
25	Total functional expenses. Add lines 1 through 24e	48,857,947	46,247,677	2,610,270	0	
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)	, 22,211		, 22,920		
		•		. Fo	rm <b>990</b> (2014)	

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in $\boldsymbol{t}$	hıs Pa	rt X			
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing				1	
	2	Savings and temporary cash investments			76,996,794	2	49,774,339
	3	Pledges and grants receivable, net			3,975,758	3	3,069,477
	4	Accounts receivable, net		•		4	
Assets	5	Loans and other receivables from current and former officers, d key employees, and highest compensated employees Complet Schedule L	e Part	II of		5	
	6	Loans and other receivables from other disqualified persons (as section $4958(f)(1)$ ), persons described in section $4958(c)(3)(employers and sponsoring organizations of section 501(c)(9)(employers) beneficiary organizations (see instructions) Complete Part II of$	B), and olunta	l contributing ry employees'		6	
Š	7	Notes and loans receivable, net		7			
⋖	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			1,642	9	624
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D		915,897		_	
	ь	Less accumulated depreciation	10b	790,988	122,404	10c	124,909
	11	Investments—publicly traded securities			772,207,318	11	836,950,856
	12	Investments—other securities See Part IV, line 11			31,573,166	12	29,796,361
	13	Investments—program-related See Part IV, line 11	21,212,122	13			
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11				15	
	16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34).			884,877,082	16	919,716,566
	17	Accounts payable and accrued expenses			122,315	17	104,467
	18	Grants payable	•	•	9,789,524	18	7,601,993
	19	Deferred revenue		• •	9,709,324	19	7,001,935
	20	Tax-exempt bond liabilities		20			
<u>ē</u> ,	21	Escrow or custodial account liability Complete Part IV of Sche		21			
Liabiliti	22	Loans and other payables to current and former officers, direct key employees, highest compensated employees, and disquali					
画		persons Complete Part II of Schedule L		22			
-	23	Secured mortgages and notes payable to unrelated third partie		23			
	24	Unsecured notes and loans payable to unrelated third parties		24			
	25	Other liabilities (including federal income tax, payables to related and other liabilities not included on lines 17-24) Complete Pa	rt X of	Schedule		25	
	26	Total liabilities. Add lines 17 through 25			9,911,839	26	7,706,460
_		Organizations that follow SFAS 117 (ASC 958), check here			, ,		, ,
S e S		lines 27 through 29, and lines 33 and 34.	• unu	complete			
or Fund Balance	27	Unrestricted net assets			870,990,307	27	909,517,087
	28	Temporarily restricted net assets			3,974,936	28	2,493,019
Ξ	29	Permanently restricted net assets				29	
ř E		Organizations that do not follow SFAS 117 (ASC 958), check he complete lines 30 through 34.	ere 🟲	┌─ and			
	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund		31			
Ą	32	Retained earnings, endowment, accumulated income, or other f	unds			32	
Šet	33	Total net assets or fund balances			874,965,243	33	912,010,106
Z	34	Total liabilities and net assets/fund balances			884,877,082	34	919,716,566
	l	, , , , , , , , , , , , , , , , , , , ,			. ,		Form <b>990</b> (2014)

Dar	t XI Reconcilliation of Net Assets			<u> </u>	<u> </u>
rai	Check if Schedule O contains a response or note to any line in this Part XI				<del>.</del> .
1	Total revenue (must equal Part VIII, column (A), line 12)				
-	Total revenue (must equal rate viii, column (A), me 12)	1		62,8	342,696
2	Total expenses (must equal Part IX, column (A), line 25)	2		48,8	357,947
3	Revenue less expenses Subtract line 2 from line 1	3			984,749
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))			13,	701,713
		4		874,9	965,243
5	Net unrealized gains (losses) on investments	5		23,0	043,114
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)				
	- -	9			17,000
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		912,0	010,106
Par	t XII Financial Statements and Reporting				
	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	wed or	ו		
	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 sepa basis, consolidated basis, or both	rate			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh 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	1			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

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# OMB No 1545-0047

### **SCHEDULE A**

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Total 1

# **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

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

**2014** 

Open to Public Inspection

Name of the organization SANDLER FOUNDATION							Employer identifica	tion number
AND	LEK FOO	INDATION					94-3147856	
Pa	rt I	Reason for Pub	lic Charity Sta	itus (All organizati	ons must cor	nplete this p	art.) See instructio	ns.
he	organız	ation is not a private	foundation becau	seitis (Forlines 1 th	nrough 11, che	ck only one bo	x )	
1	Γ	A church, convention	n of churches, or a	ssociation of churche	es described in	section 170(b	)(1)(A)(i).	
2	$\Gamma$	A school described ii	n <b>section 170(b)(</b>	<b>1)(A)(ii).</b> (Attach Sch	nedule E )			
3				ervice organization de		ion 170(b)(1)	(A)(iii).	
4	į.			ited in conjunction wit				). Enter the
-	•	hospital's name, city	-		a p			,
5	$\sqcap$			it of a college or unive	ersity owned or	operated by a	governmental unit de	escribed in
		section 170(b)(1)(A)	<b>)(iv).</b> (Complete F	Part II)				
6	Г	A federal, state, or lo	cal government o	r governmental unit d	escribed in <b>sec</b>	tion 170(b)(1	)(A)(v).	
7				s a substantial part of				eneral public
	·	described in <b>section</b>	•	•		J	J	•
8	$\sqcap$	A community trust de	escribed in <b>sect io</b>	n 170(b)(1)(A)(vi)(	Complete Part	II )		
9	Γ	An organization that	normally receives	s (1) more than 331/3	3% of its suppo	rt from contrib	outions, membership f	ees, and gross
		receipts from activiti	es related to its e	exempt functions—sub	ject to certain	exceptions, a	nd (2) no more than 3	31/3% of
		its support from gros	s investment inco	ome and unrelated bus	siness taxable	ıncome (less s	section 511 tax) from	businesses
		acquired by the orgai	nızatıon after June	e 30, 1975 See <b>secti</b>	on 509(a)(2). (	Complete Par	tIII)	
10	Γ	An organization orga	nized and operate	d exclusively to test	for public safet	y See <b>section</b>	509(a)(4).	
11	굣	An organization orga	nized and operate	d exclusively for the	benefit of, to pe	rform the func	tions of, or to carry o	ut the purposes of
	one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). C							
	_			describes the type of				
а	<b>V</b>			rated, supervised, or o				
				regularly appoint or a IV, Sections A and B.		y of the directo	ors or trustees or the :	supporting
Ь	Г			pervised or controlled		with its suppor	ted organization(s), b	y having control or
	·			ation vested in the sa				=
	_	must complete Part	•					
С	ļ			pporting organization				irated with, its
d	_			tions) <b>You must com</b> A supporting organiza				anization(c) that is
u	'			zation generally must				
		· -	_	Part IV, Sections A	•	•		
е	Γ			eived a written determ			a Type I, Type II, Ty	pe III functionally
				y integrated supporti				_
f				ations				_1
g		Provide the following	information abou	t the supported organ	ization(s)			
	<b>773.5</b> 1		(") = T.N.	("") <del>-</del> (				
		me of supported rganization	(ii) EIN	(iii) Type of organization	(iv) Is the or		(v) A mount of monetary support	(vi) A mount of other support (see
	J	rgamzation		(described on lines	docume		(see instructions)	instructions)
				1- 9 above or IRC			(	,
				section (see				
				ınstructions))				
					Yes	No		
		COMMUNITY	941156533		Yes		400,000	0
FEDE	ERATION	OF SF						

400,000

Pa	Support Schedule for						
	(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.)						
S	ection A. Public Support	•	•		, ,	,	
Cal	endar year (or fiscal year beginning	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	<b>(e)</b> 2014	(f) Total
	in) ►	(4) 2010	(5) 2011	(3) 23 22	(2) 2010	(0) 2021	(1)   otal
1	Gifts, grants, contributions, and membership fees received (Do not						
	include any "unusual						
	grants ")						
2	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						
4	<b>Total.</b> Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the						
	amount shown on line 11, column						
_	(f)						
6	<b>Public support.</b> Subtract line 5 from line 4						
S	ection B. Total Support	•	•	•	•		
Cal	endar year (or fiscal year beginning	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	<b>(e)</b> 2014	(f) Total
_	in) ►	(4) 2010	(5) 2011	(6) 2012	(4) 2013	(0) 2011	(i) rotar
7	A mounts from line 4						
8	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
	sources						
9	Net income from unrelated						
	business activities, whether or not the business is regularly carried						
	on						
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI ) <b>Total support</b> Add lines 7 through						
11	10						
12	Gross receipts from related activities	s, etc (see inst	ructions)			12	
13	First five years. If the Form 990 is f						
	organization, check this box and sto				<del></del>	<u> </u>	▶ ┌
<u>S</u>	ection C. Computation of Pub Public support percentage for 2014			11 column (f)			
	· · · · · · · · · · · · · · · · · · ·	•		11, Column (1))		14	
15	Public support percentage for 2013	-	•			15	
16a	<b>33 1/3% support test—2014.</b> If the and <b>stop here.</b> The organization qual				line 14 is 33 1/3%	or more, check	tnis box ▶□
b	33 1/3% support test—2013. If the				, and line 15 is 33	3 1/3% or more, c	. ,
	box and <b>stop here.</b> The organization				,	-, - · · · · · · · · · · · · · · · · · ·	<b>▶</b> □
17a	10%-facts-and-circumstances test-						
	is 10% or more, and if the organization						
	in Part VI how the organization mee organization	is the lacts-and	u-circumstances"	test The organi	Zacion quanties as	a publicly suppo	orted <b>F</b>
ь	10%-facts-and-circumstances test—	- <b>2013.</b> If the ora	anızatıon dıd not o	check a box on lu	ne 13, 16a, 16b. d	or 17a, and line	-1
_	15 is 10% or more, and if the organ						
	Explain in Part VI how the organizat	ion meets the "f	acts-and-circums	stances" test Th	e organization qua	alıfıes as a publıc	
10	supported organization	ا الما المام المام المام المام	, a hay an line 43	165 165 17-	or 17h obselvelse	hay and	<b>►</b> □
18	<b>Private foundation.</b> If the organization instructions	on ala not check	ca DOX OH HITE 13	, 10a, 10b, 1/a,	or 170, CHECK THIS	S DOX alla See	<b>▶</b> □

Schedule A (Form 990 or 990-EZ) 2014 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 Gifts, grants, contributions, and membership fees received (Do not 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 Gross receipts from activities that are not an unrelated trade or 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 furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons 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 Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 Amounts from line 6 Gross income from interest, 10a 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 C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11. and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) 15

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))

16 Public support percentage from 2013 Schedule A, Part III, line 15

Section D. Computation of Investment Income Percentage

17 Investment income percentage from 2014 (line 10c, column (f) divided by line 13, column (f))

18 Investment income percentage from 2013 Schedule A, Part III, line 17

18

19a 33 1/3% support tests—2014. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

#### Part IV **Supporting Organizations**

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V )

Section A. All Supporting Organizations
---

<ul> <li>2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</li> <li>3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.</li> <li>b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.</li> <li>c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</li> <li>4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.</li> <li>b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite</li> </ul>	1 2 3b	Yes	No No
section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).  3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.  3 b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.  4 c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.  4 a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.  4 b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite	a b		
(b) and (c) below.  b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.  c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.  4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.  b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite	b		No
satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.  c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.  4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.  b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite			
purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.  4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.  4 b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite	ic l		
and if you checked 11a or 11b in Part I, answer (b) and (c) below.  b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite			
supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite	a		Νo
being controlled or supervised by or in connection with its supported organizations	b		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	k		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	a		No
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	ь		
	ic		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .	5	Yes	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		No
B Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	3		No
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	a		No
<b>b</b> Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	ь		No
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	)c		No
Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	)a		No
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	ъ		
Has the organization accepted a gift or contribution from any of the following persons?			
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?			
<u> </u>	$\dashv$		No
b A family member of a person described in (a) above?  c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	$\dashv$		Νo

Pai	To the supporting Organizations (continued)			
Se	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	Yes	
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		No
Se	ection C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Se	ection D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		
Se	ection E. Type III Functionally-Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see  The organization satisfied the Activities Test Complete line 2 below  The organization is the parent of each of its supported organizations. Complete line 3 below			
2	Activities Test_Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
Ŀ	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
t	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	3b		

### Part V - Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1	_	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 See instructions. All other
ype	[]	II non-functionally integrated supporting organizations must complete Sections A through E

	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		

	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		

### Section C - Distributable Amount

- **1** Adjusted net income for prior year (from Section A, line 8, Column A)
- 2 Enter 85% of line 1
- 3 Minimum asset amount for prior year (from Section B, line 8, Column A)
- 4 Enter greater of line 2 or line 3
- 5 Income tax imposed in prior year
- **6 Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)
- 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

	Current Year
1	
2	
3	
4	
5	
6	

Section D - Distributions	Current Year		
1 Amounts paid to supported organizations to accom	plish exempt purposes		
2 A mounts paid to perform activity that directly furthexcess of income from activity	ers exempt purposes of supp	ported organizations, in	
3 Administrative expenses paid to accomplish exemp	ot purposes of supported org	anızatıons	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval rec	nured)		
6 Other distributions (describe in Part VI) See instru	JCTIONS		
7 Total annual distributions. Add lines 1 through 6			
8 Distributions to attentive supported organizations t details in Part VI) See instructions	o which the organization is r	esponsive (provide	
9 Distributable amount for 2014 from Section C, line	6		
10 Line 8 amount divided by Line 9 amount			
		(::)	(:::)
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2014			
<b>a</b> From 2009			
<b>b</b> From 2010			
<b>c</b> From 2011			
d From 2012			
<b>e</b> From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount  i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 \$			
A pplied to underdistributions of prior years			
<b>b</b> Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
<b>7 Excess distributions carryover to 2015.</b> Add lines 3j and 4c			
8 Breakdown of line 7			
<b>a</b> From 2010			
<b>b</b> From 2011			
<b>c</b> From 2012			
d From 2013			

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

#### **Facts And Circumstances Test**

Return Reference	Explanation
A, LINE 6	THE MISSION OF THE ORGANIZATION IS TO OPERATE EXCLUSIVELY FOR CHARITABLE, EDUCATIONAL OR RELIGIOUS PURPOSES BY CONDUCTING OR SUPPORTING ACTIVITIES FOR THE BENEFIT OF, OR TO CARRY OUT THE PURPOSES OF THE SUPPORTED ORGANIZATION, THE JEWISH COMMUNITY FEDERATION OF SAN FRANCISCO, THE PENINSULA, MARIN AND SONOMA COUNTIES THE ORGANIZATION MAKES GRANTS TO OTHER PUBLICLY SUPPORTED 501(C)(3) ORGANIZATIONS, WITH THE INTENDED PURPOSE OF ADVANCING THE MISSION OF THE SUPPORTED ORGANIZATION, WHICH IS TO ADDRESS THE PRESSING ISSUES FACING THE JEWISH COMMUNITY PLEASE REFER TO SCHEDULE F, PART II AND SCHEDULE I, PART II FOR A LIST OF PUBLICLY SUPPORTED 501(C)(3) ORGANIZATIONS RECEIVING GRANTS FROM THE ORGANIZATION

Schedule A (Form 990 or 990-EZ) 2014

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DLN: 93493046028426

OMB No 1545-0047

# **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Financial Statements**

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

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

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	me of the organization DLER FOUNDATION	Em	Employer identification number				
<i>-</i>				94-3147856			
Pa	rt I Organizations Maintaining Donor Adv organization answered "Yes" to Form 990		milar Funds	or Accounts. Complete if th			
	organization answered Tes to Form 550	(a) Donor advised fund	ds	(b) Funds and other accounts			
	Total number at end of year						
	Aggregate value of contributions to (during year)						
	Aggregate value of 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			vised <b>Yes No</b>			
	Did the organization inform all grantees, donors, and do used only for charitable purposes and not for the benef conferring impermissible private benefit?						
aï	t II Conservation Easements. Complete if	the organization answered	l "Yes" to For	m 990, Part IV, 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)	tion of an histo tion of a certifi	orically important land area ed historic structure rm of a conservation			
	easement on the last day of the tax year	4					
				Held at the End of the Year			
l	Total number of conservation easements		2a				
	Total acreage restricted by conservation easements		2b				
	Number of conservation easements on a certified histo	` ,	<b>2</b> c				
	Number of conservation easements included in (c) acq historic structure listed in the National Register	uired after 8/17/06, and not o	n a <b>2d</b>				
	Number of conservation easements modified, transferr	ed, released, extinguished, or	terminated by	the organization during			
	the tax year 🛌						
	Number of states where property subject to conservati	on easement is located 🗠					
	Does the organization have a written policy regarding tenforcement of the conservation easements it holds?	he periodic monitoring, inspec	tion, handling o	of violations, and <b>Yes No</b>			
	Staff and volunteer hours devoted to monitoring, inspec-	cting, and enforcing conservat	ion easements	during the year			
	<u> </u>						
	A mount of expenses incurred in monitoring, inspecting	, and enforcing conservation e	asements duri	ng the year			
	<b>*</b> \$						
	Does each conservation easement reported on line 2(cand section 170(h)(4)(B)(ii)?	I) above satisfy the requiremen	nts of section 1	l 7 0 (h)(4 )(B)(ι)			
	In Part XIII, describe how the organization reports cor balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easeme	e footnote to the organization's nts	financial state	ements that describes			
li	<b>t III</b> Organizations Maintaining Collection Complete if the organization answered "Y			ther 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	16 (ASC 958), not to report in ts held for public exhibition, ec	n its revenue st ducation, or res	earch in furtherance of public			
)	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 ts held for public exhibition, ec	revenue state	ment and balance sheet			
	(i) Revenue included in Form 990, Part VIII, line 1			<b>►</b> \$			
	(ii) Assets included in Form 990, Part X			<b>▶</b> \$			
	If the organization received or held works of art, historic following amounts required to be reported under SFAS			•			
	Revenue included in Form 990, Part VIII, line 1			<b>▶</b> \$			
,	Assets included in Form 990, Part X			· · · · <u></u>			
	naaeta meruueu m runn aau, rail A			F P			

Part	•••• Organizations Maintaining Co	llections of Art	, Hist	tori	cal Tr	<u>easu</u>	res, or O	the	<u>r Similar A</u>	sse <sup>·</sup>	ts (co.	<u>ntınued)</u>
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other record	ds, ch	eck	any of t	he follo	wing that a	re a	sıgnıfıcant us	e of	ıts	
а	Public exhibition		d	Γ	Loan	or exch	nange progr	ams				
b	Scholarly research		e	Γ	Other	-						
c	Preservation for future generations											
4	Provide a description of the organization's co	ollections and explai	ın how	the '	y furthe	r the o	rganızatıon	's ex	empt purpose	ın		
	Part XIII	·			,		-					
5	During the year, did the organization solicit of assets to be sold to raise funds rather than it								ılar	Γ,	⁄es	┌ No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an ar						answered	Y" b	es" to Form	990	,	
1a	Is the organization an agent, trustee, custoo included on Form 990, Part X?	lian or other interme	dıary	for c	ontrıbu	tions o	rotherass	ets r	not	Γ,	⁄es	┌ No
b	If "Yes," explain the arrangement in Part XI	I and complete the	follow	/ıng t	able							
									А	mou	nt	
С	Beginning balance							1c				
d	Additions during the year							1d				
e	Distributions during the year							1e				
f	Ending balance							1f				
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21, f	for e	scrow o	rcusto	dıal accour	nt lıa	bility?	Γ,	⁄es	┌ No
ь	If "Yes," explain the arrangement in Part XI	II Check here if the	expla	nati	on has	heen n	rovided in P	art :	KIII		_	$\Gamma$
Pa	rt V Endowment Funds. Complete											
		(a)Current year		Prior					Three years back		Four ye	ears back
<b>1</b> a	Beginning of year balance											
b	Contributions							<u> </u>				
С	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 cur	rent year end balanc	e (line	e 1 g	colum	n (a)) h	neld as					
а	Board designated or quasi-endowment 🕨											
b	Permanent endowment -											
С	Temporarily restricted endowment ▶											
	The percentages in lines 2a, 2b, and 2c sho	uld equal 100%										
За	Are there endowment funds not in the posse	ssion of the organiza	ation t	hat a	are held	d and a	dmınıstered	for	the			
	organization by								_		Yes	No
	(i) unrelated organizations			•				٠		ı(i)		
L	(ii) related organizations							•		(ii)		
ь 4	Describe in Part XIII the intended uses of the	·						•	· · · [ -	3b		
	t VI Land, Buildings, and Equipme					ancu	iarad 'Vac	' to	Form 990 D	art '	[\/ lir	10
I GII	11a. See Form 990, Part X, line		iic oi	gui	1241101	i answ	rered res	ιο	101111 330, 1	uit.	,	
	Description of property				) Cost o		(b)Cost or o		(c) Accumulat depreciation		( <b>d</b> ) Bo	ok value
1a	_and						1			$\neg$		
	Buildings								1			
	_easehold improvements						532	,572	532,	572		0
	Equipment							,235	258,	-		16,819
e	Other						108	,090				108,090

(a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)		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>•</b>	
Part VIII Investments—Program Related. Co	mplete if the organizati	on 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)  Part IX Other Assets. Complete if the organization	a answered 'Ves' to Form O	20 Part IV line 11d See Form 000 Part V line 15
(a) Descr		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1		
Part X Other Liabilities. Complete if the orga		to Form 990, Part IV, line 11e or 11f. See
Part X Other Liabilities. Complete if the organization of the property of the	inization answered 'Yes'	
Part X Other Liabilities. Complete if the organization of part X, line 25.  1 (a) Description of liability	inization answered 'Yes'	
Part X Other Liabilities. Complete if the organization of part X, line 25.  1 (a) Description of liability	inization answered 'Yes'	
Part X Other Liabilities. Complete if the organization of part X, line 25.  1 (a) Description of liability	inization answered 'Yes'	
Part X Other Liabilities. Complete if the organization of part X, line 25.  1 (a) Description of liability	inization answered 'Yes'	
Part X Other Liabilities. Complete if the organization of part X, line 25.  1 (a) Description of liability	inization answered 'Yes'	
Part X Other Liabilities. Complete if the organization of part X, line 25.  1 (a) Description of liability	inization answered 'Yes'	
Part X Other Liabilities. Complete if the organization of part X, line 25.  1 (a) Description of liability	inization answered 'Yes'	
Part X Other Liabilities. Complete if the organization of part X, line 25.  1 (a) Description of liability	inization answered 'Yes'	
Part X Other Liabilities. Complete if the organization of part X, line 25.  1 (a) Description of liability	inization answered 'Yes'	
Part X Other Liabilities. Complete if the organization of part X, line 25.  1 (a) Description of liability	inization answered 'Yes'	
Part X Other Liabilities. Complete if the organization of part X, line 25.  1 (a) Description of liability	inization answered 'Yes'	
Part X Other Liabilities. Complete if the organization of part X, line 25.  1 (a) Description of liability	inization answered 'Yes'	

Par		<b>levenue per Audited Financial Sta</b> wered 'Yes' to Form 990, Part IV, line		nts Wi	ith R	evenue p	er Re	turn Complete if
1	_	er support per audited financial statements				•	1	85,885,810
2	Amounts included on line 1 bi	ut not on Form 990, Part VIII, line 12						
а	Net unrealized gains (losses)	on investments	2a		23	3,043,114		
b	Donated services and use of f	acılıtıes	2b					
c	Recoveries of prior year grant	s	2c					
d	Other (Describe in Part XIII )	)	2d					
e	Add lines <b>2a</b> through <b>2d</b> .						2e	23,043,114
3	Subtract line ${f 2e}$ from line ${f 1}$ .						3	62,842,696
4	Amounts included on Form 99	0, Part VIII, line 12, but not on line <b>1</b>						
а	Investment expenses not inc	luded on Form 990, Part VIII, line 7b .	4a					
b	Other (Describe in Part XIII )	)	4b					
C	Add lines <b>4a</b> and <b>4b</b>						4c	0
5	Total revenue Add lines <b>3</b> an	d <b>4c.</b> (This must equal Form 990, Part I, line	212)				5	62,842,696
Pari		xpenses per Audited Financial St nswered 'Yes' to Form 990, Part IV, Im			/ith E	xpenses	per F	<b>Return.</b> Complete
1		r audited financial statements					1	48,840,947
2	Amounts included on line 1 bi	ut not on Form 990, Part IX, line 25						
а	Donated services and use of f	acılıtıes	2a					
b	Prior year adjustments		2b				1	
C	Otherlosses		2c					
d	Other (Describe in Part XIII )		2d					
e	Add lines <b>2a</b> through <b>2d</b>						2e	0
3	Subtract line ${f 2e}$ from line ${f 1}$ .						3	48,840,947
4	Amounts included on Form 99	0, Part IX, line 25, but not on line 1:						_
а	Investment expenses not inc	luded on Form 990, Part VIII, line 7b	. 4a					
b	Other (Describe in Part XIII )	)	4b			17,000		
c	Add lines <b>4a</b> and <b>4b</b>						4c	17,000
5	Total expenses Add lines <b>3</b> a	nd <b>4c.</b> (This must equal Form 990, Part I, li	ne 18 )				5	48,857,947
Par	Supplemental In	formation						
Part		r Part II, lines 3, 5, and 9, Part III, lines 1a , lines 2d and 4b, and Part XII, lines 2d and						any additional
	Return Reference	Explanation						
	XII, LINE 4B - OTHER STMENTS	REFUND OF UNUSED GRANT PROCEED 17,000	S OFF:	SET FIN	IANC:	IAL STATE	MENT	GRANT EXPENSES

Jenedale 2 (1 31111 33 3) 23 13		i age <b>S</b>
Part XIII Supplemental Information	on (continued)	
Return Reference	Explanation	
l		
-		

Schedule D (Form 990) 2014

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OMB No 1545-0047

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SCHEDULE F (Form 990)

Department of the Treasury

Internal Revenue Service

# **Statement of Activities Outside the United States**

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

► Attach to Form 990.

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

2014

Open to Public Inspection

	e of the organization DLER FOUNDATION				Employer identi	fication number
27111	SEERIOONDATION				94-3147856	
Pa	rt I General Information "Yes" to Form 990, Pai			<b>ne United States.</b> Co	mplete if the organiza	ation answered
1	For grantmakers. Does the o	organization m	aıntaın record	s to substantiate the a	mount of its grants	
	and other assistance, the gra	antees' eligibili	ty for the grar	nts or assistance, and i	the selection criteria	
	used to award the grants or a	assistance?				│ Yes
2	For grantmakers. Describe in assistance outside the United		ganızatıon's p	rocedures for monitorir	ng the use of its grant	s and other
3	Activites per Region (The follow	ung Part I, line 3	table can be d	uplicated if additional spa	ce is needed )	
	(a) Region	<b>(b)</b> Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	<b>(f)</b> Total expenditures for and investments in region
(1)	UNITED KINGDOM	0	0	GRANTMAKING		486,400
( 2)	AUSTRALIA	0	0	GRANTMAKING		247,200
(3)						
(4)						
( 5)						
3a	Sub-total	0	0			733,600
b	Total from continuation sheets to Part I	0	0			- (
_	Totale (add lines 2a and 2b)	I 0	0	1	l l	722 600

126				ived more than \$5,0					to Form 990,
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(	1)		UNITED KINGDOM	ASTHMA NATIONAL GRANTS PROGRAM RESEARCH AWARD	486,400	WIRE TRANSFER			CASH VALUE
(	2)		AUSTRALIA	ASTHMA NATIONAL GRANTS PROGRAM RESEARCH AWARD	247,200	WIRE TRANSFER			CASH VALUE
(	3)								
(	4)								
2				ed above that are re or counsel has prov				s	2
3	Enter total num	ber of other	organizations or ent	ities					

Schedule F (Form 990) 2014

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Part III can be	<u>e duplicated if addit</u>	cional space is no	eded.				
(a) Type of grant or assistance	(b) Region	(c) Number of recipients		(e) Manner of cash disbursement	( <b>f)</b> A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)					7		1
( 2)		+			<u> </u>		<u> </u>
(3)		+ + +			<u> </u>		<u>'</u>
(4)		+ +					<u> </u>
(5)		+ +			†		<del>                                     </del>
(6)		+ +	·		+		<del>                                     </del>
(7)		+			+		
(8)	+				+		+
(9)					<del>                                     </del>		
( 10)	+				+		-
(11)	+	+			+		
( 12)					<del>                                     </del>		<del>                                     </del>
( 13)					<del>                                     </del>		
( 14)					<del>                                     </del>		
( 15)	+	+	·		<del>                                     </del>		
( 16)		+					
( 17)	+	+	·				
( 18)	+	+ +					

# Part IV Foreign Forms

1	organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Γ	Yes	<u> </u>	No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)	Г	Yes	<u>\</u>	Νo
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)	Г	Yes	<u> </u>	Νo
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	Г	Yes	<u>\</u>	Νo
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)	Г	Yes	<b>▼</b>	Νo
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)	Г	Yes	<u> </u>	Νo

Schedule F (Form 990) 2014

Schedule F (Form 990) 2014 Page **5** 

#### Part V Supplemental Information

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

#### 990 Schedule F, Supplemental Information

Return Reference	Explanation
PART I, LINE 2	STAFF AND VOLUNTEER COMMITTEES MONITOR COMPLIANCE AND PERFORMANCE WITH TERMS AND CONDITION S LISTED IN GRANT AWARD LETTERS THROUGH YEAR END REPORT REQUIREMENTS

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -Schedule I

DLN: 93493046028426

OMB No 1545-0047

Department of the Treasury

(Form 990)

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

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

Open to Public **Inspection** 

Internal Revenue Service Name of the organization SANDLER FOUNDATION

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

Employer identification number

04 2147056

							94-314/000	
Pa	rt I General Informatio	n on Grants and	Assistance				•	
1 2	Does the organization maintain the selection criteria used to aw Describe in Part IV the organiza	ard the grants or as	sistance?					ר Yes Γ
Pa	<b>Form</b> 990, Part IV, line							es" to
	a) Name and address of	(b) EIN	(c) IPC section	(d) A mount of cash	(a) A mount of non-	(f) Method of	(a) Description of	(h) Purpose of gran

See Additional Data Table	(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC 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 gran or assistance
	See Addıtıonal Data Table							

2	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	56
3	Enter total number of other organizations listed in the line 1 table	

Schedule I	(Form 990) 2014
Part III	Grants and Other Assistance to Domestic Individuals. 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	( <b>b)</b> Number of recipients	<b>(c)</b> A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.										
Return Reference Explanation										
,	THE ORGANIZATION ENDEAVORS TO MONITOR ITS GRANTS TO ENSURE THAT SUCH GRANTS ARE USED FOR PROPER PURPOSES AND NOT OTHERWISE DIVERTED FROM THEIR INTENDED USE THIS IS ACCOMPLISHED BY REQUESTING RECIPIENT ORGANIZATIONS TO AFFIRM THAT FUNDS MUST BE USED SOLELY IN ACCORDANCE WITH THE GRANT REQUEST AND BUDGET ON WHICH THE GRANT WAS BASED AND THAT ANY FUNDS NOT EXPENDED FOR THE STATED PURPOSE ARE TO BE RETURNED TO THE ORGANIZATION REPORTS ARE REQUESTED FROM TIME TO TIME AS APPROPRIATE									

# **Additional Data**

Software ID:

**Software Version:** 

**EIN:** 94-3147856

Name: SANDLER FOUNDATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN CIVIL LIBERTIES UNION FOUNDATION125 BROAD STREET NEWYORK,NY 10004	13-6213516	501(C)(3)	1,300,000		CASH VALUE	N/A	GENERAL SUPPORT
AMERICAN CIVIL LIBERTIES UNION FOUNDATION125 BROAD STREET NEWYORK,NY 10004	13-6213516	501(C)(3)	1,750,000		CASH VALUE	· ·	STRATEGIC AFFILIATE INITIATIVE
BRIGHAM AND WOMEN'S HEALTH116 HUNTINGTON AVE 3RD FLOOR BOSTON,MA 02116	04-2312909	501(C)(3)	75,000		CASH VALUE	N/A	ASTHMA NATIONAL GRANTS PROGRAM RESEARCH AWARD

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(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		
BRIGHAM AND WOMEN'S HEALTH116 HUNTINGTON AVE 3RD FLOOR BOSTON,MA 02116	04-2312909	501(C)(3)	75,000		CASH VALUE		ASTHMA NATIONAL GRANTS PROGRAM RESEARCH AWARD		
CENTER FOR AMERICAN PROGRESS1333 H STREET NW 10TH FLOOR WASHINGTON, DC 20005	30-0126510	501(C)(3)	2,000,000		CASH VALUE	N/A	GENERAL SUPPORT		
CENTER FOR AMERICAN PROGRESS1333 H STREET NW 10TH FLOOR WASHINGTON,DC 20005	30-0126510	501(C)(3)	2,000,000		CASH VALUE	N/A	GENERAL SUPPORT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
CENTER FOR BIOLOGICAL DIVERSITYPOBOX 710 TUCSON,AZ 85702	85-0420285	501(C)(3)	800,000		CASH VALUE	N/A	CLIMATE LAW INSTITUTE		
CENTER FOR NATIONAL POLICY1250 I STREET NW SUITE 500 WASHINGTON, DC 20005	52-1080919	501(C)(3)	300,000		CASH VALUE	N/A	GENERAL SUPPORT		
CENTER FOR NATIONAL POLICY1250 I STREET NW SUITE 500 WASHINGTON, DC 20005	52-1080919	501(C)(3)	200,000		CASH VALUE	N/A	GENERAL SUPPORT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(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		
CENTER FOR NATIONAL POLICY1250 I STREET NW SUITE 500 WASHINGTON, DC 20005	52-1080919	501(C)(3)	100,000		CASH VALUE	N/A	GENERAL SUPPORT		
CENTER FOR RESPONSIBLE LENDINGPO BOX 3619 DURHAM,NC 277023619	74-3043913	501(C)(3)	2,526,000		CASH VALUE	N/A	GENERAL SUPPORT		
CENTER FOR RESPONSIBLE LENDINGPO BOX 3619 DURHAM,NC 277023619	74-3043913	501(C)(3)	1,500,000		CASH VALUE	N/A	GENERAL SUPPORT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(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		
CENTER ON BUDGET AND POLICY PRIORITIES820 FIRST STREET NE SUITE 510 WASHINGTON, DC 20002	52-1234565	501(C)(3)	500,000		CASH VALUE	N/A	GENERAL SUPPORT		
CENTER ON BUDGET AND POLICY PRIORITIES820 FIRST STREET NE SUITE 510 WASHINGTON, DC 20002	52-1234565	501(C)(3)	1,300,000		CASH VALUE	N/A	TO SUPPORT STATE FISCAL EFFORTS		
CHILDREN'S HOSPITAL OF PHILADELPHIAPO BOX 8500 PHILADELPHIA,PA 19178	23-1352166	501(C)(3)	75,000		CASH VALUE	,	ASTHMA NATIONAL GRANTS PROGRAM RESEARCH AWARD		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
CHILDREN'S HOSPITAL OF PHILADELPHIAPO BOX 8500 PHILADELPHIA,PA 19178	23-1352166	501(C)(3)	75,000		CASH VALUE		ASTHMA NATIONAL GRANTS PROGRAM RESEARCH AWARD		
CLEVELAND CLINIC FOUNDATION9500 EUCLID AVE H-18 CLEVELAND,OH 44195	34-0714585	501(C)(3)	75,000		CASH VALUE	•	ASTHMA NATIONAL GRANTS PROGRAM RESEARCH AWARD		
CLEVELAND CLINIC FOUNDATION9500 EUCLID AVE H-18 CLEVELAND,OH 44195	34-0714585	501(C)(3)	75,000		CASH VALUE	•	ASTHMA NATIONAL GRANTS PROGRAM RESEARCH AWARD		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(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		
COMMUNITY STUDIES INC 670 WEST END AVENUE NEW YORK, NY 10026	13-2998311	501(C)(3)	160,500		CASH VALUE	1 '	NEW APPROACHES TO ASSESSMENT		
COMPASSION AND CHOICESPO BOX 101810 DENVER,CO 80250	84-1328829	501(C)(3)	10,000		CASH VALUE	N/A	LUNCH FOR LIFE		
CONSULTIVE GROUP ON BIOLOGICAL DIVERSIRY PRESIDIO BUILDING 1016 SAN FRANCSISCO, CA 94129	13-3431076	501(C)(3)	40,000		CASH VALUE	N/A	GENERAL SUPPORT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(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		
EARTHJUSTICE50 CALIFORNIA STREET SUITE 500 SAN FRANCISCO,CA 94111	94-1730465	501(C)(3)	1,000,000		CASH VALUE	N/A	GENERAL SUPPORT		
FLORIDA INSTITUTE OF TECHNOLOGY150 WEST UNIVERSITY BLVD MELBOURNE,FL 32901	59-6046500	501(C)(3)	250,000		CASH VALUE		ASTHMA NATIONAL GRANTS PROGRAM RESEARCH AWARD		
GRANTMAKERS FOR EDUCATION720 SW WASHINGTON ST STE 605 PORTLAND,OR 97205	33-0919329	501(C)(3)	7,500		CASH VALUE	N/A	GENERAL SUPPORT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.								
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
HUMAN RIGHTS WATCH 350 FIFTH AVENUE 34TH FLOOR NEW YORK, NY 101183299	13-2875808	501(C)(3)	1,750,000		CASH VALUE	N/A	GENERAL SUPPORT	
HUMAN RIGHTS WATCH 350 FIFTH AVENUE 34TH FLOOR NEW YORK, NY 101183299	13-2875808	501(C)(3)	1,000,000		CASH VALUE	N/A	GENERAL SUPPORT	
INSTITUTE FOR EDUCATION POLICY1530 PAGE MILL ROAD SUITE 200 PALO ALTO,CA 94304	47-2772048	501(C)(3)	500,000		CASH VALUE	N/A	GENERAL SUPPORT	

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
INSTITUTE FOR EDUCATION POLICY1530 PAGE MILL ROAD SUITE 200 PALO ALTO, CA 94304	47-2772048	501(C)(3)	500,000		CASH VALUE	N/A	GENERAL SUPPORT		
INSTITUTE FOR EDUCATION POLICY1530 PAGE MILL ROAD SUITE 200 PALO ALTO, CA 94304	47-2772048	501(C)(3)	500,000		CASH VALUE	N/A	GENERAL SUPPORT		
INTERNATIONAL COMMUNITY FOUNDATION 2505 N AVENUE NATIONAL CITY, CA 91950	13-1624046	501(C)(3)	600,000		CASH VALUE		SANDLER FAMILY INTERNATIONAL FUND		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
ISLAND CONSERVATION 100 SHAFFER ROAD LML SANTA CRUZ, CA 95060	91-1839907	501(C)(3)	300,000		CASH VALUE	N/A	GENERAL SUPPORT		
J STREET EDUCATION FUND INCPOBOX 66073 WASHINGTON, DC 20035	20-2777557	501(C)(3)	250,000		CASH VALUE	N/A	GENERAL SUPPORT		
J STREET EDUCATION FUND INCPOBOX 66073 WASHINGTON, DC 20035	20-2777557	501(C)(3)	250,000		CASH VALUE	N/A	GENERAL SUPPORT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.								
(a) Name and address of organization or government	(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	
JEWISH COMMUNITY FEDERATION121 STEUART STREET SAN FRANCISCO,CA 94105	94-1156533	501(C)(3)	50,000		CASH VALUE	'	FOR DONOR ADVISED FUND	
JEWISH COMMUNITY FEDERATION121 STEUART STREET SAN FRANCISCO,CA 94105	94-1156533	501(C)(3)	350,000		CASH VALUE		PASSTHROUGH GRANT - JEWISH VOCATIONAL SERVICE AND JEWISH HOME	
JOHN HOPKINS UNIVERSITYONE CHARLES CENTER SUITE 336 100 NORTH CHARLES ST BALTIMORE, MD 21201	52-0595110	501(C)(3)	75,000		CASH VALUE	, ,	ASTHMA NATIONAL GRANTS PROGRAM RESEARCH AWARD	

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(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		
JOHN HOPKINS UNIVERSITYONE CHARLES CENTER SUITE 336 100 NORTH CHARLES ST BALTIMORE, MD 21201	52-0595110	501(C)(3)	75,000		CASH VALUE	,	ASTHMA NATIONAL GRANTS PROGRAM RESEARCH AWARD		
JUSTICE MATTERS INSTITUTE436 14TH STREET SUITE 700 OAKLAND,CA 94612	94-3275302	501(C)(3)	35,000		CASH VALUE	N/A	GENERAL SUPPORT		
LEADERSHIP CONFERENCE EDUCATION FUND INC 1629 K STREET NW SUITE 1000 10TH FLOOR WASHINGTON, DC 20006	23-7026895	501(C)(3)	100,000		CASH VALUE	N/A	GENERAL SUPPORT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
MEMORIAL SLOAN KETTERING CANCER CENTERPO BOX 27106 NEW YORK, NY 10087	91-2154267	501(C)(3)	75,000		CASH VALUE		ASTHMA NATIONAL GRANTS PROGRAM RESEARCH AWARD		
MEMORIAL SLOAN KETTERING CANCER CENTERPO BOX 27106 NEW YORK, NY 10087	91-2154267	501(C)(3)	75,000		CASH VALUE		ASTHMA NATIONAL GRANTS PROGRAM RESEARCH AWARD		
NATIONAL CENTER FOR YOUTH LAW405 14TH STREET SUITE 1500 OAKLAND,CA 94612	94-2506933	501(C)(3)	100,000		CASH VALUE	N/A	GENERAL SUPPORT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.								
(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	
NATIONAL CENTER FOR YOUTH LAW405 14TH STREET SUITE 1500 OAKLAND,CA 94612	94-2506933	501(C)(3)	150,000		CASH VALUE	N/A	GENERAL SUPPORT	
NATURAL RESOURCES DEFENSE COUNCIL111 SUTTER STREET 20TH FLOOR SAN FRANCISCO,CA 94104	13-2654926	501(C)(3)	100,000		CASH VALUE	N/A	O CEANS PRO GRAM	
NORTHWESTERN UNIVERSITY1201 DAVIS STREET EVANSTON,IL 60201	36-2167817	501(C)(3)	75,000		CASH VALUE	,	ASTHMA NATIONAL GRANTS PROGRAM RESEARCH AWARD	

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(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	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
NORTHWESTERN UNIVERSITY1201 DAVIS STREET EVANSTON,IL 60201	36-2167817	501(C)(3)	75,000		CASH VALUE	,	ASTHMA NATIONAL GRANTS PROGRAM RESEARCH AWARD			
OCEANA INC1350 CONNECTICUT AVE NW 5TH FL WASHINGTON, DC 20036	51-0401308	501(C)(3)	2,000,000		CASH VALUE	N/A	GENERAL SUPPORT			
PENNSYLVANIA STATE UNIVERSITY1 OLD MAIN UNIVERSITY PARK,PA 168021502	24-6000376	501(C)(3)	75,000		CASH VALUE		ASTHMA NATIONAL GRANTS PROGRAM RESEARCH AWARD			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(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			
PENNSYLVANIA STATE UNIVERSITY1 OLD MAIN UNIVERSITY PARK,PA 168021502	24-6000376	501(C)(3)	75,000		CASH VALUE		ASTHMA NATIONAL GRANTS PROGRAM RESEARCH AWARD			
PICO NATIONAL NETWORK 171 SANTA ROSA AVE OAKLAND,CA 94610	94-2206497	501(C)(3)	500,000		CASH VALUE	N/A	GENERAL SUPPORT			
PICO NATIONAL NETWORK 171 SANTA ROSA AVE OAKLAND,CA 94610	94-2206497	501(C)(3)	500,000		CASH VALUE	N/A	GENERAL SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(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			
PROPUBLICA55 BROADWAY 23RD FLOOR NEW YORK, NY 10006	14-2007220	501(C)(3)	1,000,000		CASH VALUE	N/A	GENERAL SUPPORT			
PROPUBLICA55 BROADWAY 23RD FLOOR NEW YORK, NY 10006	14-2007220	501(C)(3)	1,000,000		CASH VALUE	N/A	GENERAL SUPPORT			
PROPUBLICA55 BROADWAY 23RD FLOOR NEW YORK, NY 10006	14-2007220	501(C)(3)	1,000,000		CASH VALUE	N/A	GENERAL SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(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			
PROPUBLICA55 BROADWAY 23RD FLOOR NEW YORK, NY 10006	14-2007220	501(C)(3)	1,000,000		CASH VALUE	N/A	GENERAL SUPPORT			
PROTECT OUR DEFENDERS 20 PARK ROAD SUITE E BURLINGAME,CA 94010	45-4044997	501(C)(3)	25,000		CASH VALUE	N/A	GENERAL SUPPORT			
REGENTS OF THE UNIVERSITY OF CALIFORNIA AT BERKELEY 2150 SHATTUCK AVE SUITE 313 BERKELEY,CA 947204200	94-6002123	501(C)(3)	50,000		CASH VALUE	,	INVESTIGATIVE REPORTING PROGRAM			

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(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			
REGENTS OF THE UNIVERSITY OF CALIFORNIA AT BERKELEY 2150 SHATTUCK AVE SUITE 313 BERKELEY, CA 947204200	94-6002123	501(C)(3)	10,000		CASH VALUE	1 '	CENTER FOR LATIN AMERICAN STUDIES			
REGENTS OF THE UNIVERSITY OF CALIFORNIA AT BERKELEY 2150 SHATTUCK AVE SUITE 313 BERKELEY,CA 947204200	94-6002123	501(C)(3)	250,000		CASH VALUE	1	CENTER FOR EQUITABLE GROWTH			
REGENTS OF THE UNIVERSITY OF CALIFORNIA AT BERKELEY 2150 SHATTUCK AVE SUITE 313 BERKELEY, CA 947204200	94-6002123	501(C)(3)	125,000		CASH VALUE		IRP FELLOWSHIP PROGRAM			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(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			
SCHWAB CHARITABLE FUND211 MAIN STREET SAN FRANCISCO,CA 94105	31-1640316	501(C)(3)	100,000		CASH VALUE	,	FOR DONOR ADVISED PHILANTHROPIC FUND			
SIERRA CLUB FOUNDATION85 SECOND STREET 2ND FLOOR SAN FRANCISCO, CA 94105	94-6069890	501(C)(3)	150,000		CASH VALUE	N/A	GENERAL SUPPORT			
STANFORD UNIVERSITY 326 GALVEZ STREET STANFORD,CA 94305	94-1156365	501(C)(3)	75,000		CASH VALUE		ASTHMA NATIONAL GRANTS PROGRAM RESEARCH AWARD			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
STANFORD UNIVERSITY 326 GALVEZ STREET STANFORD,CA 94305	94-1156365	501(C)(3)	75,000		CASH VALUE		ASTHMA NATIONAL GRANTS PROGRAM RESEARCH AWARD			
STANFORD UNIVERSITY 326 GALVEZ STREET STANFORD,CA 94305	94-1156365	501(C)(3)	32,400		CASH VALUE		POLICY ANALYSIS SUPPORT FOR SCOPE			
STANFORD UNIVERSITY 326 GALVEZ STREET STANFORD,CA 94305	94-1156365	501(C)(3)	170,000		CASH VALUE		STANFORD CENTER ON OPPORTUNITY POLICY IN EDUCATION (SCOPE)			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(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	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
THAT MAN MAY SEE INC10 KORET WAY BOX 0352 SAN FRANCISCO,CA 94143	23-7129943	501(C)(3)	50,000		CASH VALUE	N/A	GENERAL SUPPORT			
THE AMERICAN CONSTITUTION SOCIETY FOR LAW AND POLICY1333 H STREET NW 11TH FLOOR WASHINGTON, DC 20005	52-2313694	501(C)(3)	250,000		CASH VALUE	N/A	GENERAL SUPPORT			
THE AMERICAN CONSTITUTION SOCIETY FOR LAW AND POLICY1333 H STREET NW 11TH FLOOR WASHINGTON, DC 20005	52-2313694	501(C)(3)	250,000		CASH VALUE	N/A	GENERAL SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(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			
THE CITY COLLEGE FUND CITY COLLEGE OF NEW YORK CITY SHEPARD HALL RM 166 NEW YORK, NY 10031	13-1760098	501(C)(3)	25,000		CASH VALUE	N/A	GENERAL SUPPORT			
THE MANAGEMENT CENTER1710 RHODE ISLAND AVENUE NW SUITE 1100 WASHINGTON, DC 20036	20-5197607	501(C)(3)	100,000		CASH VALUE	N/A	GENERAL SUPPORT			
THE MANAGEMENT CENTER1710 RHODE ISLAND AVENUE NW SUITE 1100 WASHINGTON, DC 20036	20-5197607	501(C)(3)	100,000		CASH VALUE	N/A	GENERAL SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	(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				
THE MANAGEMENT CENTER1710 RHODE ISLAND AVENUE NW SUITE 1100 WASHINGTON, DC 20036	20-5197607	501(C)(3)	100,000		CASH VALUE	N/A	GENERAL SUPPORT				
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA SAN FRANCISCOPO BOX 45339 SAN FRANCISCO,CA 941450339	94-6036493	501(C)(3)	75,000		CASH VALUE		ASTHMA NATIONAL GRANTS PROGRAM RESEARCH AWARD				
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA SAN FRANCISCOPO BOX 45339 SAN FRANCISCO, CA	94-6036493	501(C)(3)	75,000		CASH VALUE		ASTHMA NATIONAL GRANTS PROGRAM RESEARCH AWARD				

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount 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			
THE UNIVERSITY OF IOWA B5 JESSUP HALL IOWA CITY,IA 52245	42-6004813	501(C)(3)	75,000		CASH VALUE		ASTHMA NATIONAL GRANTS PROGRAM RESEARCH AWARD			
THE UNIVERSITY OF IOWA B5 JESSUP HALL IOWA CITY,IA 52245	42-6004813	501(C)(3)	75,000		CASH VALUE		ASTHMA NATIONAL GRANTS PROGRAM RESEARCH AWARD			
THE UNIVERSITY OF TEXAS MD ANDERSON CANCER CENTERPO BOX 4390 HOUSTON,TX 772104390	74-6000203	501(C)(3)	75,000		CASH VALUE		ASTHMA NATIONAL GRANTS PROGRAM RESEARCH AWARD			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
THE UNIVERSITY OF TEXAS MD ANDERSON CANCER CENTERPO BOX 4390 HOUSTON,TX 772104390	74-6000203	501(C)(3)	75,000		CASH VALUE		ASTHMA NATIONAL GRANTS PROGRAM RESEARCH AWARD			
THOMAS JEFFERSON UNIVERSITY1020 WALNUT STREET PHILIDELPHIA,PA 19107	23-1352651	501(C)(3)	75,000		CASH VALUE		ASTHMA NATIONAL GRANTS PROGRAM RESEARCH AWARD			
THOMAS JEFFERSON UNIVERSITY1020 WALNUT STREET PHILIDELPHIA,PA 19107	23-1352651	501(C)(3)	75,000		CASH VALUE		ASTHMA NATIONAL GRANTS PROGRAM RESEARCH AWARD			

Form 990,Schedule I, Par	rt II, Grants an	<u>id Other Assistance</u>	e to Domestic Org	anizations and Do	mestic Governmer	nts.	
(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
TIDES FOUNDATIONPO BOX 29903 SAN FRANCISCO,CA 941290903	51-0198509	501(C)(3)	10,000		CASH VALUE	,	MARIO SAVIO MEMORIAL LECTURE FUND
TRUSTEES OF DARTMOUTH COLLEGE41 CENTERRA PARKWAY LEBANON,NH 03766	02-0222111	501(C)(3)	75,000		CASH VALUE		ASTHMA NATIONAL GRANTS PROGRAM RESEARCH AWARD
TRUSTEES OF DARTMOUTH COLLEGE41 CENTERRA PARKWAY LEBANON,NH 03766	02-0222111	501(C)(3)	75,000		CASH VALUE		ASTHMA NATIONAL GRANTS PROGRAM RESEARCH AWARD

Form 990,Schedule I, Par	rt II, Grants an	d Other Assistance	e to Domestic Orga	anizations and Do	mestic Governme	nts.	
(a) Name and address of organization or government	(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
TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA 3451 WALNUT STREET PHILADELPHIA, PA 191046205	23-1352685	501(C)(3)	75,000		CASH VALUE	'	ASTHMA NATIONAL GRANTS PROGRAM RESEARCH AWARD
TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA 3451 WALNUT STREET PHILADELPHIA, PA 191046205	23-1352685	501(C)(3)	75,000		CASH VALUE		ASTHMA NATIONAL GRANTS PROGRAM RESEARCH AWARD
TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA 3451 WALNUT STREET PHILADELPHIA, PA 191046205	23-1352685	501(C)(3)	125,000		CASH VALUE	'	ASTHMA NATIONAL GRANTS PROGRAM RESEARCH AWARD

Form 990,Schedule I, Pai	<u>rt II, Grants an</u>	<u>d Other Assistance</u>	to Domestic Org;	<u>anizations and Do</u> r	<u>mestic Governmer</u>	nts.	
(a) Name and address of organization or government	(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
TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA 3451 WALNUT STREET PHILADELPHIA, PA 191046205	23-1352685	501(C)(3)	125,000		CASH VALUE	,	ASTHMA NATIONAL GRANTS PROGRAM RESEARCH AWARD
TURTLE ISLAND RESTORATION NETWORK POBOX 400 FOREST KNOLLS, CA 94933	91-1818080	501(C)(3)	250,000		CASH VALUE	N/A	GENERAL SUPPORT
TURTLE ISLAND RESTORATION NETWORK POBOX 400 FOREST KNOLLS,CA	91-1818080	501(C)(3)	25,000		CASH VALUE	N/A	PRETO MA

Form 990,Schedule I, Par	rt II, Grants ar	nd Other Assistanc	e to Domestic Org	anizations and Do	mestic Governme	nts.	
(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
UNIVERSITY OF CALIFORNIA SAN FRANCISCO FOUNDATION 220 MONTGOMERY STREET 5TH FLOOR SAN FRANCISCO,CA 94104	94-2829914	501(C)(3)	2,000,000		CASH VALUE		IN SUPPORT OF THE NEUROSCIENCES INITIATIVE BUILDING CAMPAIGN
UNIVERSITY OF CALIFORNIA SAN FRANCISCO FOUNDATION 220 MONTGOMERY STREET 5TH FLOOR SAN FRANCISCO,CA 94104	94-2829914	501(C)(3)	50,000		CASH VALUE		OSHER CENTER FOR INTEGRATIVE MEDICINE
UNIVERSITY OF CALIFORNIA SAN FRANCISCO FOUNDATION 220 MONTGOMERY STREET 5TH FLOOR SAN FRANCISCO,CA	94-2829914	501(C)(3)	277,400		CASH VALUE	1 7	ADMINISTRATIVE COSTS FOR AAFRP

Form 990,Schedule I, Pai	rt II, Grants an	d Other Assistance	e to Domestic Org	anizations and Do	mestic Governme	nts.	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	( <b>d)</b> 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
UNIVERSITY OF CALIFORNIA SAN FRANCISCO FOUNDATION 220 MONTGOMERY STREET 5TH FLOOR SAN FRANCISCO,CA 94104	94-2829914	501(C)(3)	1,525,000		CASH VALUE	•	SANDLER ASTHMA BASIC RESEARCH CENTER (SABRE)
UNIVERSITY OF CALIFORNIA SAN FRANCISCO FOUNDATION 220 MONTGOMERY STREET 5TH FLOOR SAN FRANCISCO,CA 94104	94-2829914	501(C)(3)	3,000,000		CASH VALUE	·	PROGRAM FOR BREAKTHROUGH BIOMEDICAL RESEARCH
UNIVERSITY OF CALIFORNIA SAN FRANCISCO FOUNDATION 220 MONTGOMERY STREET 5TH FLOOR SAN FRANCISCO, CA	94-2829914	501(C)(3)	209,100		CASH VALUE	l '	ADMINISTRATIVE COSTS FOR AAFRP

Form 990,Schedule I, Pai	rt II, Grants an	d Other Assistance	e to Domestic Org	anizations and Do	mestic Governme	nts.	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> 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
UNIVERSITY OF CALIFORNIA SAN FRANCISCO FOUNDATION 220 MONTGOMERY STREET 5TH FLOOR SAN FRANCISCO,CA 94104	94-2829914	501(C)(3)	152,500		CASH VALUE	•	SANDLER ASTHMA BASIC RESEARCH CENTER (SABRE)
UNIVERSITY OF CALIFORNIA SAN FRANCISCO FOUNDATION 220 MONTGOMERY STREET 5TH FLOOR SAN FRANCISCO,CA 94104	94-2829914	501(C)(3)	426,208		CASH VALUE		CENTER FOR NEXT- GEN PRECISION MEDICINE DIAGNOSTICS
UNIVERSITY OF CALIFORNIA SAN FRANCISCO FOUNDATION 220 MONTGOMERY STREET 5TH FLOOR SAN FRANCISCO, CA	94-2829914	501(C)(3)	112,469		CASH VALUE	,	NEUROSCIENCES INITIATIVE BUILDING CAMPAIGN

Form 990,Schedule I, Par	rt II, Grants an	<u>id Other Assistance</u>	a to Domestic Org	anizations and Do	<u>mestic Governmer</u>	nts.	
(a) Name and address of organization or government	(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
UNIVERSITY OF CHICAGO 5235 S HARPER COURT 4TH FLOOR CHICAGO,IL 60615	36-2177139	501(C)(3)	75,000		CASH VALUE		ASTHMA NATIONAL GRANTS PROGRAM RESEARCH AWARD
UNIVERSITY OF CHICAGO 5235 S HARPER COURT 4TH FLOOR CHICAGO,IL 60615	36-2177139	501(C)(3)	75,000		CASH VALUE		ASTHMA NATIONAL GRANTS PROGRAM RESEARCH AWARD
UNIVERSITY OF ILLINOIS FOUNDATION1305WEST GREEN STREET MC-386 URBANA,IL 61801	37-6006007	501(C)(3)	75,000		CASH VALUE		ASTHMA NATIONAL GRANTS PROGRAM RESEARCH AWARD

Form 990,Schedule I, Pai	rt II, Grants an	d Other Assistance	e to Domestic Orga	anizations and Do	mestic Governmer	nts.	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF ILLINOIS FOUNDATION1305WEST GREEN STREET MC-386 URBANA,IL 61801	37-6006007	501(C)(3)	75,000		CASH VALUE		ASTHMA NATIONAL GRANTS PROGRAM RESEARCH AWARD
UNIVERSITY OF MARYLAND BALTIMOREPO BOX 41428 BALTIMORE, MD 212036428	52-6002033	501(C)(3)	75,000		CASH VALUE		ASTHMA NATIONAL GRANTS PROGRAM RESEARCH AWARD
UNIVERSITY OF MARYLAND BALTIMOREPO BOX 41428 BALTIMORE, MD 212036428	52-6002033	501(C)(3)	75,000		CASH VALUE		ASTHMA NATIONAL GRANTS PROGRAM RESEARCH AWARD

Form 990,Schedule I, Par	rt II, Grants an	d Other Assistance	e to Domestic Org	anizations and Do	mestic Governme	nts.	
(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
UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL104 AIRPORT ROAD AOB CHAPEL HILL,NC 27599	59-1711424	501(C)(3)	75,000		CASH VALUE		ASTHMA NATIONAL GRANTS PROGRAM RESEARCH AWARD
UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL104 AIRPORT ROAD AOB CHAPEL HILL,NC 27599	59-1711424	501(C)(3)	75,000		CASH VALUE	,	ASTHMA NATIONAL GRANTS PROGRAM RESEARCH AWARD
WASHINGTON CENTER FOR EQUITABLE GROWTH CO CENTER FOR AMERICAN PROGRESS1333 H STREET NW 10TH FLOOR WASHINGTON, DC 20005	30-0126510	501(C)(3)	1,000,000		CASH VALUE		WASHINGTON CENTER FOR EQUITABLE GROWTH

Form 990,Schedule I, Par	rt II, Grants an	d Other Assistance	e to Domestic Org:	anizations and Do	mestic Governme	nts.	
(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
WASHINGTON CENTER FOR EQUITABLE GROWTH CO CENTER FOR AMERICAN PROGRESS1333 H STREET NW 10TH FLOOR WASHINGTON, DC 20005	30-0126510	501(C)(3)	1,000,000		CASH VALUE		WASHINGTON CENTER FOR EQUITABLE GROWTH
WASHINGTON CENTER FOR EQUITABLE GROWTH CO CENTER FOR AMERICAN PROGRESS1333 H STREET NW 10TH FLOOR WASHINGTON, DC 20002	30-0126510	501(C)(3)	1,000,000		CASH VALUE	,	WASHINGTON CENTER FOR EQUITABLE GROWTH
WILDCOAST925 SEACOAST DRIVE IMPERIAL BEACH, CA 91932	77-0536297	501(C)(3)	300,000		CASH VALUE	N/A	GENERAL SUPPORT

Form 990,Schedule 1, Pa	rt II, Grants an	<u>id Otner Assistance</u>	<u>e to Domestic Org</u>	anizations and Do	<u>mestic Governmei</u>	nts.	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> 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
YALE UNIVERSITYPO BOX 1873 NEW HAVEN,CT 065081873	06-0646973	501(C)(3)	75,000		CASH VALUE		ASTHMA NATIONAL GRANTS PROGRAM RESEARCH AWARD
YALE UNIVERSITYPO BOX 1873 NEW HAVEN,CT 065081873	06-0646973	501(C)(3)	75,000		CASH VALUE		ASTHMA NATIONAL GRANTS PROGRAM RESEARCH AWARD

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DLN: 93493046028426

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** ► Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

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

Open to Public Inspection

Name of the organization SANDLER FOUNDATION

**Employer identification number** 

94-3147856

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the fig. 990, Part VII, Section A, line 1a Complete Part III to provide any re			
	▼ First-class or charter travel	allowance or residence for personal use		
	☐ Travel for companions ☐ Payment	s for business use of personal residence		
	Tax idemnification and gross-up payments  Health o	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 reimbursement or provision of all of the expenses described above? I		Yes	
2	Did the organization require substantiation prior to reimbursing or allo directors, trustees, officers, including the CEO/Executive Director, re		V	
	directors, trustees, officers, metading the e20/2xecutive birector, re	garding the items checked in line 1a?	Yes	
3	Indicate which, if any, of the following the filing organization used to e organization's CEO/Executive Director Check all that apply Do not of used by a related organization to establish compensation of the CEO,	heck any boxes for methods		
	Compensation committee Written e	mployment contract		
	☐ Independent compensation consultant ☐ Compens	sation survey or study		
	Form 990 of other organizations	by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section or a related organization	A, line 1a with respect to the filing organization		
a	Receive a severance payment or change-of-control payment?	4a		No
b	Participate in, or receive payment from, a supplemental nonqualified r	etirement plan? 4b		Νo
C	Participate in, or receive payment from, an equity-based compensation	n arrangement? 4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide the applical	ple amounts for each item in Part III		
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must comple	ete lines 5-9.		
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the o compensation contingent on the revenues of			
а	The organization?	5a		Νo
b	Any related organization?	5b		Νo
	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 o compensation contingent on the net earnings of	rganization pay or accrue any		
а	The organization?	6a		No
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 opayments not described in lines 5 and 6? If "Yes," describe in Part II			No
8	Were any amounts reported in Form 990, Part VII, paid or accured pu	rsuant to a contract that was		
	subject to the initial contract exception described in Regulations sec			
	ın Part III	8		Νo
9	If "Yes" to line 8, did the organization also follow the rebuttable presusection 53 $4958-6(c)$ ?	mption procedure described in Regulations 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)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	( <b>D)</b> Nontaxable	(E) Total of columns	<b>(F)</b> Compensation in
		(i) Base compensation	(ii) Bonus & ıncentive compensation	(iii) Other other deferred reportable compensation		benefits	(B)(ı)-(D)	column(B) reported as deferred in prior Form 990
1 STEVE DAETZ, EXECUTIVE VP	(i) (ii)	408,649 0	0	366 0	52,000 0	24,255 0	485,270	0 0
2 MARK REISBAUM, TREASURER/SECRETARY	(i) (ii)	240,110	0	0 690	0 7,258	0 11,551	0 259,609	0
3 SERGIO KNAEBEL, GRANT DIRECTOR	(i) (ii)	150,230 0	0	293 0	22,800	0	173,323 0	0

Schedule J (Form 990) 2014

### 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

Tribo comprete this pare for any ac	Additional miles make the second seco
Return Reference	Explanation
PART I, LINE 1A	THE ORGANIZATION HAS A WRITTEN EXPENSE REIMBURSEMENT POLICY THAT PERMITS REIMBURSEMENT OF AIR TRAVEL FOR FLIGHTS EXCEEDING A CERTAIN DURATION AT A CLASS OF SERVICE HIGHER THAN COACH CLASS TICKETS, SUBJECT TO AUTHORIZATION AND APPROVAL BY THE INDIVIDUAL'S MANAGER, TOGETHER WITH APPROPRIATE DOCUMENTATION
PART I, LINE 3	FORM 990, PART VI, SECTION B, LINE 15 THE ORGANIZATION HAS FULL TIME EMPLOYEES AND COMPENSATES ONE OFFICER THE EXECUTIVE VICE PRESIDENT'S COMPENSATION IS REVIEWED ANNUALLY BY THE GOVERNING BOARD OF DIRECTORS, ALONG WITH A MEMO SUMMARIZING SALARY COMPARABILITY DATA PROPOSED COMPENSATION ADJUSTMENTS FOR THE EXECUTIVE VICE PRESIDENT ARE DISCUSSED AND APPROVED BY THE INDEPENDENT GOVERNING BOARD OF DIRECTORS CERTAIN OFFICERS AND/OR DIRECTORS ARE ALSO COMPENSATED BY A RELATED PARTY, THE JEWISH COMMUNITY FEDERATION OF SAN FRANCISCO, THE PENINSULA, MARIN AND SONOMA COUNTIES ('JCF') JCF DOES A COMPENSATION SURVEY AND ANALYSIS FOR THE SENIOR LEVEL POSITIONS JCF LOOKS AT COMPENSATION THAT IS EQUITABLE INTERNALLY AND EXTERNALLY FOR THESE POSITIONS THE EXECUTIVE COMMITTEE OFFICERS APPROVE THE COMPENSATION FOR THE JCF CEO THERE IS A PERIODIC REVIEW OF ALL SALARIES FROM AN INDEPENDENT PROFESSIONAL COMPENSATION ORGANIZATION THE REVIEW INCLUDES SIMILAR POSITIONS IN THE NON-PROFIT AND FOR-PROFIT SECTOR LOCALLY AND IS ADJUSTED NATIONALLY THE COMPENSATION REVIEW ALSO ANALYZES COMPENSATION INFORMATION FROM OTHER FORM 990S
	FOR SIMILAR ORGANIZATIONS AS WELL AS MANY OTHER SOURCES OF COMPENSATION DATA

Schedule J (Form 990) 2014

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DLN: 93493046028426

OMB No 1545-0047

**SCHEDULE 0** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

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

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

Open to Public Inspection

Name of the organization **Employer identification number** SANDLER FOUNDATION 94-3147856

#### 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	HERBERT SANDLER AND SUSAN SANDLER ARE FATHER AND DAUGHTER
FORM 990, PART VI, SECTION B, LINE 11	THE FORM 990 IS PREPARED BASED ON AUDITED FINANCIAL STATEMENTS AND WITH THE ASSISTANCE OF THE RELATED PARTY'S FINANCE AND ACCOUNTING STAFF THE FINAL DRAFT OF THE 990 IS REVIEWED B Y THE TREASURER THE PRESIDENT AND/OR OTHER OFFICERS AND DIRECTORS RECEIVE THE FINAL VERSI ON OF THE FORM PRIOR TO FILING
FORM 990, PART VI, SECTION B, LINE 12C	THE ORGANIZATION REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES COMPLIANCE WITH ITS CONF LICT OF INTEREST POLICY ALL DIRECTORS AND OFFICERS CONFIRM EACH YEAR THAT THEY ARE NOT AW ARE OF ANY CONFLICTS OF INTEREST AS TO THEMSELVES OR OTHERS, AND THE ORGANIZATION MONITORS COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY THROUGHOUT THE YEAR THE SUPPORTED ORGANI ZATION REQUESTS COMPLETION OF AN ANNUAL DISCLOSURE FORM, ENSURES THAT ALL FORMS HAVE BEEN RECEIVED AND PREPARES A SUMMARY OF DISCLOSURES AND FORWARDS THE FORMS AND SUMMARY TO ITS L EGAL COUNSEL THE SUPPORTED ORGANIZATION'S CFO ALSO RECEIVES A COPY OF THE SUMMARY AND REV IEWS ALL FORMS AND IS RESPONSIBLE FOR ASSURING APPROPRIATE REPORTING TO THE EXTERNAL AUDIT ORS AND DISCLOSURE IN THE ANNUAL TAX FILINGS
FORM 990, PART VI, SECTION B, LINE 15	THE EXECUTIVE VICE PRESIDENT'S COMPENSATION IS REVIEWED ANNUALLY BY THE GOVERNING BOARD OF DIRECTORS, ALONG WITH A MEMO SUMMARIZING SALARY COMPARABILITY DATA PROPOSED COMPENSATION ADJUSTMENTS FOR THE EXECUTIVE VICE PRESIDENT ARE DISCUSSED AND APPROVED BY THE INDEPENDEN T GOVERNING BOARD OF DIRECTORS
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION IS A PART OF THE JEWISH COMMUNITY FEDERATION, A RELATED PARTY, THAT MAKES ITS CONSOLIDATED AUDITED FINANCIAL STATEMENTS AND FORM 990 FOR THE MOST RECENT THREE YEAR S AND CONFLICT OF INTEREST POLICY AVAILABLE TO THE PUBLIC UPON REQUEST
FORM 990, PART XI, LINE 9	GRANT REFUND 17,000
FORM 990 (VARIOUS)	DUE TO TAX SOFTWARE LIMITATIONS, CERTAIN QUESTIONS THAT SHOULD HAVE BEEN ANSWERED N/A WERE  LEFT BLANK AS FOLLOWS 1) PART IV, QUESTION 20B, 24B, 24C, 24D, 35B 2) PART V, QUESTION 2 B, 3B, 4B, 5C, 6B, 7B, 7D, 7G, 7H, 8, 9A, 9B, 10A, 10B, 11A, 11B, 12A, 12B, 13A, 13B, 13C, 14B 3) PART VI, QUESTION 10B, 16B 4) PART XII, QUESTION 3B 5) SCHEDULE A PART IV QUESTION 3B, 3C, 4B, 4C, 5B, 5C, 10B 6) SCHEDULE J, QUESTION 1A, 1B, 2, 3, 9

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DLN: 93493046028426

OMB No 1545-0047 2014

Open to Public Inspection

# **SCHEDULE R** (Form 990)

Department of the Treasury Internal Revenue Service

**Related Organizations and Unrelated Partnerships** 

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ► Attach to Form 990.

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

Name of the organization SANDLER FOUNDATION

**Employer identification number** 

94-3147856

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (ıf applıcable) of dısregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct controlling entity	
					_	

Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one Part II or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))		Section (13) co ent	512(b) ntrolled
						Yes	No
	BUILD, MAINTAIN AND STRENGTHEN JEWISH IDENTITY, COMM AND LIFE	CA	501(C)(3)	LINE 7	N/A		No

Part III	Identification of Related Organizations Taxable a	as a Partne	ership	Complete i	if the organiza	atıon ansv	vered "Ye	s" on Form	990, Part	IV, line	34
	because it had one or more related organizations treate	ed as a part	nershij	during the	tax year.						

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)		(i)	(j)		(k)
Name, address, and EIN of	Primary activity	Legal	Dırect	Predominant	Share of	Share of	Dispropi	rtionate	Code V-UBI	Gener	al or	Percentage
related organization	1	domicile	controlling	ıncome(related,	total income	end-of-year	allocati	ions?	amount in box	mana	ging	ownership
_	1	(state or	entity	unrelated,		assets	l		20 of	partn	ner?	
	1	foreign		excluded from		I	l		Schedule K-1	ļ		
	١	country)	l	tax under		Į.		1	(Form 1065)	ļ		
	1	(	l l	sections 512-		I	l		1	ļ		
	1	!	l	514)		ļ	L		l i	Ļ	$\rightarrow$	
	1	<b>!</b>	l l	, ´		Į.	Yes	No	Į į	Yes	No	
				-								
		$\overline{}$							1	-		

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	
Name, address, and EIN of	Primary activity	Legal	Direct controlling	Type of entity	Share of total	Share of end-	Percentage	Section 512	
related organization	1	domicile	entity	(C corp, S	ıncome	of-year	ownership	(b)(13)	
	1	(state or foreign	·	corp,		assets		controlled	
		country)		or trust)				entity?	
								Yes	No
<u></u>									<u>-</u>

**s** Other transfer of cash or property from related organization(s)

ied	dule R (Form 990) 2014		Р	age <b>3</b>
ar	Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.			
	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No.
Du	uring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			1
a	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		No
Ь	Gift, grant, or capital contribution to related organization(s)	1b	Yes	;
С	Gift, grant, or capital contribution from related organization(s)	<b>1</b> c	Yes	;
d	Loans or loan guarantees to or for related organization(s)	1d		No
е	Loans or loan guarantees by related organization(s)	1e		No
F	Dividends from related organization(s)	1f		No
g	Sale of assets to related organization(s)	<b>1</b> g		No
h	Purchase of assets from related organization(s)	1h	1	No
i	Exchange of assets with related organization(s)	1i		No
j	Lease of facilities, equipment, or other assets to related organization(s)	<b>1</b> j		No
			$oldsymbol{ol}}}}}}}}}}}}}}}}}}$	
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		No
I	Performance of services or membership or fundraising solicitations for related organization(s)	11	<b>↓</b>	No
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m	1 Yes	<u>;                                    </u>
n :	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	í .	No
0	Sharing of paid employees with related organization(s)	10	ــــــ	No
			↓_	┷
р	Reimbursement paid to related organization(s) for expenses	<b>1</b> p		
9	Reimbursement paid by related organization(s) for expenses	<b>1</b> q	Yes	<u> </u>
r	Other transfer of cash or property to related organization(s)	1r	_	No
r	O ther transfer of cash or property to related organization(s)	1r	T	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) JEWISH COMMUNITY FEDERATION OF SAN FRANCISCO	В	400,000	CASH VALUE
(2) JEWISH COMMUNITY FEDERATION OF SAN FRANCISCO	М	200,000	CASH VALUE
(3) JEWISH COMMUNITY FEDERATION OF SAN FRANCISCO	С	23,300	CASH VALUE
(4) JEWISH COMMUNITY FEDERATION OF SAN FRANCISCO	Р	21,388	CASH VALUE
(5) JEWISH COMMUNITY FEDERATION OF SAN FRANCISCO	Q	19,996	CASH VALUE

No

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

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

I													
(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under	se 501 orgar	(e) all partners section 01(c)(3) anizations?	(f) Share of total income	(g) Share of end-of-year assets	ear allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		( <b>k)</b> Percentage ownership
1	1 '	1	sections 512-	1	,	1 '	1	1	,	1 '	1	J	1
		<u> </u>	514)	Yes	No	<u> </u>		Yes	No	<u> </u>	Yes	No	
			'	$\Box$		'	<u> </u>		$\square'$				

Schedule R (Form 990) 2014 Page **5** 

# Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference Explanation

Schedule R (Form 990) 2014

DLN: 93493046037717

# OMB No 1545-0047

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

**Return of Organization Exempt From Income Tax** 

▶ Do not enter social security numbers on this form as it may be made public

▶ Information about Form 990 and its instructions is at <u>www IRS gov/foim990</u>

Open to Public Inspection

		chac Scrvic	1					
			lendar year, or tax year begin  C Name of organization	ning 07-01-2015 , and ending 06-30-2	016	D. Farad		
		applicable change	SANDLER FOUNDATION			D Empi	oyer ider	ntification number
_	aress ame ch	-				94-3	147856	,
	itial ret	-	Doing business as					
FII						E Teleph	one num	ber
	termır.		Number and street (or P O box   121 STEUART STREET	If mail is not delivered to street address) Room/	suite	(415	) 777-0	411
		l return in pending	City or town state or province of	country, and ZIP or foreign postal code		(413	<i>, , , , , -</i> 0	711
I AP	plicatio	in penaing	SAN FRANCISCO, CA 94105	sound y, and zir or foreign poster code		<b>G</b> Gross	receipts \$	5 116,077,073
			<b>F</b> Name and address of prin	icipal officer	H(a) I	s this a grou	n return	for
			HERBERT M SANDLER	•		subordinates?	'	Yes ✓
			121 STEUART STREET SAN FRANCISCO,CA 941	0.5		No		, , , , , ,
[ Ta:	x-exer	npt status	<b>✓</b> 501(c)(3)			Are all subord ncluded?	inates	∏Yes ∏ No
		- <b>b</b> N/A		4 (IIISEIC 110 )   4547 (a)(1) 01   327			h a lıst	(see instructions)
, AA	ebsite	e:▶ N/A	<del></del>		H(c)	Group exemp	tion nun	nber ▶
<b>K</b> Forr	n of or	ganızatıon	✓ Corporation  Trust  Ass	ociation Other 🕨	<b>L</b> Year	of formation 1	992 <b>M</b>	State of legal domicile Cr
Pa	rt I		mary					
				ion or most significant activities DNAL, & RELIGIOUS PURPOSES OF JE	WISH COM	M FEDERAT	IONOF	F SF
υ υ			·					
	-							
E	3-	Chack th	us hav 🔊 🗔 if the organization	discontinued its operations or dispose	d of more th	222 2 E 0/2 of it	s not as	coto
<b>Governance</b>	- `	CHECK III	is box P   If the organization	n discontinued its operations or dispose	u or more tr	1a11 23 70 01 10	s liet as	Sets
	3	Number	of voting members of the gove	erning body (Part VI, line 1a)			3	5
ý.	4	Number	of independent voting member	rs of the governing body (Part VI, line 1	b)		4	4
Activities &	5	Total nur	mber of individuals employed i	ın calendar year 2015 (Part V, line 2a)			5	5
act a	6	Total nur	mber of volunteers (estimate i	fnecessary)			6	0
•	7a -	Total unr	related business revenue from	Part VIII, column (C), line 12			7a	0
	ь N	et unrela	ated business taxable income	from Form 990-T, line 34			<b>7</b> b	(
						Prior Year		Current Year
	8	Contri	butions and grants (Part VIII	, line 1h)		38,632	,886	25,244,816
en u	9	Progra	am service revenue (Part VIII	[, line 2g)			0	(
Ravenue	10	Invest	tment income (Part VIII, colu	ımn (A), Iınes 3, 4, and 7d)		24,209	,810	35,295,458
Œ	11		• • • • • • • • • • • • • • • • • • • •	A), lines 5, 6d, 8c, 9c, 10c, and 11e)			0	
	12	Total ( 12)	revenue—add lines 8 through	11 (must equal Part VIII, column (A), I	ıne	62,842	,696	60,540,274
	13		s and similar amounts paid (Pa	art IX, column (A), lines 1-3)		46,247	.677	56,322,579
	14		, ,	rt IX, column (A), line 4)		,	0	
	15		·	oyee benefits (Part IX, column (A), lines		1.070	204	1 001 706
S GS		5-10)				1,070	,384	1,081,708
Expenses	16a	Profes	ssional fundraising fees (Part	IX, column (A), line 11e)	•		0	
3	b		ındraısıng expenses (Part IX, column	· · · · · · · · · · · · · · · · · · ·				
	17	Other	expenses (Part IX, column (A	A), lines 11a-11d, 11f-24e)		1,539	,886	1,381,512
	18		•	must equal Part IX, column (A), line 25)	· -	48,857		58,785,799
(5	19	Reven	ue less expenses Subtract lu	ne 18 from line 12	-	13,984	,749	1,754,475
Net Assets or Fund Balances					Beginn	ing of Current	Year	End of Year
a a	20	Total	assets (Part X, line 16)			919,716	,566	882,751,652
A AS	21					7,706		8,882,984
ŠŽ	22	Netas	ssets or fund balances Subtra	act line 21 from line 20		912,010	,106	873,868,668
Par	t II		ature Block					
				examined this return, including accomp				
			belief, it is true, correct, and c nowledge	complete Declaration of preparer (other	than office	r) is based or	all info	rmation of which
		- 2, NI	· · g -					
		****	ature of officer			2017-02-15 Date		
Sign						Date		
Here	=		DEN LEE CFO - JCF or print name and title					
		17	Print/Type preparer's name	Preparer's signature	Date	Τ _	PTIN	
Paid	1		DONALD A CORBETT	DONALD A CORBETT	2017-02-14	Check If self-employed	P00186	570
		ar F	Firm's name F GRANT THORNTON	LLP		Firm's EIN ► 3		58
	pare	1 -	rm's address ▶ 101 CALIFORNIA SU	JITE 2700		Phone no (41	5) 986-39	000

SAN FRANCISCO, CA 94111

. ✓Yes No

Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? $^{9}$	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	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		No
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? If "Yes," complete Schedule D, Part V 🔰	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable			
	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	
	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
	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	<b>11</b> c		No
	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	<b>11</b> d		No
е	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	<b>11</b> f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII	<b>12</b> a	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	<b>12</b> b	Yes	
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? <i>If</i> "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? If "Yes," complete Schedule F, Parts III and IV	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		No
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
	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		

Form 990 (2015)			Page <b>4</b>			
Part 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 domestic 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 or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No		
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	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		

24b

24c

24d

25a

25b

26

27

28a

28b

28c

29

30

31

32

33

34

352

35b

36

37

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Yes

Yes

Form 990 (2015)

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Νo

Nο

**b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

**d** Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

**b** Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial

**b** A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . . 36

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . .

contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

31

instructions for applicable filing thresholds, conditions, and exceptions)

Pai	rt V	Statements Regarding Other IRS Filings and Tax Compliance			_
		Check if Schedule O contains a response or note to any line in this Part V			· No
12	Enter	the number reported in Box 3 of Form 1096 Enter -0- if not applicable   1a   25		Yes	No
		the number of Forms W-2G included in line 1a Enter -0 - if not applicable  1b  0	-		
		e organization comply with backup withholding rules for reportable payments to vendors and reportable			
С		e organization comply with backup withholding rules for reportable payments to vendors and reportable g (gambling) winnings to prize winners?	1c	Yes	
2a	-	the number of employees reported on Form W-3, Transmittal of Wage and			
	Tax S	tatements, filed for the calendar year ending with or within the year covered			
<b>L</b>	•	s return	2b	Yes	
U		f the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		103	
3a	Did th	e organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b	If "Yes	s," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	Atany	time during the calendar year, did the organization have an interest in, or a signature or other authority			
		a financial account in a foreign country (such as a bank account, securities account, or other financial nt)?	4a		No
ь					
	If "Ye	s," enter the name of the foreign country   structions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR				
5a	Was tl	he organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Dıd ar	ly taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
с	If"Ye	s," to line 5a or 5b, did the organization file Form 8886-T?			
-			5c		
6a		the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		No
<b>L</b>	_	zation solicit any contributions that were not tax deductible as charitable contributions? s," did the organization include with every solicitation an express statement that such contributions or gifts			
U		s," did the organization include with every solicitation an express statement that such contributions or gifts not tax deductible?	6b		
7	Organ	izations that may receive deductible contributions under section 170(c).			
а	Did th	e organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a		No
		es provided to the payor?			
		s," did the organization notify the donor of the value of the goods or services provided?	7b		
С		e organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to rm 8282?	7c		No
d		s," indicate the number of Forms 8282 filed during the year			
е	Did th	e organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Dud th	e organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
		organization, during the year, pay premiums, unectly of munectly, on a personal behelf contract organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			110
9	requir		<b>7</b> g		
h		organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a			
_		1098-C?	7h		
8	-	oring organizations maintaining donor advised funds. donor advised fund maintained by the sponsoring organization have excess business holdings at any time			
		the year?	8		
9a	Did th	e sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did th	e sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section	n 501(c)(7) organizations. Enter			
а	Initiat	tion fees and capital contributions included on Part VIII, line 12 10a			
b		receipts, included on Form 990, Part VIII, line 12, for public use of club			
	faciliti			ı	
11		on 501(c)(12) organizations. Enter			
		Income from members or shareholders			
U		st amounts due or received from them )			
17-	Cost!-	n 4947(a)(1) non-evennt charitable truste to the erganization filing form 0.00 in liquid form 1.0413	]		
		on <b>4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?  s," enter the amount of tax-exempt interest received or accrued during the	12a		
ט	year	12b			
13		on 501(c)(29) qualified nonprofit health insurance issuers.	]		
а		organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for onal information the organization must report on Schedule O	13a		
b		the amount of reserves the organization is required to maintain by the states			
-		ch the organization is licensed to issue qualified health plans			
c	Enter	the amount of reserves on hand			
14a	Did th	e organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If"Ye	s," has it filed a Form 720 to report these payments $^{2}$ If "No," provide an explanation in Schedule $^{O}$	14b		

orm	990 (2015)			Page
	For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, describe the circumstances, processes, or changes in Schedule O. See instructions.  Check if Schedule O contains a response or note to any line in this Part VI			w, 
56	ection A. Governing Body and Management		Yes	N.
1a	Enter the number of voting members of the governing body at the end of the tax year 5		res	No
	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 4			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	<b>8</b> b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No **10a** Did the organization have local chapters, branches, or affiliates? . 10a Νo **b** If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing 11a Yes **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990 **12a** Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . Yes **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give 12h Yes c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe **12**c Yes 13 13 Yes Did the organization have a written document retention and destruction policy? . 14 Yes Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official . . . . 15a Yes 15b Yes If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a **16**a Νo **b** If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . . . . . . . . . . . . . . . 16b

### Section C. Disclosure

17	List the States	with which	а сору	of this	Form 9	990 is	required	to be filed▶	
									CA

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

- Own website Another's website Vpon request Other (explain in Schedule O)
- Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
   State the name address, and telephone number of the person who persons the organization's books and re-
- O State the name, address, and telephone number of the person who possesses the organization's books and records
  ►HOLDEN LEE CFO 121 STEUART STREET SAN FRANCISCO, CA 941051236 (415) 777-0411

Part VII

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

### 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

<b>(A)</b> Name and Title	(B) Average hours per week (list any hours	more pers	than son is	one bot rect	not bo: h ar or/tr	chec x, unlo n offic rustee	ess er	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation		
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee		Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	from the organization and related organizations		
(1) HERBERT M SANDLER	40 00			l					_	_		
PRESIDENT/DIRECTOR	0 00	×		X				0	0	0		
(2) SUSAN SANDLER	40 00											
DIRECTOR	0 00	×						0	0	0		
(3) PHYLLIS COOK	1 00											
DIRECTOR	10 00	×						0	108,575	0		
(4) DODERT EDIEND	1 00											
(4) ROBERT FRIEND		×						0	0	0		
DIRECTOR	0 00											
(5) DAVID FOLKMAN	1 00											
DIRECTOR	0 00	X						0	0	0		
(6) STEVE DAETZ	40 00											
EXECUTIVE VP	0 00			X				426,518	0	76,561		
(7) MARK REISBAUM	1 00											
TREASURER/SECRETARY	37 50			X				0	248,479	22,897		
(8) SERGIO KNAEBEL	32 00											
						х		155,543	0	24,323		
GRANT DIRECTOR	0 00											
(9) JEANNETTE DEMESMIN-RODRIGUES	40 00					١,,		102 742		10.006		
EXECUTIVE ASSISTANT	0 00					X		102,743	0	19,996		
				<u> </u>	_		<u> </u>					
	1											

art VII	Section A. Officers	, Directors, Tru	stees, Key Employ	ees, and Highest (	Compensated Employees	(continued)
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(A) Name and Title	(B) A verage hours per week (list any hours	more t	han o on is	one l both	oox, an d	heck unless officer stee)	<b>5</b>	( <b>D)</b> Reportable compensation from the organization (W		
	for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
1b Sub-Total						. •				
c Total from continuation s						. ▶				
d Total (add lines 1b and 1c	:)					<b>&gt;</b>		684,804	357,054	143,777

- Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 3
- 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual . . . . . . . . . . For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such
- Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for

4	Yes	
5		No

Yes

No

## Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of

compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year									
(A) Name and business address	<b>(B)</b> Description of services	<b>(C)</b> Compensation							
PETER JERRAM, 121 STEUART STREET SAN FRANCISCO, CA 94105	ORGANIZATIONAL CONSULTING	120,000							

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

Form 99								Page <b>9</b>
Part V	/	Statement of						_
		Check if Sched	ule O contains a respoi	nse or note to any lir	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
S	1a	Federated cam	paigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	ь	Membership du	ies <b>1b</b>					
يا آيا	С	Fundraising ev	ents 1c					
ifts. ar A	d	Related organiz	zations 1d	34,930				
<u>ا</u> ا	e	Government grant	s (contributions) <b>1e</b>					
ons Sir	f f	All other contribute	ons, gifts, grants, and <b>1f</b>	25,209,886				 
her j		sımılar amounts no	ot included above					
	g	Noncash contributi 1a-1f \$	ons included in lines					
Cont	h	Total. Add line:	s 1a-1f		25,244,816			
Program Service Revenue	2a			Business Code				
å <u>*</u>	b							
<u>3</u>	c d	-						
₹	e							
ram	f	All other progra	am service revenue					
<b>√</b>								
	g 3		s 2a-2f	-				
		and other simil	aramounts)	•	21,541,562			21,541,562
	4		stment of tax-exempt bond	`				
	5	Royalties .	(ı) Real	▶ (II) Personal				
	6a	Gross rents	(i) Keai	(II) I CISOIIdi				
		Less rental						
	Ь	expenses						
	C	Rental income or (loss)						
	d	Net rental inco		· · · · •				
	7a	Gross amount	(i) Securities	(II) O ther				
	/-	from sales of assets other than inventory	69,290,695					
	ь	Less cost or other basis and	55,536,799					
	c	sales expenses Gain or (loss)	13,753,896					
	d	Net gain or (los			13,753,896			13,753,896
enne	<b>8</b> a	Gross income fevents (not inc	rom fundraising					
Other Revenue		See Part IV, Iır	a					
Ö	I		penses <b>b</b> (loss) from fundraising	events				
		Gross income f	rom gaming activities ne 19 a	events p				
	I		penses <b>b</b> (loss) from gamıng actı	vities				
	10a	Gross sales of returns and allo	owances .	<b>&gt;</b>				
	l	Net income or	oods sold b (loss) from sales of inv					
	11a	Miscellaneou	s Revenue	Business Code				
	Ь							
	C	A 11 - 21						
	d e	All other reven  Total. Add lines		▶				
	12	iotai revenue.	See Instructions .	•	60,540,274	0	C	35,295,458

### Part IX Statement of Functional Expenses

ection 501	(c)(3) and 501(c)(4)	organizations	must complete	all columns	All other or	ganı	zatio	ons i	must	com	plet	e co	olum	n (A	١)		
(	Check if Schedule O	ontains a resp	onse or note to	any line in t	hıs Part IX												

	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	56,322,579	56,322,579		
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and				
	key employees	526,792		526,792	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	416,223		416,223	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	54,697		54,697	
9	Other employee benefits	32,220		32,220	
10	Payroll taxes	51,776		51,776	
11	Fees for services (non-employees)	31,770		31,770	
a	Management				
b	Legal	1,505		1,505	
c	Accounting	31,700		31,700	
d	Lobbying	52,7.65		527.55	
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	443,200		443,200	
12	Advertising and promotion				
13	Office expenses	28,077		28,077	
14	Information technology				
15	Royalties				
16	Occupancy	530,023		530,023	
17	Travel	25,604		25,604	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	5,305		5,305	
23	Insurance	4,664		4,664	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	ADMINISTRATIVE FEES	200,000		200,000	
b	DATA PROCESSING SERVICE	111,434		111,434	
c					
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	58,785,799	56,322,579	2,463,220	0
26	Joint costs.Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

							1 490 ==
Par	t X	Balance Sheet Check if Schedule O contains a response or note to any lii	ae in th	ic Dart Y			_
		Check if Schedule O Contains a response of note to any in	ie iii tii	is rait A	(A) Beginning of year	· ·	(B) End of year
	1	Cash-non-interest-bearing			203	1	
	2	Savings and temporary cash investments			49,774,339	2	28,065,250
	3	Pledges and grants receivable, net			2,493,019	3	1,047,904
Assets	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and former offi trustees, key employees, and highest compensated emp II of Schedule L				5	
	6	Loans and other receivables from other disqualified pers section 4958(f)(1)), persons described in section 4958 contributing employers and sponsoring organizations of voluntary employees' beneficiary organizations (see inst Part II of Schedule L	(c)(3)(E section	3), and 501(c)(9)		6	
ΑS	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			624	9	774
	10a	Land, buildings, and equipment cost or other basis	i	 I	024	-	,,,
	104	Complete Part VI of Schedule D	<b>10</b> a	924,374			
	ь	Less accumulated depreciation	10b	796,293	124,909	10c	128,081
	11	Investments—publicly traded securities			836,950,856	11	845,036,166
	12	Investments—other securities See Part IV, line 11 .			29,796,361	12	7,661,165
	13	Investments—program-related See Part IV, line 11 .				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			576,458	15	812,312
	16	Total assets.Add lines 1 through 15 (must equal line 34	)		919,716,566	16	882,751,652
	17	Accounts payable and accrued expenses			104,467	17	114,412
	18	Grants payable			7,601,993	18	8,768,572
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
۲۵.	21	Escrow or custodial account liability Complete Part IV	of Sche	dule D		21	
ilities	22	Loans and other payables to current and former officers, key employees, highest compensated employees, and di	squalıfı	ed			
Liab		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third	•			23	
	24	Unsecured notes and loans payable to unrelated third pa				24	
	25	Other liabilities (including federal income tax, payables and other liabilities not included on lines 17-24) Complete Part X of Schedule D	ed third parties,		25		
	26	Total liabilities. Add lines 17 through 25			7,706,460	25 26	8,882,984
	20	Organizations that follow SFAS 117 (ASC 958), check he			1,100,400		0,002,004
ces		lines 27 through 29, and lines 33 and 34.		y and complete			
<u>la</u>	27	Unrestricted net assets			909,517,087	27	872,870,763
ထိ	28	Temporarily restricted net assets			2,493,019	28	997,905
E E	29	Permanently restricted net assets				29	
Net Assets or Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), c complete lines 30 through 34.	heck he	ere 🕨 🦵 and			
ets	30	Capital stock or trust principal, or current funds				30	
1551	31	Paid-in or capital surplus, or land, building or equipment	fund			31	
۲ ک	32	Retained earnings, endowment, accumulated income, or	other fu	ınds		32	
ž	33	Total net assets or fund balances			912,010,106	33	873,868,668
	34	Total liabilities and net assets/fund balances			919,716,566	34	882,751,652
							F 000 (201E)

Total revenue (must equal Part VIII, column (A), line 12)	1	
Total expenses (must equal Part IX, column (A), line 25)	2	
Revenue less expenses Subtract line 2 from line 1	3	
Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	
Net unrealized gains (losses) on investments	5	
Donated services and use of facilities	6	
Investment expenses	7	
Prior period adjustments		

Investment expenses . Prior period adjustments column (B))

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, Check if Schedule O contains a response or note to any line in this Part XII . . . . .

Part XIII Financial Statements and Reporting 1 Accounting method used to prepare the Form 990 Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O

2a Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both

Separate basis Consolidated basis

Schedule O

basis, consolidated basis, or both Separate basis

**b** Were the organization's financial statements audited by an independent accountant?

Single Audit Act and OMB Circular A-133?

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate Consolidated basis

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight

of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

**b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

▼ Both consolidated and separate basis

Both consolidated and separate basis

8

10

2b Yes

2c

3a

3b

2a

Yes

Yes

Page **12** 

60,540,274

58,785,799

1,754,475

912,010,106

-39,895,913

873,868,668

No

Νo

Nο

Form 990 (2015)

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

Employer identification number

Schedule A (Form 990 or 990-EZ) 2015

SCHEDULE A (Form 990 or 990EZ)

Department of the

Part I

2

3

**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.

2015
Open to Public
Inspection

OMB No 1545-004

Treasury
Internal Revenue Service

Name of the organization
SANDLER FOUNDATION

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

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

A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).

A school described in **section 170(b)(1)(A)(ii).**(Attach Schedule E (Form 990 or 990-EZ))

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).** 

A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section **170(b)(1)(A)(iv).** (Complete Part II ) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 Seesection 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 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 section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization Provide the following information about the supported organization(s) (vi) Name of supported (ii)EIN (iii) (iv) (v) (i) organization Type of Is the organization A mount of Amount of other organization listed in your governing monetary support support (see (described on lines document? (see instructions) instructions) 1-9 above (see instructions)) Yes No (A) 0 941156533 Yes 400,000 JEWISH COMMUNITY FEDERATION OF Total1 400,000 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990EZ. Cat No 11285F

	edule A (Form 990 of 990-EZ) 2015						Page Z		
Pa	Support Schedule fo								
	(Complete only if you of Part III. If the organization								
S	ection A. Public Support	ttion runs to qu	anny anach anc	tests listed bei	ovi, picase con	ipiece i die iii.	,		
	Calendar year		412242	4.3204.2	4.0004.4	4.32045	(5) T		
(or	fiscal year beginning in) ▶	(a)2011	<b>(b)</b> 2012	(c)2013	(d)2014	<b>(e)</b> 2015	<b>(f)</b> Total		
1	Gifts, grants, contributions, and								
	membership fees received (Do								
_	not include any unusual grants )								
2	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								
4	<b>Total.</b> Add lines 1 through 3								
5	The portion of total contributions								
	by each person (other than a								
	governmental unit or publicly supported organization) included								
	on line 1 that exceeds 2% of the								
	amount shown on line 11, column								
	(f)								
6	<b>Public support.</b> Subtract line 5								
S	from line 4 ection B. Total Support								
	Calendar year	4-12011	/b\2012	(-)2012	(4)2014	(-)201F	(6)T-4-1		
(or	fiscal year beginning in) 🕨	(a)2011	<b>(b)</b> 2012	(c)2013	(d)2014	(e)2015	(f)⊤otal		
7	Amounts from line 4								
8	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties								
9	and income from similar sources  Net income from unrelated								
9	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								
	VI)								
11	<b>Total support.</b> Add lines 7 through 10								
12	Gross receipts from related activiti	es, etc (see inst	ructions)			12	•		
13	First five years.If the Form 990 is f	or the organizati	on's first, second	, third, fourth, or	fifth tax year as a	section 501(c)(	3) organization,		
	check this box and <b>stop here</b>				<del></del>	▶ ┌			
S	ection C. Computation of Pub								
14	Public support percentage for 2015	(line 6, column	(f) divided by line	11, column (f))		14			
L5	Public support percentage for 2014	Schedule A , Pa	rt II, line 14			15			
L6a	<b>33 1/3% support test—2015.</b> If the	organization did	not check the box	on line 13, and	line 14 is 33 1/3%	6 or more, check	this box		
b	and stop here. The organization qualifies as a publicly supported organization  33 1/3% support test—2014. 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 <b>stop here.</b> The organization						▶┌		
17a	<b>10%-facts-and-circumstances test</b> - is 10% or more, and if the organiza in Part VI how the organization mee	tion meets the fa	cts-and-circums	tances test, chec	k this box and <b>st</b>	<b>op here.</b> Explain	oorted		
	organization			_	•		▶		
b	10%-facts-and-circumstances test-								
	15 is 10% or more, and if the organ				•	•	-1		
	Explain in Part VI how the organiza	tion meets the "f	acts-and-circum	stances" test Th	ne organization qu	alities as a publi	•		
18	supported organization <b>Private foundation.</b> If the organizati	ion did not check	a box on line 13	. 16a. 16h 17a -	or 17b, check this	s box and see	▶		
	instructions	ala not check		, , , _ , _ , _ , _ , _ , _ ,	z. z. s, check this	20% and 300	▶┌		
							• 1		

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

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

Se	ction A. Public Support						
	Calendar year	(a)2011	<b>(b)</b> 2012	(c)2013	(d)2014	<b>(e)</b> 2015	<b>(f)</b> ⊤otal
•	iscal year beginning in) ▶	(-)	(-)	(0)_00	(-)	(-)	(1)
1	Gifts, grants, contributions, and						
	membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions,						
_	merchandise sold or services						
	performed, or facilities furnished						
	in any activity that is related to						
	the organization's tax-exempt						
_	purpose						
3	Gross receipts from activities that are not an unrelated trade or						
	business under section 513						
4	Tax revenues levied for the						
-	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit						
	to the organization without charge <b>Total.</b> Add lines 1 through 5						
6	Amounts included on lines 1, 2,						
/a	and 3 received from disqualified						
	persons						
b	Amounts included on lines 2 and						
	3 received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of						
_	the amount on line 13 for the year Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
٥	from line 6)						
Se	ction B. Total Support		•	•	•		•
	Calendar year						757
(or f	iscal year beginning in) ▶	(a)2011	<b>(b)</b> 2012	<b>(c)</b> 2013	<b>(d)</b> 2014	<b>(e)</b> 2015	<b>(f)</b> Total
9	Amounts from line 6						
0a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
b	and income from similar sources Unrelated business taxable						
U	income (less section 511 taxes)						
	from businesses acquired after						
	June 30, 1975						
C	Add lines 10a and 10b						
L1	Net income from unrelated						
	business activities not included						
	in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part						
	VI)						
L3	<b>Total support.</b> (Add lines 9, 10c, 11, and 12)						
L4	First five years.If the Form 990 is	cor the organizati	n's first, second	, third, fourth, or	I fifth tax vear as a	section 501(c	)(3) organization
	check this box and <b>stop here</b>		,	,,,	,		<b>▶</b> □
Se	ction C. Computation of Pub	lic Support P	ercentage				-
15	Public support percentage for 2015			13 column (f))		45	
		•		15, column (1))		15	
L6	Public support percentage from 20		<u> </u>			16	
Se	ction D. Computation of Inv	estment Inco	me Percenta	ge			
L7	Investment income percentage for	<b>2015</b> (line 10c, c	olumn (f) dıvıded	by line 13, colun	nn (f))	17	
18	Investment income percentage from	n <b>2014</b> Schedule	A, Part III, line	17		18	
L9a	33 1/3% support tests—2015.If the				l line 15 is more t		nd line 17 is not
-	more than 33 1/3%, check this box	=					<b>▶</b> □
b	33 1/3% support tests—2014.If the					-	•
_	18 is not more than 33 1/3%, check	-					
20	Private foundation If the organizat						

### Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

50	1, complete Sections A and D, and complete Part V )			
36	ection A. All Supporting Organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain	1	Yes	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)?  If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section	_		N.o.
	509(a)(1) or (2)	2		No
3а	Did the organization have a supported organization described in section $501(c)(4)$ , $(5)$ , or $(6)$ ? If "Yes," answer (b) and (c) below	3a		No
b	Did the organization confirm that each supported organization qualified under section $501(c)(4)$ , $(5)$ , or $(6)$ and satisfied the public support tests under section $509(a)(2)^{\circ}$ If "Yes," describe in <b>Part VI</b> when and how the organization made the determination	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)	<b>3</b> c		
	purposes?  If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use			
4a	Was any supported organization not organized in the United States ("foreign supported organization")?  If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		No
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization?  If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised.	4b		
	by or in connection with its supported organizations		I	ı
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections $501(c)(3)$ and $509(a)(1)$ or $(2)$ ?  If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section $170(c)(2)(8)$ purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year?  If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		No
b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .	6	Yes	
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)	7		No
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990)	8		No
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		No
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9b		No
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .	9c		No
.0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below	<b>10</b> a		No
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)	10b		
.1	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		No
b	A family member of a person described in (a) above?	11b		No
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	<b>11</b> c		No

Part IV	Supporting Organizations (continued)	
Section	B. Type I Supporting Organizations	

S	ection B. Type I Supporting Organizations				
	ection B. Type I Supporting Organizations		Yes	No	
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1	Yes	NO	
2	2 Did the organization operate for the benefit of any supported organization other than the supported organization(s that operated, supervised, or controlled the supporting organization?  If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization				
Se	ection C. Type II Supporting Organizations				
			Yes	No	
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?  If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1			
S	ection D. All Type III Supporting Organizations				
	Section Strain Type and Supporting Organizations		Yes	No	
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1			
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization?  If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s)	2			
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?  If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard	3			
	2. 1.2., 2.2. 2.1. 2.1. 2.1. 2.1. 2.1. 2				
Se	ection E. Type III Functionally-Integrated Supporting Organizations				
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see  The organization satisfied the Activities Test Complete line 2 below  The organization is the parent of each of its supported organizations. Complete line 3 below				
2	Activities Test Answer (a) and (b) below.		Yes	No	
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive?  If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities  Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of	2a			
	the organization's supported organization(s) would have been engaged in?				

If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of

b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

engaged in these activities but for the organization's involvement

3 Parent of Supported Organizations Answer (a) and (b) below.

each of the supported organizations? Provide details in Part VI

2b

3a

3b

1 Check here if the organization satisfied the Integral Part Test as a qualifying Type III non-functionally integrated supporting organizations must complete.	_		ructions. All other
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (optional)
Net short-term capital gain	1		
Recoveries of prior-year distributions	2		
Other gross income (see instructions)	3		
Add lines 1 through 3	4		
Depreciation and depletion	5		
Portion of operating expenses paid or incurred for production or collection gross income or for management, conservation, or maintenance of proper held for production of income (see instructions)			
Other expenses (see instructions)	7		
Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
<b>a</b> Average monthly value of securities	1a		
<b>b</b> Average monthly cash balances	1b		
<b>c</b> Fair market value of other non-exempt-use assets	<b>1</b> c		
d Total (add lines 1a, 1b, and 1c)	<b>1</b> d		
Discount claimed for blockage or other factors     (explain in detail in Part VI)	, _		
Acquisition indebtedness applicable to non-exempt use assets	2		
Subtract line 2 from line 1d	3		
Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
Multiply line 5 by 035	6		
Recoveries of prior-year distributions	7		
Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
Adjusted net income for prior year (from Section A, line 8, Column A)	1		
Enter 85% of line 1	2		
Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
Enter greater of line 2 or line 3	4		
Income tax imposed in prior year	5		
<b>Distributable A mount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
Check here if the current year is the organization's first as a non-functiona	ılly-ıntegrate	d Type III supporting	organization (see
instructions)			

Part V Type III Non-Functionally Integra	ated 509(a)(3) Suppo	rting Organizations (co	ontinuea)
Section D - Distributions			Current Year
1 Amounts paid to supported organizations to accom	plish exempt purposes		
2 Amounts paid to perform activity that directly furthe excess of income from activity			
3 Administrative expenses paid to accomplish exemp	ot purposes of supported org	anızatıons	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval rec	quired)		
6 Other distributions (describe in Part VI) See instru	ıctions		
	200.0110		
7 Total annual distributions. Add lines 1 through 6			
8 Distributions to attentive supported organizations t details in Part VI) See instructions	to which the organization is r	esponsive (provide	
9 Distributable amount for 2015 from Section C, line	6		
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6		110 2022	711110411111111111111111111111111111111
2 Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions)			
<b>3</b> Excess distributions carryover, if any, to 2015			
a .			
b c			
d From 2013			
e From 2014			
f Total of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7  \$			
A pplied to underdistributions of prior years			
<b>b</b> Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
<b>7 Excess distributions carryover to 2016.</b> Add lines 31 and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013			
<b>d</b> From 2014			
e From 2015			
		Calcadada A	(F 000 000 F7) (201 F

Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

## Facts And Circumstances Test

Schedule A (Form 990 or 990-EZ) 2015

Return Reference	Explanation
A, LINE 6	THE MISSION OF THE ORGANIZATION IS TO OPERATE EXCLUSIVELY FOR CHARITABLE, EDUCATIONAL OR RELIGIOUS PURPOSES BY CONDUCTING OR SUPPORTING ACTIVITIES FOR THE BENEFIT OF, OR TO CARRY OUT THE PURPOSES OF THE SUPPORTED ORGANIZATION, THE JEWISH COMMUNITY FEDERATION OF SAN FRANCISCO, THE PENINSULA, MARIN AND SONOMA COUNTIES THE ORGANIZATION MAKES GRANTS TO OTHER PUBLICLY SUPPORTED 501(C)(3) ORGANIZATIONS, WITH THE INTENDED PURPOSE OF ADVANCING THE MISSION OF THE SUPPORTED ORGANIZATION, WHICH IS TO ADDRESS THE PRESSING ISSUES FACING THE JEWISH COMMUNITY PLEASE REFER TO SCHEDULE I, PART II FOR A LIST OF PUBLICLY SUPPORTED 501(C)(3) ORGANIZATIONS RECEIVING GRANTS FROM THE ORGANIZATION

**SCHEDULE D** (Form 990)

Department of the

Treasury

## **Supplemental Financial Statements**

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

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

OMB No 1545-0047

DLN: 93493046037717

Open to Public Inspection

Na	nal Revenue Service   me of the organization IDLER FOUNDATION		Emp	loyer identification number
Рa	rt I Organizations Maintaining Dono	r Advised Funds or Other Simila		3147856 or Accounts.
	Complete if the organization answer			
		(a) Donor advised funds	(b	Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor funds are the organization's property, subject to			ısed <b>Yes No</b>
5	Did the organization inform all grantees, donors, used only for charitable purposes and not for the conferring impermissible private benefit?	2 2		
Pa	t III Conservation Easements. Compl	ete if the organization answered "Y	es" on Fori	m 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by t	ne organization (check all that apply)		
	Preservation of land for public use (e.g., rec		a of an histo	rically important land area
	education)  Protection of natural habitat	<u>-</u>		ed historic structure
	Preservation of open space	Tescivation	Tora certiin	ed matoric structure
2	Complete lines 2a through 2d if the organization	held a qualified conservation contribution	n in the form	n of a conservation
-	easement on the last day of the tax year	nera a quamica conscivation contributio		n or a conscivation
				Held at the End of the Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easem		2b	
<b>c</b>	Number of conservation easements on a certifier	, ,	2c	
d	Number of conservation easements included in ( historic structure listed in the National Register	c) acquired after 8/1//06, and not on a	2d	
3	Number of conservation easements modified, tra	nsferred, released, extinguished, or term	ninated by th	ne organization during the
	tax year <b>▶</b>			
4	Number of states where property subject to cons	ervation easement is located <b>&gt;</b>		
5	Does the organization have a written policy rega violations, and enforcement of the conservation	rding the periodic monitoring, inspection	, handling of	f □ Yes □ No
6	Staff and volunteer hours devoted to monitoring, year	inspecting, handling of violations, and e	nforcing con	servation easements during the
	<u> </u>			
7	A mount of expenses incurred in monitoring, insp  \$ \( \)	ecting, handling of violations, and enforc	ing conserv	ation easements during the year
В	Does each conservation easement reported on I (B)(I) and section $170(h)(4)(B)(II)^{7}$	ne 2(d) above satisfy the requirements (	of section 1	7 0 (h)(4 )
9	In Part XIII, describe how the organization repo balance sheet, and include, if applicable, the tex the organization's accounting for conservation e	t of the footnote to the organization's fina		
Pa r	<b>Organizations Maintaining Colle</b> Complete if the organization answer			her Similar Assets.
1a	If the organization elected, as permitted under S works of art, historical treasures, or other simila service, provide, in Part XIII, the text of the fool	r assets held for public exhibition, educa	tion, or rese	earch in furtherance of public
b	If the organization elected, as permitted under S works of art, historical treasures, or other simila service, provide the following amounts relating to	r assets held for public exhibition, educa		
(	i) Revenue included on Form 990, Part VIII, line	1	<b>▶</b> \$_	

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

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

Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

Assets included in Form 990, Part X

**▶**\$\_

Part	11111	Organizations Maintaining (continued)	Collections of A	rt, His	storio	cal T	reas	sures, or (	Oth	er Simi	ilar A	sse	ts	
3		g the organization's acquisition, acception items (check all that apply)	ession, and other reco	ords, cl	neck a	ny of	the fo	llowing that	are	a sıgnıfıc	ant use	e of	ts	
а		Public exhibition		d		Loar	or e	xchange pro	gran	ns				
b		Scholarly research		e		Othe	er							
c	Г	Preservation for future generations												
4		de a description of the organization's	s collections and exp	laın ho	w they	furth	er the	organizatio	n's e	exempt p	urpose	ın		
5	Durin	g the year, did the organization solic s to be sold to raise funds rather tha								mılar	┌ Yes		┌ No	
Par	t IV	Escrow and Custodial Arra Complete if the organization a Part X, line 21.	ngements.							ted an a				
1a		e organization an agent, trustee, cus ded on Form 990, Part X?	todian or other intern	nediary	for co	ontribi	utions	or other as:	sets	not	┌ Yes	3	┌ No	1
ь	If'	'Yes," explain the arrangement in Pa	art XIII and complete	the fo	llowing	; table	9		Γ		A me	ount		
c	Be	ginning balance	·		_	•		10	: [					
d	A d	ditions during the year						10	ı					
e	Dis	stributions during the year						16	•					
f		ding balance						1f	:					
<b>2</b> a		ne organization include an amount oi	n Form 990, Part X, Iı	ne 21,	for es	crow	orcus	todial accou	ınt l	iability?	☐ Yes	;	No	i
b		es," explain the arrangement in Part									•			
Pai	rt V	Endowment Funds. Comple										•	• •	
		'	(a)Current year		nor year			wo years back	<del>.                                      </del>	Three year		(e)	our ye	ars back
<b>1</b> a	Begir	nning of year balance												
b	C ont	ributions												
c	Net i	nvestment earnings, gains, and												
d	Gran	ts or scholarships												
e		r expenditures for facilities programs												
f	A dmi	inistrative expenses												
g	End o	of year balance												
2	Provi	de the estimated percentage of the o	current year end bala	nce (lır	ne 1g,	colum	nn (a)	) held as						
а	Board	d designated or quasi-endowment <b>&gt;</b>												
b	Perm	anent endowment ►												
c		orarily restricted endowment Fercentages on lines 2a, 2b, and 2c	should equal 100%											
3а	A re tl	here endowment funds not in the pos lization by	•	ızatıon	that a	re hel	d and	admınıstere	ed fo	r the		Γ	Yes	No
	-	related organizations									За	(i)		
	(ii) re	elated organizations									3a	(ii)		
b		es" on 3a(II), are the related organiza	·				•				. 3	b		
4		ribe in Part XIII the intended uses o		ndowm	ent fu	nds								
Par	t VI	Land, Buildings, and Equip Complete if the organization a		orm 9	90. P	art I\	J. lın	e 11a.See	For	m 990.	Part X	. lın	e 10.	
		Description of property	movered res to r		ost or d	(a)	asıs	(b) Cost or other b			mulated			k value
1a	Land				,,			(22.101)	$\dashv$			+		
	Buildin								$\dashv$			+		
		nold improvements						532,	572		532,57	72		0
d	Equipn	nent		. $\vdash$				283,	712		263,72	-		19,991
	Other						$\neg$	108 (	nan					108 000

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

128,081

	See Form 990, Part X, line 12.			
	(a) Description of security or categ (including name of security)	ory	(b)Book value	(c)Method of valuation Cost or end-of-year market valu
<b>1)</b> Financia	al derivatives			Cost of end-of-year market valu
<b>2)</b> Closely-	-held equity interests			
<b>3)</b> O ther				
otal. (Colun	nn (b) must equal Form 990, Part X, col (B) line 12	}		
art VIII	Investments—Program Related	•		
	Complete if the organization answe	red 'Yes' on Form 99		
	(a) Description of investment		(b) Book value	(c) Method of valuation Cost or end-of-year market valu
				, , , , , , , , , , , , , , , , , , , ,
otal. (Colum	mn (b) must equal Form 990. Part X, col (B) line 13 )	) <b>&gt;</b>		
	onn (b) must equal Form 990, Part X, col (B) line 13 )  Other Assets. Complete if the organiz	· -	n Form 990, Part IV, line	11d See Form 990, Part X, line 15
	Other Assets. Complete if the organiz	· -	ı Form 990, Part IV , line	11d See Form 990, Part X, line 15  (b) Book value
	Other Assets. Complete if the organiz	ation answered 'Yes' or	n Form 990, Part IV, line	
	Other Assets. Complete if the organiz	ation answered 'Yes' or	ı Form 990, Part IV, line	
	Other Assets. Complete if the organiz	ation answered 'Yes' or	n Form 990, Part IV, line	
	Other Assets. Complete if the organiz	ation answered 'Yes' or	n Form 990, Part IV, line	
	Other Assets. Complete if the organiz	ation answered 'Yes' or	ı Form 990, Part IV , line	
	Other Assets. Complete if the organiz	ation answered 'Yes' or	n Form 990, Part IV, line	
	Other Assets. Complete if the organiz	ation answered 'Yes' or	n Form 990, Part IV , line	
	Other Assets. Complete if the organiz	ation answered 'Yes' or	n Form 990, Part IV , line	
	Other Assets. Complete if the organiz	ation answered 'Yes' or	n Form 990, Part IV , line	
	Other Assets. Complete if the organiz	ation answered 'Yes' or	n Form 990, Part IV , line	
	Other Assets. Complete if the organiz	ation answered 'Yes' or	n Form 990, Part IV, line	
Part IX	Other Assets. Complete if the organiz (a) Do	ration answered 'Yes' or		(b) Book value
otal. (Colu	Other Assets. Complete if the organiz (a) Do	ne 15 )		(b) Book value
otal. (Colu	Other Assets. Complete if the organiz  (a) Do  (a) Do  (b) must equal Form 990, Part X, col (B) In  Other Liabilities. Complete if the o	ne 15 )		(b) Book value
otal. (Colu	Other Assets. Complete if the organiz (a) Do	ne 15 )		(b) Book value
otal. (Colu	Other Assets. Complete if the organize (a) Do (a) D	ne 15 ) organization answere		(b) Book value
otal. (Colu	Other Assets. Complete if the organize (a) Do (a) D	ne 15 ) organization answere		(b) Book value
otal. (Colu	Other Assets. Complete if the organiz  (a) Do  (a) Do  (b) must equal Form 990, Part X, col (B) In  Other Liabilities. Complete if the office See Form 990, Part X, line 25.  (a) Description of liability	ne 15 ) organization answere		(b) Book value
otal. (Colu	Other Assets. Complete if the organiz  (a) Do  (a) Do  (b) must equal Form 990, Part X, col (B) In  Other Liabilities. Complete if the office See Form 990, Part X, line 25.  (a) Description of liability	ne 15 ) organization answere		(b) Book value
otal. (Colu	Other Assets. Complete if the organiz  (a) Do  (a) Do  (b) must equal Form 990, Part X, col (B) In  Other Liabilities. Complete if the office See Form 990, Part X, line 25.  (a) Description of liability	ne 15 ) organization answere		(b) Book value
otal. (Colu	Other Assets. Complete if the organiz  (a) Do  (a) Do  (b) must equal Form 990, Part X, col (B) In  Other Liabilities. Complete if the office See Form 990, Part X, line 25.  (a) Description of liability	ne 15 ) organization answere		(b) Book value
otal. (Colu	Other Assets. Complete if the organiz  (a) Do  (a) Do  (b) must equal Form 990, Part X, col (B) In  Other Liabilities. Complete if the office See Form 990, Part X, line 25.  (a) Description of liability	ne 15 ) organization answere		(b) Book value
otal. (Colu	Other Assets. Complete if the organiz  (a) Do  (a) Do  (b) must equal Form 990, Part X, col (B) In  Other Liabilities. Complete if the office See Form 990, Part X, line 25.  (a) Description of liability	ne 15 ) organization answere		(b) Book value
otal. (Colu	Other Assets. Complete if the organiz  (a) Do  (a) Do  (b) must equal Form 990, Part X, col (B) In  Other Liabilities. Complete if the office See Form 990, Part X, line 25.  (a) Description of liability	ne 15 ) organization answere		(b) Book value
Part IX  Otal. (Colu  Part X	Other Assets. Complete if the organiz  (a) Do  (a) Do  (b) must equal Form 990, Part X, col (B) In  Other Liabilities. Complete if the office See Form 990, Part X, line 25.  (a) Description of liability	ne 15 ) organization answere		(b) Book value
otal. (Colu	Other Assets. Complete if the organiz  (a) Do  (a) Do  (b) must equal Form 990, Part X, col (B) In  Other Liabilities. Complete if the office See Form 990, Part X, line 25.  (a) Description of liability	ne 15 ) organization answere		(b) Book value
otal. (Colu	Other Assets. Complete if the organiz  (a) Do  (a) Do  (b) must equal Form 990, Part X, col (B) In  Other Liabilities. Complete if the office See Form 990, Part X, line 25.  (a) Description of liability	ne 15 ) organization answere		(b) Book value
otal. (Colu	Other Assets. Complete if the organiz  (a) Do  (a) Do  (b) must equal Form 990, Part X, col (B) In  Other Liabilities. Complete if the office See Form 990, Part X, line 25.  (a) Description of liability	ne 15 ) organization answere		(b) Book value
otal. (Colu	Other Assets. Complete if the organiz  (a) Do  (a) Do  (b) must equal Form 990, Part X, col (B) In  Other Liabilities. Complete if the office See Form 990, Part X, line 25.  (a) Description of liability	ne 15 ) organization answere		(b) Book value
otal. (Colu Part X	Other Assets. Complete if the organiz  (a) Description of liability  ome taxes	ne 15 )		(b) Book value
otal. (Colum	Other Assets. Complete if the organiz  (a) Do  (a) Do  (b) must equal Form 990, Part X, col (B) In  Other Liabilities. Complete if the office See Form 990, Part X, line 25.  (a) Description of liability	ne 15 )	ed 'Yes' on Form 990,	(b) Book value

Return Reference

Schedule D (Form 990) 2015

	Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	20,644,361
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains (losses) on investments 2a -39,895,913		
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	-39,895,913
3	Subtract line <b>2e</b> from line <b>1</b>	3	60,540,274
4	A mounts included on Form 990, Part VIII, line 12, 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	(
5	Total revenue Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12)	5	60,540,274
Dart	XII Reconciliation of Expenses per Audited Financial Statements With Expense	s per Re	turn.
Гагс			
	Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  Total expenses and losses per audited financial statements	1	
1	Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1	Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  Total expenses and losses per audited financial statements		
1	Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  Total expenses and losses per audited financial statements		
1 2 a	Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  Total expenses and losses per audited financial statements		
1 2 a b	Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  Total expenses and losses per audited financial statements		
1 2 a b c	Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  Total expenses and losses per audited financial statements		58,785,799
1 2 a b c d	Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  Total expenses and losses per audited financial statements  A mounts included on line 1 but not on Form 990, Part IX, line 25  Donated services and use of facilities	1	58,785,799 58,785,799
1 2 a b c d e	Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  Total expenses and losses per audited financial statements	1 2e	58,785,799
1 2 a b c	Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  Total expenses and losses per audited financial statements	1 2e	58,785,799
1 2 a b c d e 3	Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  Total expenses and losses per audited financial statements  A mounts included on line 1 but not on Form 990, Part IX, line 25  Donated services and use of facilities  Prior year adjustments  Other losses  Other (Describe in Part XIII )  Add lines 2a through 2d  Subtract line 2e from line 1  A mounts included on Form 990, Part IX, line 25, but not on line 1:	1 2e	58,785,799
1 2 a b c d e 3 4	Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  Total expenses and losses per audited financial statements	1 2e	58,785,799

Explanation

Schedule D (Form 990) 2015		Page <b>5</b>
Part XIII Supplemental Information		
Return Reference	Explanation	
		_

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493046037717 OMB No 1545-0047 Schedule I Grants and Other Assistance to Organizations, (Form 990) 2015 Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public Attach to Form 990. Department of the Inspection ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Treasury Internal Revenue Service Name of the organization Employer identification number SANDLER FOUNDATION 94-3147856 Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient Part II that received more than \$5,000 Part II can be duplicated if additional space is needed (a) Name and address of (d) A mount of cash **(b)** EIN (c) IRC section (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant organization if applicable grant cash valuation non-cash assistance or assistance or government (book, FMV, assistance appraisal, other) See Additional Data Table

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

68

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

Schedule I (Form 990) 2015

	 	,,,	

FROM TIME TO TIME AS APPROPRIATE

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. Return Reference Explanation PART I, LINE 2 THE ORGANIZATION ENDEAVORS TO MONITOR ITS GRANTS TO ENSURE THAT SUCH GRANTS ARE USED FOR PROPER PURPOSES AND NOT OTHERWISE DIVERTED FROM THEIR INTENDED USE THIS IS ACCOMPLISHED BY REQUESTING RECIPIENT ORGANIZATIONS TO AFFIRM THAT FUNDS MUST BE USED SOLELY IN ACCORDANCE WITH THE GRANT REQUEST AND BUDGET ON WHICH THE GRANT WAS BASED AND THAT ANY FUNDS NOT EXPENDED FOR THE STATED PURPOSE ARE TO BE RETURNED TO THE ORGANIZATION REPORTS ARE REQUESTED

Page **2** 

### **Additional Data**

or government

Software ID: Software Version:

**EIN:** 94-3147856

Name: SANDLER FOUNDATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization organization (b) EIN (c) IRC section organization (d) Amount of cash organization (book, FMV, appraisal, non-cash assistance)

				,		
AMERICAN CIVIL LIBERTIES UNION FOUNDATION 125 BROAD STREET NEW YORK,NY 10004	13-6213516	501(C)(3)	1,750,000	CASH VALUE	N/A	GENERAL SUPPORT
AMERICAN CIVIL LIBERTIES UNION FOUNDATION 125 BROAD STREET NEW YORK,NY 10004	13-6213516	501(C)(3)	1,200,000	CASH VALUE		STRATEGIC AFFILIATE INITIATIVE
BAYLOR HEALTH CARE SYSTEM FOUNDATION 3600 GASTON AVE BARNETT TOWER SUITE 100 DALLAS,TX 752461800	75-1606705	501(C)(3)	75,000	CASH VALUE		ASTHMA NATIONAL GRANTS PROGRAM RESEARCH AWARD

assistance

other)

(h) Purpose of grant

or assistance

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or aovernment assistance other) N/A BAYLOR HEALTH CARE 75-1606705 501(C)(3) 75,000 CASH VALUE ASTHMA NATIONAL SYSTEM FOUNDATION GRANTS PROGRAM 3600 GASTON AVE RESEARCH AWARD BARNETT TOWER SUITE 100 DALLAS,TX 752461800 N/A BAYLOR HEALTH CARE 75-1606705 501(C)(3) 150,000 CASH VALUE ASTHMA NATIONAL GRANTS PROGRAM RESEARCH AWARD GENERAL SUPPORT

SYSTEM FOUNDATION 3600 GASTON AVE BARNETT TOWER SUITE 100 DALLAS,TX 752461800 N/A CAMPAIGN LEGAL CENTER 04-3608387 501(C)(3) 500,000 CASH VALUE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

1411 K STREET NW SUITE

WASHINGTON, DC 20005

1400

(a) Name and address of **(b)** EIN (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant (c) IRC section organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) N/A CENTER FOR AMERICAN 30-0126510 501(C)(3) 1,000,000 CASH VALUE WASHINGTON PROGRESS CENTER FOR 1333 H STREET NW 10TH EQUITABLE GROWTH FLOOR WASHINGTON, DC 20005 N/A CENTER FOR AMERICAN 30-0126510 501(0)(3) 2.000.000 CASH VALUE GENERAL SUPPORT

PROGRESS 1333 H STREET NW 10TH FLOOR WASHINGTON,DC 20005	00 0120010	552(5)(6)	2,000,000			
CENTER FOR AMERICAN	30-0126510	501(C)(3)	2,000,000	CASH VALUE	N/A	GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

1333 H STREET NW 10TH

WASHINGTON, DC 20005

FLOOR

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) CENTER FOR AMERICAN 30-0126510 501(C)(3) 1.000,000 CASH VALUE N/A WASHINGTON CENTER FOR PROGRESS 1333 H STREET NW 10TH EQUITABLE GROWTH 

WASHINGTON, DC 20005					
CENTER FOR AMERICAN PROGRESS 1333 H STREET NW 10TH FLOOR	30-0126510	501(C)(3)	1,000,000	CASH VALUE	WASHINGTON CENTER FOR EQUITABLE GROWTH

WASHINGTON, DC 20005 CENTER FOR BIOLOGICAL 85-0420285 501(C)(3) 800,000

DIVERSITY

POBOX 710 TUCSON, AZ 85702

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

N/A CASH VALUE

CLIMATE LAW INSTITUTE

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) N/A CENTER FOR NATIONAL 52-1080919 501(C)(3) 300,000 CASH VALUE GENERAL SUPPORT POLICY 1250 I STREET NW SUITE 500 AL SUPPORT

CASH VALUE

GENERAL SUPPORT

CENTER FOR RESPONSIBLE	74-3043913	501(C)(3)	147 500	CASH VALUE	N/A	GENERAL
CENTER FOR RESPONSIBLE LENDING PO BOX 3619 DURHAM,NC 277023619	74-3043913	501(C)(3)	1,500,000	CASH VALUE	N/A	GENERAL
WASHINGTON, DC 20003						
WASHINGTON, DC 20005						

147,500

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

DURHAM, NC 277023619

LENDING PO BOX 3619

(a) Name and address of **(b)** EIN (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant (c) IRC section organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or aovernment assistance other) CENTER FOR RESPONSIBLE 74-3043913 501(C)(3) 1.911.500 CASH VALUE IN/A GENERAL SUPPORT LENDING PO BOX 3619 DURHAM, NC 277023619 IN/A CENTER ON BUDGET AND 52-1234565 501(C)(3) 2,000,000 CASH VALUE GENERAL SUPPORT AND STATE FISCAL EFFORTS SUITE 510

RESEARCH AWARD

POLICY PRIORITIES 820 FIRST STREET NE WASHINGTON, DC 20002 04-2774441 501(C)(3) 150,000 CASH VALUE IN/A ASTHMA NATIONAL CHILDREN'S HOSPITAL BOSTON GRANTS PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

PO BOX 414413

BOSTON, MA 022414413

(a) Name and address of **(b)** EIN (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant (c) IRC section (d) A mount of cash organization ıf applıcable cash (book, FMV, appraisal, non-cash assistance orassistance arant or aovernment assistance other) CHILDREN'S HOSPITAL OF 23-1352166 75,000 N/A ASTHMA NATIONAL 501(C)(3) ICASH VALUE GRANTS PROGRAM PHILADELPHIA PO BOX 8500 RESEARCH AWARD PHILADELPHIA, PA 19178 N/A 23-1352166 501(C)(3) 75,000 CASH VALUE ASTHMA NATIONAL IGRANTS PROGRAM

CHILDREN'S HOSPITAL OF PHILADFIPHIA PO BOX 8500 PHILADELPHIA, PA 19178 N/A CLEVELAND CLINIC 34-0714585 75,000 ICASH VALUE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

RESEARCH AWARD 501(C)(3) ASTHMA NATIONAL GRANTS PROGRAM FOUNDATION 9500 EUCLID AVE H-18 RESEARCH AWARD CLEVELAND, OH 44195

(a) Name and address of **(b)** EIN (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant (c) IRC section organization if applicable cash (book, FMV, appraisal, non-cash assistance or assistance grant or aovernment assistance other) CLEVELAND CLINIC 34-0714585 501(C)(3) 75,000 CASH VALUE IN/A ASTHMA NATIONAL GRANTS PROGRAM FOUNDATION 9500 EUCLID AVE H-18 RESEARCH AWARD CLEVELAND, OH 44195 IN/A CLEVELAND CLINIC 34-0714585 501(C)(3) 150,000 CASH VALUE ASTHMA NATIONAL FOUNDATION IGRANTS PROGRAM 9500 FUCLID AVE H-18 RESEARCH AWARD CLEVELAND, OH 44195 N/A CONSULTATIVE GROUP ON 13-3431076 501(C)(3) 40,000 CASH VALUE GULF OF CA FUNDERS

BIOLOGICAL DIVERSITY IGROUP AND PRESIDIO BUILDING 1016 GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

SAN FRANCSISCO, CA

94129

(a) Name and address of **(b)** EIN (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant (c) IRC section organization if applicable cash (book, FMV, appraisal, non-cash assistance or assistance grant or government assistance other) IN/A CONSULTATIVE GROUP ON 13-3431076 501(C)(3) 25,000 CASH VALUE FRONTLINE BIOLOGICAL DIVERSITY DEFENDERS PRESIDIO BUILDING 1016 SAN FRANCSISCO, CA 94129 IN/A **EARTHJUSTICE** 94-1730465 501(C)(3) 2.000.000 CASH VALUE GENERAL SUPPORT 50 CALIFORNIA STREET SUITE 500 SAN FRANCISCO, CA 94111 N/A GENERAL SUPPORT

EQUAL JUSTICE UNDER 46-2209985 501(C)(3) 250,000 CASH VALUE IAW 601 PENNSYLVANIA **AVENUE NW** 

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

WASHINGTON, DC 20004

(a) Name and address of **(b)** EIN (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant (c) IRC section organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) N/A FLORIDA INSTITUTE OF 59-6046500 501(C)(3) 75,000 CASH VALUE ASTHMA NATIONAL TECHNOLOGY GRANTS PROGRAM 150 WEST UNIVERSITY RESEARCH AWARD BLVD MELBOURNE, FL 32901 N/A FLORIDA INSTITUTE OF 59-6046500 501(C)(3) 75,000 CASH VALUE ASTHMA NATIONAL TECHNOLOGY GRANTS PROGRAM 150 WEST UNIVERSITY RESEARCH AWARD

BLVD MELBOURNE, FL 32901 N/A GRANTMAKERS FOR 33-0919329 501(C)(3) 000,8 CASH VALUE GENERAL SUPPORT **EDUCATION** 

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

720 SW WASHINGTON ST

PORTLAND, OR 97205

STE 605

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or aovernment assistance other) **HUMAN RIGHTS WATCH** 13-2875808 501(C)(3) 1.750.000 CASH VALUE IN/A **GENERAL SUPPORT** 350 FIFTH AVENUE 34TH FLOOR NEW YORK, NY 101183299 IN/A HUMAN RIGHTS WATCH 13-2875808 501(C)(3) 1,000,000 CASH VALUE GENERAL SUPPORT 350 FIFTH AVENUE 34TH NEW YORK, NY 101183299 N/A 47-2772048 501(C)(3) 2.000,000 CASH VALUE GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

## FLOOR INSTITUTE FOR EDUCATION POLICY

1530 PAGE MILL ROAD SUITE 200 PALO ALTO, CA 94304

(a) Name and address of (b) EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) INSTITUTE FOR 47-2772048 501(C)(3) 755,000 CASH VALUE N/A GENERAL SUPPORT **EDUCATION POLICY** 1530 PAGE MILL ROAD SUITE 200 AL SUPPORT

INTERNATIONAL

FUND

PALO ALTO,CA 94304						
INSTITUTE FOR EDUCATION POLICY 1530 PAGE MILL ROAD SUITE 200 PALO ALTO,CA 94304	47-2772048	501(C)(3)	2,000,000	CASH VALUE	N/A	GENERAL SUPPORT
INTERNATIONAL	13-1624046	501(C)(3)	250,000	CASH VALUE	N/A	SANDLER FAMILY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

COMMUNITY FOUNDATION

NATIONAL CITY, CA 91950

2505 N AVENUE

(a) Name and address of (b) EIN (e) Amount of non- (f) Method of valuation (h) Purpose of grant (c) IRC section (d) A mount of cash (g) Description of organization if applicable cash (book, FMV, appraisal, non-cash assistance or assistance arant or government assistance other) N/A 501(C)(3) 700,000 INTERNATIONAL 13-1624046 CASH VALUE SANDLER FAMILY COMMUNITY FOUNDATION INTERNATIONAL 2505 N AVENUE FUND NATIONAL CITY, CA 91950 IN/A ISLAND CONSERVATION 91-1839907 501(C)(3) 300,000 CASH VALUE GENERAL SUPPORT

200,000

N/A

GENERAL SUPPORT

CASH VALUE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

100 SHAFFER ROAD LML SANTA CRUZ, CA 95060

1 STREET EDUCATION

WASHINGTON, DC 20035

FUND INC POBOX 66073 20-2777557

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or aovernment assistance other) N/A **JEWISH COMMUNITY** 94-1156533 501(C)(3) 50,000 CASH VALUE FOR DONOR ADVISED FEDERATION FUND 121 STEUART STREET SAN FRANCISCO, CA 94105 N/A JEWISH COMMUNITY 94-1156533 501(C)(3) 350,000 CASH VALUE PASSTHROUGH **FEDERATION** GRANT - JEWISH 121 STEUART STREET VOCATIONAL SAN FRANCISCO, CA SERVICE AND JEWISH 94105 HOME N/A JOHN HOPKINS 52-0595110 501(C)(3) 75,000 CASH VALUE ASTHMA NATIONAL UNIVERSITY GRANTS PROGRAM ONE CHARLES CENTER RESEARCH AWARD SUITE 336 100

NORTH CHARLES ST BALTIMORE, MD 21201

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) N/A 10 HN HOPKINS 52-0595110 501(C)(3) 150,000 CASH VALUE ASTHMA NATIONAL UNIVERSITY GRANTS PROGRAM ONE CHARLES CENTER RESEARCH AWARD SUITE 336 100 NORTH CHARLES ST BALTIMORE, MD 21201 N/A JOHN HOPKINS 52-0595110 501(C)(3) 75,000 CASH VALUE ASTHMA NATIONAL UNIVERSITY GRANTS PROGRAM RESEARCH AWARD

ONE CHARLES CENTER SUITE 336 100 NORTH CHARLES ST BALTIMORE, MD 21201 N/A JUSTICE MATTERS 94-3275302 501(C)(3) 35,000 CASH VALUE GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

INSTITUTE 436 14TH STREET SUITE 700

OAKLAND, CA 94612

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or aovernment assistance other) N/A LEADERSHIP CONFERENCE 23-7026895 501(C)(3) 100,000 CASH VALUE GENERAL SUPPORT **EDUCATION FUND INC** 1629 K STREET NW SUITE 1000 10TH FLOOR WASHINGTON, DC 20006 N/A LEARNING POLICY 47-2772048 501(C)(3) 2,000,000 CASH VALUE GENERAL SUPPORT INSTITUTE 1530 PAGE MILL ROAD SUITE 200 PALO ALTO, CA 94304 N/A LOUISIANA STATE 72-6087770 501(C)(3) 75,000 CASH VALUE ASTHMA NATIONAL UNIVERSITY HEALTH GRANTS PROGRAM

RESEARCH AWARD

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

SCIENCES CENTER

433 BOLIVAR STREET NEW ORLEANS, LA 70112

(a) Name and address of (b) EIN (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant (c) IRC section (d) A mount of cash organization ıf applicable cash (book, FMV, appraisal, non-cash assistance or assistance grant or aovernment assistance other) 72-6087770 501(C)(3) 75,000 CASH VALUE N/A ASTHMA NATIONAL LOUISIANA STATE UNIVERSITY NEW ORLEANS GRANTS PROGRAM 433 BOLIVAR STREET RESEARCH AWARD NEW ORIEANS LA 70112 SUPPORT

NEW ORLEANS, LA 70112						
MDRC 16 EAST 34TH STREET 19TH FLOOR NEW YORK,NY 100164326	23-7379473	501(C)(3)	500,000	CASH VALUE	N/A	GENERAL SUPPORT
MDRC	23-7379473	501(C)(3)	500,000	CASH VALUE	N/A	GENERAL SUPPORT

16 EAST 34TH STREET

NEW YORK, NY 100164326

19TH FLOOR

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) N/A MEMORIAL SLOAN 91-2154267 501(C)(3) 75,000 CASH VALUE ASTHMA NATIONAL KETTERING CANCER GRANTS PROGRAM CENTER RESEARCH AWARD PO BOX 27106 NEW YORK, NY 10087 NI/A MEMORIAL CLOAN E04(0)(2) 75 000 LC A CHI VA LILE A CTURA A NIATTONIA

PO BOX 27106 NEW YORK, NY 10087

MEMORIAL SLOAN KETTERING CANCER CENTER PO BOX 27106 NEW YORK,NY 10087	91-215426/	501(C)(3)	75,000	C	ZASH VALUE	NY A	GRANTS PROGRAM RESEARCH AWARD
MEMORIAL SLOAN KETTERING CANCER CENTER	91-2154267	501(C)(3)	150,000	c	CASH VALUE	N/A	ASTHMA NATIONAL GRANTS PROGRAM RESEARCH AWARD

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) N/A NATIONAL CENTER FOR 94-2506933 501(C)(3) 100,000 CASH VALUE GENERAL SUPPORT YOUTHIAW 405 14TH STREET SUITE 1500 OAKLAND, CA 94612 RAL SUPPORT

NATIONAL CENTER FOR YOUTH LAW 405 14TH STREET SUITE 1500 OAKLAND,CA 94612	94-2506933	501(C)(3)	100,000	CASH VALUE	N/A	GENER
NATIONAL PUBLIC	26-3015634	501(C)(3)	250,000	CASH VALUE	N/A	PARTN

3205 R STREET NW WASHINGTON, DC 20007

NERSHIP FOR EDUCATION SUPPORT THE FUTURE OF FUND LEARNING

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or aovernment assistance other) 36-2167817 501(C)(3) 75.000 CASH VALUE IN/A ASTHMA NATIONAL NORTHWESTERN GRANTS PROGRAM UNIVERSITY 1201 DAVIS STREET RESEARCH AWARD EVANSTON IL 60201 A NATIONAL SPROGRAM RCH AWARD

LSUPPORT

LVANSION,IL 00201						
NORTHWESTERN UNIVERSITY 1201 DAVIS STREET EVANSTON,IL 60201	36-2167817	501(C)(3)	75,000	CASH VALUE		ASTHMA GRANTS F RESEARC
OCEANA INC	51-0401308	501(C)(3)	2,000,000	CASH VALUE	N/A	GENERAL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

1350 CONNECTICUT AVE

WASHINGTON, DC 20036

NW 5TH FL

(a) Name and address of **(b)** EIN (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant (c) IRC section organization if applicable cash (book, FMV, appraisal, non-cash assistance or assistance grant or government assistance other) N/A OREGON HEALTH AND 93-1176109 501(C)(3) 150,000 CASH VALUE ASTHMA NATIONAL SCIENCE UNIVERSITY GRANTS PROGRAM 0690 SW BANCROFT RESEARCH AWARD AVENUE PORTLAND, OR 97239 N/A PENNSYLVANIA STATE 24-6000376 501(C)(3) 75,000 CASH VALUE ASTHMA NATIONAL UNIVERSITY GRANTS PROGRAM 1 OLD MAIN RESEARCH AWARD UNIVERSITY PARK, PA N/A PENNSYLVANIA STATE 24-6000376 501(C)(3) 75,000 CASH VALUE ASTHMA NATIONAL

GRANTS PROGRAM

RESEARCH AWARD

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

168021502 UNIVERSITY

UNIVERSITY PARK, PA

1 OLD MAIN

168021502

(a) Name and address of (b) EIN (e) A mount of non- (f) Method of valuation (c) IRC section (d) A mount of cash (g) Description of (h) Purpose of grant organization if applicable cash (book, FMV, appraisal, non-cash assistance orassistance arant or government assistance other) N/A 501(C)(3) 500,000 **IGENERAL SUPPORT** PICO NATIONAL NETWORK 94-2206497 ICASH VALUE 171 SANTA ROSA AVE OAKLAND.CA 94610 N/A 501(C)(3) 500,000 CASH VALUE 94-2206497 IGENERAL SUPPORT

PICO NATIONAL NETWORK 171 SANTA ROSA AVE OAKLAND.CA 94610 N/A PRESIDENT AND FELLOWS 04-2103580 501(C)(3) 75,000 CASH VALUE ASTHMA NATIONAL OF HARVARD COLLEGE GRANTS PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

CAMBRIDGE, MA 02138

124 MOUNT AUBURN RESEARCH AWARD STREET

(a) Name and address of (b) EIN (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant (c) IRC section organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) PRESIDENT AND FELLOWS 04-2103580 501(C)(3) 75,000 CASH VALUE IN/A ASTHMA NATIONAL OF HARVARD COLLEGE GRANTS PROGRAM 124 MOUNT AUBURN RESEARCH AWARD STREET IDDIDGE MA 02420 N/A CASH VALUE ASTHMA NATIONAL GRANTS PROGRAM

1,000,000

RESEARCH AWARD

GENERAL SUPPORT

N/A

CASH VALUE

CAMBRIDGE, MA 02138				
PRESIDENT AND FELLOWS	04-2103580	501(C)(3)	150,000	
OF HARVARD COLLEGE				
124 MOUNT AUBURN				
STREET				
CAMBRIDGE, MA 02138				

14-2007220

PROPUBLICA

FLOOR

55 BROADWAY 23RD

NEW YORK, NY 10006

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

(a) Name and address of (b) EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (h) Purpose of grant (g) Description of organization ıf applıcable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) 501(C)(3) 1,000,000 CASH VALUE IN/A PROPUBLICA 14-2007220 GENERAL SUPPORT 55 BROADWAY 23RD FLOOR NEW YORK, NY 10006 SUPPORT

N/A

GENERAL SUPPORT

CASH VALUE

PROPUBLICA	14-2007220	501(C)(3)	1,000,000	CASH VALUE	N/A	GENERALS
55 BROADWAY 23RD FLOOR						
NEW YORK, NY 10006						

50,000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

PROTECT OUR DEFENDERS

20 PARK ROAD SUITE E BURLINGAME, CA 94010 45-4044997

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or aovernment assistance N/A REGENTS OF THE 94-6002123 501(C)(3) 250,000 CASH VALUE CENTER FOR UNIVERSITY OF EQUITABLE GROWTH CALIFORNIA AT BERKELEY 2150 SHATTUCK AVE SUITE 313 BERKELEY, CA 947204200 N/A REGENTS OF THE 94-6002123 501(C)(3) 125,000 CASH VALUE INVESTIGATIVE UNIVERSITY OF REPORTING CALIFORNIA AT BERKELEY PROGRAM FELLO WSHIPS N/A REGENTS OF THE 94-6002123 501(C)(3) 50,000 CASH VALUE INVESTIGATIVE

2150 SHATTUCK AVE SUITE 313 BERKELEY, CA 947204200 UNIVERSITY OF REPORTING CALIFORNIA AT BERKELEY PROGRAM 2150 SHATTUCK AVE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

SUITE 313

BERKELEY, CA 947204200

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or aovernment assistance N/A REGENTS OF THE 94-6002123 501(C)(3) 125,000 CASH VALUE INVESTIGATIVE UNIVERSITY OF REPORTING CALIFORNIA AT BERKELEY PROGRAM 2150 SHATTUCK AVE IFFLLOWSHIPS SUITE 313 BERKELEY, CA 947204200 N/A REGENTS OF THE 94-6002123 501(C)(3) 50,000 CASH VALUE INVESTIGATIVE UNIVERSITY OF REPORTING CALIFORNIA AT BERKELEY PROGRAM

2150 SHATTUCK AVE SUITE 313 BERKELEY, CA 947204200 N/A REGENTS OF THE 94-6002123 501(C)(3) 50,000 CASH VALUE CENTER FOR UNIVERSITY OF EQUITABLE GROWTH CALIFORNIA AT BERKELEY 2150 SHATTUCK AVE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

SUITE 313

BERKELEY, CA 947204200

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or aovernment assistance other) N/A REGENTS OF THE 94-1539563 501(C)(3) 150,000 CASH VALUE ASTHMA NATIONAL UNIVERSITY OF GRANTS PROGRAM CALIFORNIA SANTA CRUZ RESEARCH AWARD 1156 HIGH STREET SANTA CRUZ, CA 950641077 N/A REGENTS OF THE 94-6036494 501(C)(3) 75,000 CASH VALUE ASTHMA NATIONAL GRANTS PROGRAM RESEARCH AWARD

UNIVERSITY OF CALIFORNIA DAVIS ONE SHIELDS AVENUE DAVIS,CA 95616 N/A REGENTS OF THE 94-6036494 501(C)(3) 75,000 CASH VALUE ASTHMA NATIONAL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

UNIVERSITY OF CALIFORNIA DAVIS

GRANTS PROGRAM RESEARCH AWARD ONE SHIELDS AVENUE DAVIS, CA 95616

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) N/A REGENTS OF THE 94-6036493 501(C)(3) 150,000 CASH VALUE ASTHMA NATIONAL UNIVERSITY OF GRANTS PROGRAM CALIFORNIA SAN RESEARCH AWARD FRANCISCO PO BOX 45339 SAN FRANCISCO, CA 941450339 N/A SCHWAB CHARITABLE 31-1640316 501(C)(3) 100,000 CASH VALUE FOR DONOR ADVISED PHILANTHROPIC FUND

FUND 211 MAIN STREET SAN FRANCISCO, CA 94105 N/A SCRIPPS RESEARCH 33-0435954 501(C)(3) 75,000 CASH VALUE ASTHMA NATIONAL INSTITUTE GRANTS PROGRAM 10550 NORTH TORREY RESEARCH AWARD

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

PINES RD

LA JOLLA, CA 92037

(a) Name and address of **(b)** EIN (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant (c) IRC section (d) A mount of cash organization ıf applicable cash (book, FMV, appraisal, non-cash assistance or assistance grant or government assistance other) N/A SCRIPPS RESEARCH 33-0435954 501(C)(3) 75.000 CASH VALUE ASTHMA NATIONAL GRANTS PROGRAM INSTITUTE 10550 NORTH TORREY RESEARCH AWARD PINES RD LA JOLLA, CA 92037 N/A SCRIPPS RESEARCH 33-0435954 501(C)(3) 150,000 CASH VALUE ASTHMA NATIONAL GRANTS PROGRAM 10550 NORTH TORREY RESEARCH AWARD

INSTITUTE PINES RD LA JOLLA, CA 92037 N/A SIERRA CLUB FOUNDATION 94-6069890 501(C)(3) 400,000 CASH VALUE BEYOND COAL 85 SECOND STREET 2ND CAMPAIGN

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

FLOOR

94105

SAN FRANCISCO, CA

(a) Name and address of (b) EIN (c) IRC section (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant (d) A mount of cash organization ıf applicable cash (book, FMV, appraisal, non-cash assistance or assistance grant or aovernment assistance other) ST JUDE CHILDREN'S 62-0646012 501(C)(3) 75,000 CASH VALUE N/A ASTHMA NATIONAL RESEARCH HOSPITAL GRANTS PROGRAM 501 ST JUDE PLACE RESEARCH AWARD MEMPHIS TN 38105 NATIONAL

1121111113,114 30103						
ST JUDE CHILDREN'S RESEARCH HOSPITAL 501 ST JUDE PLACE MEMPHIS,TN 38105	62-0646012	501(C)(3)	75,000	CASH VALUE		ASTHMA NA GRANTS PR RESEARCH
ST JUDE CHILDREN'S	62-0646012	501(C)(3)	150.000	CASH VALUE	N/A	ASTHMA NA

MEMPHIS, TN 38105

PROGRAM HAWARD NATIONAL RESEARCH HOSPITAL GRANTS PROGRAM 501 ST JUDE PLACE RESEARCH AWARD

(a) Name and address of (b) EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) N/A 501(C)(3) 400,000 STANFORD UNIVERSITY 94-1156365 CASH VALUE ISTANFORD CENTER 326 GALVEZ STREET ON OPPORTUNITY ΙN

STANFORD,CA 94305					POLICY IN
STANFORD UNIVERSITY 326 GALVEZ STREET	94-1156365	501(C)(3)	75,000	CASH VALUE	ASTHMA N GRANTS P

TION (SCOPE) STANFORD, CA 94305

NATIONAL PROGRAM RESEARCH AWARD

501(C)(3) 75,000 N/A ASTHMA NATIONAL STANFORD UNIVERSITY 94-1156365 ICASH VALUE

326 GALVEZ STREET GRANTS PROGRAM STANFORD, CA 94305 RESEARCH AWARD

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization if applicable cash (book, FMV, appraisal, non-cash assistance or assistance grant or aovernment assistance other) STANFORD UNIVERSITY 94-1156365 501(C)(3) 150,000 CASH VALUE IN/A ASTHMA NATIONAL 326 GALVEZ STREET GRANTS PROGRAM STANFORD, CA 94305 RESEARCH AWARD N/A 23-7129943 501(C)(3) 50,000 **GENERAL SUPPORT** THAT MAN MAY SEE INC. ICASH VALUE 10 KORET WAY BOX 0352 SAN FRANCISCO, CA IN/A THE AMERICAN 52-2313694 250,000 CASH VALUE GENERAL SUPPORT

94143 501(C)(3) CONSTITUTION SOCIETY FOR LAW AND POLICY 1333 H STREET NW 11TH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

FLOOR

WASHINGTON, DC 20005

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or aovernment assistance N/A THE AMERICAN 52-2313694 501(C)(3) 250,000 CASH VALUE GENERAL SUPPORT CONSTITUTION SOCIETY FOR LAW AND POLICY 1333 H STREET NW 11TH FLOOR WASHINGTON, DC 20005 N/A THE CITY COLLEGE FUND 13-1760098 501(C)(3) 25,000 CASH VALUE GENERAL SUPPORT CITY COLLEGE OF NEW YORK CITY SHEPARD HALL RM 166 NEW YORK, NY 10031 N/A THE MANAGEMENT CENTER 20-5197607 501(C)(3) 100,000 CASH VALUE GENERAL SUPPORT

1710 RHODE ISLAND AVENUE NW SUITE

WASHINGTON, DC 20036

1100

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or aovernment assistance other) THOMAS JEFFERSON 23-1352651 501(C)(3) 75,000 CASH VALUE N/A ASTHMA NATIONAL IGRANTS PROGRAM UNIVERSITY 1020 WALNUT STREET RESEARCH AWARD

GRANTS PROGRAM

RESEARCH AWARD

PHILIDELPHIA,PA 19107						
THOMAS JEFFERSON UNIVERSITY 1020 WALNUT STREET PHILIDELPHIA, PA 19107	23-1352651	501(C)(3)	75,000	CASH VALUE		ASTHMA NATIONAL GRANTS PROGRAM RESEARCH AWARD
TRUSTEES OF DARTMOUTH	02-0222111	501(C)(3)	75,000	CASH VALUE	N/A	ASTHMA NATIONAL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

COLLEGE

41 CENTERRA PARKWAY

LEBANON, NH 03766

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) N/A TRUSTEES OF DARTMOUTH 02-0222111 501(C)(3) 75,000 CASH VALUE ASTHMA NATIONAL COLLEGE GRANTS PROGRAM 41 CENTERRA PARKWAY RESEARCH AWARD LEBANON, NH 03766 N/A TRUSTEES OF DARTMOUTH | 02-0222111 501(C)(3) 150,000 CASH VALUE ASTHMA NATIONAL GRANTS PROGRAM RESEARCH AWARD

N/A

ASTHMA NATIONAL GRANTS PROGRAM RESEARCH AWARD

COLLEGE 41 CENTERRA PARKWAY LEBANON,NH 03766		, , ,	,	
TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA 3451 WALNUT STREET	23-1352685	501(C)(3)	75,000	CASH VALUE

PHILADELPHIA,PA 191046205

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or aovernment assistance other) N/A TRUSTEES OF THE 23-1352685 501(C)(3) 75,000 CASH VALUE ASTHMA NATIONAL UNIVERSITY OF GRANTS PROGRAM PENNSYLVANIA RESEARCH AWARD 3451 WALNUT STREET PHILADELPHIA, PA 101046205 NATIONAL PROGRAM HAWARD

N/A

PRETOMA

CASH VALUE

191040203					
TRUSTEES OF THE UNIVERSITY OF	23-1352685	501(C)(3)	150,000	CASH VALUE	ASTHMA N GRANTS PF
PENNSYLVANIA 3451 WALNUT STREET					RESEARCH
PHILA DELPHIA, PA					
191046205					

100,000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

TURTLE ISLAND

POBOX 400

RESTORATION NETWORK

FOREST KNOLLS, CA 94933

91-1818080

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of **(b)** EIN (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant (c) IRC section organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) TURTLE ISLAND 91-1818080 501(C)(3) 250,000 CASH VALUE IN/A GENERAL SUPPORT RESTORATION NETWORK POBOX 400 FOREST KNOLLS, CA 94933 IN/A TURTLE ISLAND 91-1818080 501(C)(3) 50,000 CASH VALUE PRETOMA RESTORATION NETWORK POBOX 400 FOREST KNOLLS, CA 94933 N/A UNIVERSITY OF 94-2829914 501(C)(3) 124,000 CASH VALUE ADMINISTRATIVE CALIFORNIA SAN COSTS FOR AAFRP FRANCISCO FOUNDATION 220 MONTGOMERY STREET 5TH FLOOR SAN FRANCISCO, CA

94104

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance N/A UNIVERSITY OF 94-2829914 501(C)(3) 300,000 CASH VALUE ADMINISTRATIVE CALIFORNIA SAN COSTS FOR AAFRE FRANCISCO FOUNDATION 220 MONTGOMERY STREET 5TH FLOOR SAN FRANCISCO, CA 94104 N/A UNIVERSITY OF 94-2829914 501(C)(3) 50,000 CASH VALUE OSHER CENTER FOR CALIFORNIA SAN INTEGRATIVE FRANCISCO FOUNDATION MEDICINE 220 MONTGOMERY STREET 5TH FLOOR SAN FRANCISCO, CA 94104 N/A UNIVERSITY OF 94-2829914 501(C)(3) 3,000,000 CASH VALUE PROGRAM FOR CALIFORNIA SAN BREAKTHROUGH FRANCISCO FOUNDATION BIOMEDICAL 220 MONTGOMERY STREET RESEARCH

5TH FLOOR

94104

SAN FRANCISCO, CA

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance N/A UNIVERSITY OF 94-2829914 501(C)(3) 3.000.000 CASH VALUE PROGRAM FOR CALIFORNIA SAN BREAKTHROUGH FRANCISCO FOUNDATION BIOMEDICAL 220 MONTGOMERY STREET RESEARCH 5TH FLOOR SAN FRANCISCO, CA 94104 N/A UNIVERSITY OF 94-2829914 501(C)(3) 1,200,000 CASH VALUE SANDLER ASTHMA CALIFORNIA SAN BASIC RESEARCH FRANCISCO FOUNDATION CENTER (SABRE) 220 MONTGOMERY STREET 5TH FLOOR SAN FRANCISCO, CA 94104

N/A UNIVERSITY OF 94-2829914 501(C)(3) 58,969 CASH VALUE NEUROSCIENCES CALIFORNIA SAN INITIATIVE FRANCISCO FOUNDATION BUILDING CAMPAIGN 220 MONTGOMERY STREET

5TH FLOOR SAN FRANCISCO, CA

94104

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) N/A UNIVERSITY OF 94-2829914 501(C)(3) 7,610 CASH VALUE INSTITUTE FOR CALIFORNIA SAN NUERODEGENERATIVE FRANCISCO FOUNDATION DISEASES 220 MONTGOMERY STREET 5TH FLOOR SAN FRANCISCO, CA 94104 N/A UNIVERSITY OF ILLINOIS 37-6006007 501(C)(3) 75,000 CASH VALUE ASTHMA NATIONAL FOUNDATION GRANTS PROGRAM 1305WEST GREEN STREET RESEARCH AWARD MC-386 URBANA, IL 61801

RESEARCH AWARD

N/A UNIVERSITY OF ILLINOIS 37-6006007 501(C)(3) 150,000 CASH VALUE ASTHMA NATIONAL FOUNDATION GRANTS PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

1305WEST GREEN STREET

URBANA, IL 61801

MC-386

(a) Name and address of **(b)** EIN (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant (c) IRC section organization if applicable cash (book, FMV, appraisal, non-cash assistance or assistance grant or government assistance other) N/A UNIVERSITY OF ILLINOIS 37-6006007 501(C)(3) 75,000 CASH VALUE ASTHMA NATIONAL GRANTS PROGRAM FOUNDATION 1305WEST GREEN STREET RESEARCH AWARD MC-386 URBANA, IL 61801 N/A UNIVERSITY OF MARYLAND 52-6002033 501(C)(3) 75,000 CASH VALUE ASTHMA NATIONAL GRANTS PROGRAM RESEARCH AWARD ASTHMA NATIONAL

RESEARCH AWARD

BALTIMORE PO BOX 41428 BALTIMORE, MD 212036428 N/A UNIVERSITY OF MARYLAND 52-6002033 501(C)(3) 75,000 CASH VALUE BAITIMORE GRANTS PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

PO BOX 41428

BALTIMORE, MD 212036428

(a) Name and address of (b) EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or aovernment assistance other) UNIVERSITY OF NORTH 59-1711424 501(C)(3) 75,000 CASH VALUE N/A ASTHMA NATIONAL CAROLINA AT CHAPEL HILL GRANTS PROGRAM 104 AIRPORT ROAD AOB RESEARCH AWARD

CAROLINA AT CHAPEL HILL

104 AIRPORT ROAD AOB

CHAPEL HILL, NC 27599

CHAPEL HILL, NC 27599						
UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL 104 AIRPORT ROAD AOB CHAPEL HILL,NC 27599	59-1711424	501(C)(3)	75,000	CASH VALUE		ASTHMA NATIONAL GRANTS PROGRAM RESEARCH AWARD
UNIVERSITY OF NORTH	59-1711424	501(C)(3)	150.000	CASH VALUE	N/A	ASTHMA NATIONAL

GRANTS PROGRAM

RESEARCH AWARD

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) UNIVERSITY OF UTAH 87-6000525 501(C)(3) 150,000 CASH VALUE N/A ASTHMA NATIONAL 540 ARAPEEN DRIVE SUITE GRANTS PROGRAM 250 RESEARCH AWARD SALT LAKE CITY.UT 84108

GRANTS PROGRAM

RESEARCH AWARD

UNIVERSITY OF UTAH 540 ARAPEEN DRIVE SUITE 250 SALT LAKE CITY,UT 84108		501(C)(3)	150,000	CASH VALUE		ASTHMA NATIONAL GRANTS PROGRAM RESEARCH AWARD
VAN ANDEL RESEARCH	52-2000823	501(C)(3)	150,000	CASH VALUE	N/A	ASTHMA NATIONAL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

INSTITUTE

333 BOSTWICK AVENUE NE

GRAND RAPIDS, MI 49503

(a) Name and address of (b) EIN (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant (c) IRC section (d) A mount of cash organization ıf applicable cash (book, FMV, appraisal, non-cash assistance or assistance arant or government assistance other) N/A VANDERBILT UNIVERSITY 62-0476822 501(C)(3) 75,000 CASH VALUE **ASTHMA NATIONAL** PMB 407727 2301 GRANTS PROGRAM VANDERBILT PLACE RESEARCH AWARD NASHVILLE, TN 372407727 N/A VANDERBILT UNIVERSITY 62-0476822 501(C)(3) 75,000 CASH VALUE ASTHMA NATIONAL PMB 407727 2301 GRANTS PROGRAM RESEARCH AWARD N/A

CASH VALUE

ASTHMA NATIONAL

GRANTS PROGRAM

RESEARCH AWARD

150,000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

VANDERBILT PLACE NASHVILLE, TN 372407727 VANDERBILT UNIVERSITY PMB 407727 2301

VANDERBILT PLACE

NASHVILLE, TN 372407727

62-0476822

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) N/A WASHINGTON UNIVERSITY 43-0653611 501(C)(3) 75,000 CASH VALUE ASTHMA NATIONAL ONE BROOKINGS DRIVE GRANTS PROGRAM UNIVERSITY CITY, MO RESEARCH AWARD 63130 ATIONAL OGRAM AWARD

RESEARCH AWARD

WASHINGTON UNIVERSITY ONE BROOKINGS DRIVE UNIVERSITY CITY, MO 63130	43-0653611	501(C)(3)	150,000	CASH VALUE	ASTHMA NATIONAL GRANTS PROGRAM RESEARCH AWARD
WEILL MEDICAL COLLEGE OF CORNELL UNIVERSITY	13-1623978	501(C)(3)	150,000	CASH VALUE	ASTHMA NATIONAL GRANTS PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

575 LEXINGTON AVENUE

NEW YORK, NY 10022

9TH FLOOR

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or aovernment assistance other) WILDAID INC 20-3644441 501(C)(3) 200,000 CASH VALUE N/A GENERAL SUPPORT 333 PINE STREET STE 300 SAN FRANCISCO, CA 94104 L SUPPORT

SUPPORT

WILDAID INC 333 PINE STREET STE 300 SAN FRANCISCO,CA 94104	20-3644441	501(C)(3)	200,000	C	CASH VALUE	N/A	GENERAL
WILDCOAST	77-0536297	501(C)(3)	300.000		CASH VALUE	N/A	GENERAL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

925 SEACOAST DRIVE IMPERIAL BEACH, CA

91932

(a) Name and address of (b) EIN (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant (c) IRC section (d) A mount of cash organization if applicable cash (book, FMV, appraisal, non-cash assistance orassistance grant or aovernment assistance other) 06-0646973 501(C)(3) 75,000 CASH VALUE N/A ASTHMA NATIONAL YALE UNIVERSITY GRANTS PROGRAM PO BOX 1873 NEW HAVEN, CT RESEARCH AWARD 065081873 N/A 06-0646973 501(C)(3) 75,000 CASH VALUE ASTHMA NATIONAL IGRANTS PROGRAM

GRANTS PROGRAM

RESEARCH AWARD

 YALE UNIVERSITY
 06-0646973
 501(C)(3)
 75,000
 CASH VALUE
 NA
 ASTHMA NATIONAL GRANTS PROGRAM RESEARCH AWARD

 NEW HAVEN, CT 065081873
 06-0646973
 501(C)(3)
 150,000
 CASH VALUE
 NA
 ASTHMA NATIONAL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

PO BOX 1873

065081873

NEW HAVEN, CT

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -Schedule J

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

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

2015

DLN: 93493046037717

OMB No 1545-0047

Open to Public Inspection

(Form 990)

Department of the

Treasury

Na		yer identification n	ımber	
SAN	ANDLER FOUNDATION	147856		
Pa	art I Questions Regarding Compensation	47030		
	Queenens negarang compensation		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed of 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding thes			
	▼ First-class or charter travel	nal use		
	Travel for companions Payments for business use of personal re	sidence		
	Tax idemnification and gross-up payments Health or social club dues or initiation fe	es		
	Discretionary spending account Personal services (e.g., maid, chauffeur,	shef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding paymer reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain		Yes	
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	e 1a? <b>2</b>	Yes	
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	n Part III		
	Compensation committee Written employment contract			
	Independent compensation consultant ✓ Compensation survey or study			
	Form 990 of other organizations  A pproval by the board or compensation of	ommittee		ļ
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the fillior a related organization	ng 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		Νo
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Νo
	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), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on 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		Νo
b	Any related organization?	5b		Νo
	If "Yes," on line 5a or 5b, describe in Part III			
6	For persons listed on 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		No
	If "Yes," on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixe payments not described in lines 5 and 67 If "Yes," describe in Part III	<b>7</b>		No
8	Were any amounts reported on 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," on Part III	describe 8		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in R section 53 4958-6(c)?	egulations <b>9</b>		

Schedule J (Form 990) 2015

Page 2

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the

instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII Note. The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	<b>(D)</b> Nontaxable benefits	(E) Total of columns (B)(I)-(D)	(F) Compensation in column(B) reported as deferred on prior Form 990	
			(iı) Bonus & ıncentive compensation	(iII) Other reportable compensation	other deferred compensation				
1 STEVE DAETZ EXECUTIVE VP	(i)	426,152	0	366	53,000	23,561	503,079	0	
	(ii)	0	0	0	0	0	0	0	
	. —								

7,443

23,850

15,454

473

271,376

179,866

690

293

2 MARK REISBAUM

247,789

155,250

TREASURER/SECRETARY

3 SERGIO KNAEBEL

GRANT DIRECTOR

FORM 990, PART VI, SECTION B, LINE 15 THE ORGANIZATION HAS FULL TIME EMPLOYEES AND COMPENSATES ONE OFFICER THE

COUNTIES ('JCF') JCF DOES A COMPENSATION SURVEY AND ANALYSIS FOR THE SENIOR LEVEL POSITIONS JCF LOOKS AT COMPENSATION THAT IS EQUITABLE INTERNALLY AND EXTERNALLY FOR THESE POSITIONS THERE IS A PERIODIC REVIEW OF ALL ISALARIES FROM AN INDEPENDENT PROFESSIONAL COMPENSATION ORGANIZATION. THE REVIEW INCLUDES SIMILAR POSITIONS IN THE

EXECUTIVE VICE PRESIDENT'S COMPENSATION IS REVIEWED ANNUALLY BY THE GOVERNING BOARD OF DIRECTORS, ALONG WITH A MEMO SUMMARIZING SALARY COMPARABILITY DATA PROPOSED COMPENSATION ADJUSTMENTS FOR THE EXECUTIVE VICE PRESIDENT ARE DISCUSSED AND APPROVED BY THE INDEPENDENT GOVERNING BOARD OF DIRECTORS CERTAIN OFFICERS AND/OR DIRECTORS ARE ALSO COMPENSATED BY A RELATED PARTY, THE JEWISH COMMUNITY FEDERATION OF SAN FRANCISCO, THE PENINSULA, MARIN AND SONOMA

APPROVAL BY THE INDIVIDUAL'S MANAGER, TOGETHER WITH APPROPRIATE DOCUMENTATION

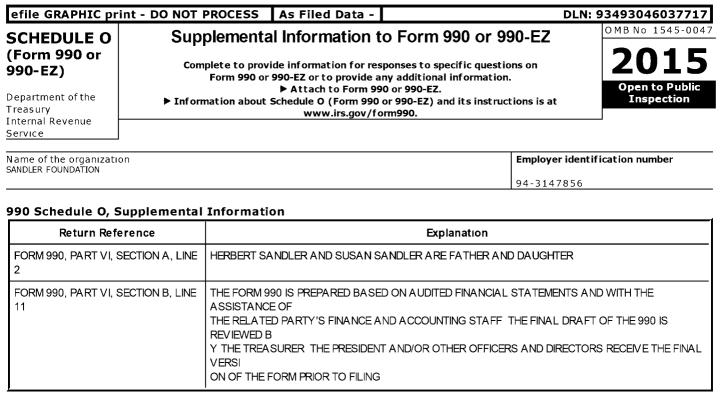
PART I, LINE 3

COMPENSATION DATA

Schedule J (Form 990) 2015

Schedule J (Form 990) 2015

Page 3



990 Schedule O, Supplemental Information

Explanation Reference THE ORGANIZATION REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES COMPLIANCE WITH ITS CONFLICT OF

LINE 12C

SECTION B.

LINE 15

Return

CFO ALSO RECEIVES A COPY OF THE SUMMARY AND REVIEWS ALL FORMS AND IS RESPONSIBLE FOR ASSURING

APPROPRIATE REPORTING TO THE EXTERNAL AUDITORS AND DISCLOSURE IN THE ANNUAL TAX FILINGS THE EXECUTIVE VICE PRESIDENT'S COMPENSATION IS REVIEWED ANNUALLY BY THE GOVERNING BOARD OF

FORM 990. PART VI. SECTION B.

DIRECTORS. A LONG WITH A MEMO SUMMARIZING SALARY COMPARABILITY DATA PROPOSED COMPENSATION ADJUSTMENTS FOR THE EXECUTIVE VICE PRESIDENT ARE DISCUSSED AND APPROVED BY THE INDEPENDEN

DISCLOSURES AND FORWARDS THE FORMS AND SUMMARY TO ITS LEGAL COUNSEL. THE SUPPORTED ORGANIZATION'S

CONFLICT OF INTEREST POLICY THROUGHOUT THE YEAR THE SUPPORTED ORGANIZATION REQUESTS COMPLETION OF AN ANNUAL DISCLOSURE FORM. ENSURES THAT ALL FORMS HAVE BEEN RECEIVED AND PREPARES A SUMMARY OF

FORM 990. PART VI.

T GOVERNING BOARD OF DIRECTORS

INTEREST POLICY ALL DIRECTORS AND OFFICERS CONFIRM FACH YEAR THAT THEY ARE NOT AWARE OF ANY

CONFLICTS OF INTEREST AS TO THEMSELVES OR OTHERS. AND THE ORGANIZATION MONITORS COMPLIANCE WITH THE

990 Schedule O, Supplemental Information

Return Reference

	— I
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION IS A PART OF THE JEWISH COMMUNITY FEDERATION, A RELATED PARTY, THAT MAKES ITS CONSOLIDATED AUDITED FINANCIAL STATEMENTS AND FORM 990 FOR THE MOST RECENT THREE YEARS AND CONFLICT OF INTEREST POLICY AVAILABLE TO THE PUBLIC UPON REQUEST
FORM 990 (VARIOUS)	DUE TO TAX SOFTWARE LIMITATIONS, CERTAIN QUESTIONS THAT SHOULD HAVE BEEN ANSWERED N/A WERE LEFT BLANK AS FOLLOWS 1) PART IV, QUESTION 20B, 24B, 24C, 24D, 35B 2) PART V, QUESTION 3 B, 4B, 5C, 6B, 7B, 7D, 7G, 7H, 8, 9A, 9B, 10A, 10B, 11A, 11B, 12A, 12B, 13A, 13B, 13C, 14B 3) PART VI, QUESTION 10B, 16B 4) PART XII, QUESTION 3B 5) SCHEDULE A PART IV QUESTION 3B, 3C, 4B, 4C, 5B, 5C, 10B 6) SCHEDULE J, QUESTION 9

Explanation

efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 93493046037717

OMB No 1545-0047 2015

Open to Public Inspection

**Employer identification number** 

94-3147856

## **SCHEDULE R** (Form 990)

Department of the Treasury

Internal Revenue Service Name of the organization

SANDLER FOUNDATION

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

**Related Organizations and Unrelated Partnerships** 

► Attach to Form 990.

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

Identification of Disregarded Entities Complete of the organization answered "Yes" on Form 990, Part IV, line 33. Part I (b) (f) Name, address, and EIN (if applicable) of disregarded entity Primary activity Legal domicile (state Total income End-of-year assets Direct controlling or foreign country) entity Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. (d) (a) (c) (e) (g) Name, address, and EIN of related organization Primary activity Legal domicile (state Exempt Code section Public charity status Direct controlling Section 512(b) (13) controlled or foreign country) (if section 501(c)(3)) entity entity? Yes No (1) JEWISH COMMUNITY FEDERATION OF SF BUILD, MAINTAIN AND CA 501(C)(3) LINE 7 No 121 STEUART STREET STRENGTHEN JEWISH IDENTITY, COMM AND LIFE N/A SAN FRANCISCO, CA 94105 94-1156533

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

(a) Name, address, and EIN of related organization	( <b>b)</b> Primary activity	(c) Legal domicile (state or foreign country)	entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h Disprop alloca	) ortionate ations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	mana part	ral or aging	<b>(k)</b> Percentage ownership
				314)			Yes	No		Yes	No	
											<u> </u>	

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

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total Income	(g) Share of end- of-year assets	<b>(h)</b> Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No

chedule R (Form 990) 2015		Рa	ge <b>3</b>
Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.			
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		No
<b>b</b> Gift, grant, or capital contribution to related organization(s)	<b>1</b> b	Yes	
c Gıft, grant, or capital contribution from related organization(s)	<b>1</b> c	Yes	
f d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	<b>1</b> g		No
<b>h</b> Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	<b>1</b> j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
Performance of services or membership or fundraising solicitations for related organization(s)	11		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes	1
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
o Sharing of paid employees with related organization(s)	10		No
p Reimbursement paid to related organization(s) for expenses	1p	Yes	

2	If the answer to any of the above is "Yes," see the instructions for information on who must complete	this line, including co	vered relationships	and transaction thresholds
	(2)	(b)	(c)	(4)

 ${f r}$  Other transfer of cash or property to related organization(s) . . . . . . . . . . . . . . .

**s** Other transfer of cash or property from related organization(s) . . . . . . . . .

Name of related organization	Transaction type (a-s)	Amount involved	Method of determining amount involved
(1)JEWISH COMMUNITY FEDERATION OF SAN FRANCISCO	В	400,000	CASH VALUE
(2)JEWISH COMMUNITY FEDERATION OF SAN FRANCISCO	М	200,000	CASH VALUE
(3)JEWISH COMMUNITY FEDERATION OF SAN FRANCISCO	С	34,930	CASH VALUE
(4)JEWISH COMMUNITY FEDERATION OF SAN FRANCISCO	Р	23,789	CASH VALUE

|1q

1r

**1**s

No

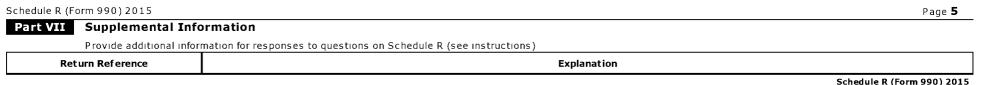
No

No

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

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

Name, actives, and FIN of entity   Capt   revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships														
	(a) Name, address, and EIN of entity	(b) Primary activity	domicile (state or foreign	(related, unrelated, excluded from tax under sections 512-	org	01(c)(3) anizations?	total	end-of-year			Code V-UBI amount in box 20 of Schedule K-1	General or managing partner?		(k) Percentage ownership
	9			314)	Yes	No			Yes	No		Yes	No	
													1 I	
														_
														_
														_



Department of the Treasury

Internal Revenue Service

DLN: 93493089006458 OMB No 1545-0047

# **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

Open to Public ▶ Information about Form 990 and its instructions is at <a href="www.irs.gov/form990">www.irs.gov/form990</a> Inspection

			llendar year, or tax year be C Name of organization	eginning 07-01-2016 , and ending 0	06-30-2	017			
		plicable	SANDLER FOUNDATION				D Employer	identifi	ication number
	dress ch me char	-					94-31478	356	
	tial retu	· .	Doing business as						
Fin		ahad					E Talankana		
	n/termi iended r		Number and street (or P O box 121 STEUART STREET	if mail is not delivered to street address) Roc	om/suite		E Telephone	number	
		n pending .					(415) 777	7-0411	
			City or town, state or province, SAN FRANCISCO, CA 94105	country, and ZIP or foreign postal code					
		L	Shirt in intersect, dr. 191205				<b>G</b> Gross rece	ipts \$ 54	17,749,292
			<b>F</b> Name and address of prin HERBERT M SANDLER	cipal officer	Н	l(a) Is	this a group retu	rn for	
			121 STEUART STREET				ibordinates?		□Yes 🗹 No
			SAN FRANCISCO, CA 94105		∺		e all subordinate: cluded?	5	☐ Yes ☐No
Tax	k-exemp	pt status	<b>✓</b> 501(c)(3)  □ 501(c)(	) ◀ (insert no )	27		"No," attach a lis	t (see	instructions)
W	ebsite	: ► N/A			— Н	I(c) Gi	roup exemption n	umber	<b>•</b>
<b>S</b> Forn	n of ora	ianization	✓ Corporation ☐ Trust ☐	Association ☐ Other ▶	L,	Year of f	ormation 1992	<b>1</b> State	of legal domicile CA
	9	,							
Pa	rt I	Sumr	nary						
				on or most significant activities					
ų	<u> 50</u>	UPPORTS	CHARITABLE, EDUCATIONAL	, & RELIGIOUS PURPOSES OF JEWISH C	OMM FE	DERAI.	ION OF SF		
<u> </u>									
Ě	_								
GOVERNATION	2 0	Check this	s box ▶ ☐ If the organization	n discontinued its operations or disposed	of more	e than 2	25% of its net ass	ets	
	<b>3</b> N	Number o	f voting members of the gove	erning body (Part VI, line 1a)				3	5
<b>ర</b> ∧	<b>4</b> N	Number o	f independent voting membei	rs of the governing body (Part VI, line 1b	b) .			4	4
ב	5 ⊺	Total num	ber of individuals employed i	n calendar year 2016 (Part V, line 2a)				5	5
ACIIVILES &	6 ⊺	Total num	ber of volunteers (estimate if	necessary)				6	0
Ę	7a ⊺	Γotal unre	lated business revenue from	Part VIII, column (C), line 12				7a	0
				from Form 990-T, line 34				7b	0
						<u> </u>	Prior Year	1	Current Year
	8 (	Contributi	ons and grants (Part VIII, line	a 1h)			25,244,81	6	216,945
Ē			- · · · · · · · · · · · · · · · · · · ·	·			23,244,61	0	<u>·</u>
Rəvenue		_	•	e 2g)			25.205.45	<u> </u>	0
<del>д</del>			· · · · · · · · · · · · · · · · · · ·	(A), lines 3, 4, and 7d )			35,295,45		164,378,699
				ines 5, 6d, 8c, 9c, 10c, and 11e)	_			0	0
				(must equal Part VIII, column (A), line 1	12)		60,540,27		164,595,644
				IX, column (A), lines 1–3)....			56,322,57	9	52,358,913
				X, column (A), line 4)				<u> </u>	0
${\mathfrak L}$	<b>15</b> S	Salaries, d	other compensation, employe	e benefits (Part IX, column (A), lines 5–	10)		1,081,70	8	1,117,164
Expenses	<b>16</b> a F	Profession	nal fundraising fees (Part IX,	column (A), line 11e)				0	0
<del>\$</del>	b⊤	Total fundra	aising expenses (Part IX, column (	D), line 25) ▶ <u>0</u>	_				
Ŭ)	<b>17</b> C	Other exp	enses (Part IX, column (A), lı	nes 11a-11d, 11f-24e)			1,381,51	.2	1,338,921
	18 ⊺	Total expe	enses Add lines 13-17 (must	equal Part IX, column (A), line 25)			58,785,79	9	54,814,998
	<b>19</b> R	Revenue I	ess expenses Subtract line 1	8 from line 12			1,754,47	'5	109,780,646
5 9						Beginn	ning of Current Yea	ar e	End of Year
3 5									
Fund Balances	20 ⊺	Total asse	ts (Part X, line 16)				882,751,65	2	952,650,170
3 2	<b>21</b> T	Total liabi	lities (Part X, line 26)				8,882,98	4	7,419,647
2.7	<b>22</b> N	Net assets	or fund balances Subtract l	ne 21 from line 20			873,868,66	8	945,230,523
Par	t II	Signa	iture Block						
				xamined this return, including accompan					
	nowled		, it is true, correct, and comp	lete Declaration of preparer (other than	i officer)	is base	eu on an miormat	IOII OI V	vilicii preparei ilas
	1								
		* * * * * * *	re of officer				2018-03-30 Date		
ign		Joigilatu	re of officer				Date		
lere	:		N LEE CFO - JCF						
		Type or	warmen warmen and bubble						
		<u>L'</u>	print name and title				☐ PT	TN	
			int/Type preparer's name	Preparer's signature	Date 2018				3
Paid	 i	QI	int/Type preparer's name I WEN LIANG	QI WEN LIANG		-03-28	Check L If P0 self-employed	1270238	3
Paid Pre <sub>l</sub>	d barei	r Fii	int/Type preparer's name I WEN LIANG rm's name ► GRANT THORNTOI	QI WEN LIANG			Check ☐ if P0 self-employed Firm's EIN ► 36-60	1270238 )55558	3
Pre		r Fii	int/Type preparer's name I WEN LIANG	QI WEN LIANG			Check L If P0 self-employed	1270238 )55558	3
Pre	oarei	r Fii	int/Type preparer's name I WEN LIANG rm's name ► GRANT THORNTOI	QI WEN LIANG N LLP SUITE 2700			Check ☐ if P0 self-employed Firm's EIN ► 36-60	1270238 )55558	
Pre <sub>l</sub> Jse	oareı Onl <u>y</u>	r Fii	int/Type preparer's name I WEN LIANG  rm's name  ► GRANT THORNTOI  rm's address ► 101 CALIFORNIA S  SAN FRANCISCO,	QI WEN LIANG N LLP SUITE 2700			Check ☐ if P0 self-employed Firm's EIN ► 36-60	1270238 055558 6-3900	ges □ No

Check of Schedule O contains a response or note to any line in this Part III	Form	990 (2016)					Page <b>2</b>
1 Bereily describe the organization's mission  THE FOUNDATION OPERATES EXCLUSIVELY POR CHARITABLE, EDUCATIONAL OR RELIGIOUS PURPOSES BY CONDUCTING OR SUPPORTING ACTIVITIES FOR THE BEREIT OF, OR TO CARRY OUT THE PURPOSES OF THE JEWISH COMMUNITY FEDERATION OF SAN FRANCISCO, THE PURPOSES OF THE JEWISH COMMUNITY FEDERATION OF SAN FRANCISCO, THE PURPOSES OF THE JEWISH COMMUNITY FEDERATION OF SAN FRANCISCO, THE PURPOSES OF THE JEWISH COMMUNITY FEDERATION OF SAN FRANCISCO, THE PURPOSES OF THE JEWISH COMMUNITY FEDERATION OF SAN FRANCISCO, THE PURPOSES OF THE JEWISH COMMUNITY FEDERATION OF SAN FRANCISCO, THE PURPOSES OF THE JEWISH COMMUNITY FEDERATION OF SAN FRANCISCO, THE JEWISH COMMUNITY FEDERA	Par	t IIII Statem	ent of Program Servi	e Accomplis	hments		
1 Bereily describe the organization's mission  THE FOUNDATION OPERATES EXCLUSIVELY POR CHARITABLE, EDUCATIONAL OR RELIGIOUS PURPOSES BY CONDUCTING OR SUPPORTING ACTIVITIES FOR THE BEREIT OF, OR TO CARRY OUT THE PURPOSES OF THE JEWISH COMMUNITY FEDERATION OF SAN FRANCISCO, THE PURPOSES OF THE JEWISH COMMUNITY FEDERATION OF SAN FRANCISCO, THE PURPOSES OF THE JEWISH COMMUNITY FEDERATION OF SAN FRANCISCO, THE PURPOSES OF THE JEWISH COMMUNITY FEDERATION OF SAN FRANCISCO, THE PURPOSES OF THE JEWISH COMMUNITY FEDERATION OF SAN FRANCISCO, THE PURPOSES OF THE JEWISH COMMUNITY FEDERATION OF SAN FRANCISCO, THE PURPOSES OF THE JEWISH COMMUNITY FEDERATION OF SAN FRANCISCO, THE JEWISH COMMUNITY FEDERA		Check if S	Schedule O contains a resp	onse or note to a	any line in this Part III		🗆
ACTIVITIES FOR THE BENEFIT OF, OR TO CARRY OUT THE PURPOSES OF THE JEWISH COMMUNITY FEDERATION OF SAN FRANCISCO, THE PERNINSULA, MARIN AND SONOMA COUNTIES  2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E27	1				•		
the prior Form 990 or 990-EZ?  If "Yes," describe these new services on Schedule O  Job the organization cease conducting, or make significant changes in how it conducts, any program services?  If "Yes," describe these changes on Schedule O  If "Yes," describe these changes on Schedule O  A 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 5 52,358,913 including grants of 5 52,358,913) (Revenue 5 )  See Additional Data See Addi	ACTI	VITIES FOR THE B	BENEFIT OF, OR TO CARRY				
If "Yes," describe these new services on Schedule O Did the organization cease conducting, or make significant changes in how it conducts, any program services?	2	Did the organiza	tion undertake any significa	ant program serv	vices during the year wh	nich were not listed on	
Did the organization cease conducting, or make significant changes in how it conducts, any program services or scenario.		the prior Form 9	90 or 990-EZ?				🗌 Yes 🗹 No
services?		If "Yes," describe	e these new services on Sci	nedule O			
### If "Yes," describe 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) and 50	3	Did the organiza	tion cease conducting, or n	nake significant i	changes in how it condu	cts, any program	
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		services?					🗌 Yes 🗹 No
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		If "Yes," describe	e these changes on Schedu	le O			
See Additional Data  ### Code	4	Section 501(c)(3	3) and 501(c)(4) organization	ons are required	to report the amount of		
4b (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )  4c (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )  4d Other program services (Describe in Schedule O) (Expenses \$ including grants of \$ ) (Revenue \$ )	4a	(Code	) (Expenses \$	52,358,913	including grants of \$	52,358,913 ) (Revenue \$	)
4c (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )  4d Other program services (Describe in Schedule O ) (Expenses \$ including grants of \$ ) (Revenue \$ )		See Additional Date	a				·
4d Other program services (Describe in Schedule O ) (Expenses \$ including grants of \$ ) (Revenue \$ )	4b	(Code	) (Expenses \$		including grants of \$	) (Revenue \$	)
4d Other program services (Describe in Schedule O ) (Expenses \$ including grants of \$ ) (Revenue \$ )							
(Expenses \$ including grants of \$ ) (Revenue \$ )	4c	(Code	) (Expenses \$		including grants of \$	) (Revenue \$	)
(Expenses \$ including grants of \$ ) (Revenue \$ )							
	4d		•	•	\$	) (Revenue \$	)
	40				*	, ,	,

or X as applicable

assessments, or similar amounts as defined in Revenue Procedure 98-19?

to provide advice on the distribution or investment of amounts in such funds or accounts?

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10?

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 🛸 . . . Did the organization maintain collections of works of art, historical treasures, or other similar assets?

assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🛸 . . . . . . . . . . .

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

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its

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

14a Did the organization maintain an office, employees, or agents outside of the United States? . . .

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) . . . .

foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . . .

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . . .

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

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV . . . . . . . . . . . . .

Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total

permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🕏 . . . . . . . If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX,

5

Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right 6 7

8

9

10

11a

11b

11c

11d

14a

14b

15

16

17

18

19

Yes

Page 3

Nο

No

Nο

Nο

Nο

Nο

No

Nο

Nο

Nο

Nο

Nο

Νo

Nο

No

Nο

Form **990** (2016)

Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D. Part X 🕏 11e Nο Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses 11f Nο the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🛸 12a Did the organization obtain separate, independent audited financial statements for the tax year? 12a Yes b Was the organization included in consolidated, independent audited financial statements for the tax year? 12b Yes If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🕏 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 Nο

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1 01111	330 (2010)			Page 4
Par	t IV Checklist of Required Schedules (continued)			
			Yes	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		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic 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 or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
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		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
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), 501(c)(4), and 501(c)(29) organizations.  Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"			

Page 4

28b

28c

29

30

31

32

33

34

35a

35h

36

37

Yes

Yes

Form 990 (2016)

Nο

Nο

Νo

Nο

Nο

Nο

Nο

Nο

Νo

Nο

25a Νo 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? 25b Nο 

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? 26 Nο 

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 27 Nο

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) a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, 28a No

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part

An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I . . . . . . . . . 💆

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 🛸

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . . .

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

orm	990 (2016)			Page <b>5</b>
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V		<u> </u>	
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 17			
	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?	<b>1</b> c	Yes	
2a	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			
L	this return	2b	Yes	
D	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)	20	163	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule $O$	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country			-110
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	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
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	35		
·	The second second second and the organization menoring occorrect to the second	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6а		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6</b> b		
7				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	76 7f		No
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			110
•	required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds.  Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			
_		8		
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter  Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	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		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

orm 9	990 (2016)			Page <b>6</b>
Part	<b>Governance, Management, and Disclosure</b> For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions	" respo	nse to li	
	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>		✓
Sec	ction A. Governing Body and Management			
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 5		Yes	No
	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			
	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization'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 to elect or appoint one or more members of the governing body?	7a		No
	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
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, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Sec	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code		
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
	Did the organization have a written whistleblower policy?	13	Yes	
	Did the organization have a written document retention and destruction policy?	14	Yes	
	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
	Other officers or key employees of the organization	15b	Yes	
	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 or similar arrangement with a taxable entity during the year?	16a		No
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?			
		16b		
	ction C. Disclosure  List the States with which a copy of this Form 990 is required to be filed▶			
	CA			
	Section 6104 requires an organization to make its 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			
	Own website 🗹 Another's website 🗹 Upon request 🗌 Other (explain in Schedule O)			
	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year			
	State the name, address, and telephone number of the person who possesses the organization's books and records  HOLDEN LEE CFO 121 STEUART STREET SAN FRANCISCO, CA 941051236 (415) 777-0411		•	- (201 -

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

<b>(A)</b> Name and Title	(B) Average hours per week (list any hours		ne b	ox, i an of	t ch unle fficei	ss per: and a	son	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
I) HERBERT M SANDLER RESIDENT/DIRECTOR	40 00	x		×				0	0	0
2) SUSAN SANDLER IRECTOR/VICE PRESIDENT	20 00	х		×				0	0	0
3) PHYLLIS COOK IRECTOR	1 00	х						0	86,100	0
t) ROBERT FRIEND IRECTOR	1 00	х						0	0	0
5) DAVID FOLKMAN IRECTOR	1 00	х						0	0	0
5) STEVE DAETZ XECUTIVE VP/ASST SECRETARY	40 00			x				446,402	0	76,883
7) JAMES SANDLER ICE PRESIDENT	1 00			х				0	0	0
3) MARK REISBAUM REASURER/SECRETARY JULY-MAR	1 00 37 50			х				0	219,360	12,776
9) JOY SISISKY REASURER/SECRETARY MAR-JUNE	1 00 37 50			х				0	198,344	16,489
10) SERGIO KNAEBEL RANT DIRECTOR	32 00					x		156,443	0	24,394
11) JEANNETTE DEMESMIN-RODRIGUES XECUTIVE ASSISTANT	40 00					×		106,569	0	20,413
12) SUSAN HYDE XECUTIVE ASSISTANT	40 00					x		101,248	0	20,331
										Form <b>990</b> (2016)

Form 990 (2	2016)										Page <b>8</b>
Part VII	Section A. Officers, Direct	ors, Trustees	s, Key I	Emp	loye	es,	and I	High	nest Compensate	d Employees (co	ntinued)
	<b>(A)</b> Name and Title	(B) Average hours per week (list any hours		ne b	ox, L in of	t che inles ficer	s pers and a	on	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations

	Sub-Total						<del>-</del>			$\equiv$		
	Total (add lines 1b and 1c)	•				<u>▶</u>	_	810,662	503,804	<i>i</i> 4		171,286
2	Total number of individuals (including of reportable compensation from the o	-	se list	ed a	3bov	e) who	rec	eived more than \$1	00,000		T	T
											Yes	No
3	Did the organization list any <b>former</b> of line 1a? <i>If "Yes," complete Schedule J</i>									3		No
4	For any individual listed on line 1a, is								n the	$\prod$		

			Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Vaa	
		4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	·	No
S	ection B. Independent Contractors			
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of com-	pensa	ition	

	organization and related organizations greater than \$150,000? If "Yes," complete Schedule J	for such		
	ındıvıdual		4 Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization services rendered to the organization $^7$ If "Yes," complete Schedule J for such person	<b>_</b>	5	No
Se	ection B. Independent Contractors			
1	ection B. Independent Contractors  Complete this table for your five highest compensated independent contractors that received from the organization. Report compensation for the calendar year ending with or within the o		ensation	
1	Complete this table for your five highest compensated independent contractors that received from the organization. Report compensation for the calendar year ending with or within the o	rganization's tax year (B)	(	C)
1 —	Complete this table for your five highest compensated independent contractors that received from the organization Report compensation for the calendar year ending with or within the o	rganization's tax year	(	C) nsation

			-	103	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization services rendered to the organization? If "Yes," complete Schedule J for such person		5		No
S	ection B. Independent Contractors				
1	Complete this table for your five highest compensated independent contractors that received more from the organization. Report compensation for the calendar year ending with or within the organization.		ensa <sup>.</sup>	tion	
	(A) Name and business address	(B) Description of services		(C) Compen	
121 9	R JERRAM, OR STEUART STREET FRANCISCO, CA 94105	GANIZATIONAL CONSULTING			120,000

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

Form **990** (2016)

Part	VI	Statement of	Revenue						
		Check if Schedul	e O contains	a respo	onse or note to an	y line in this Part VII  (A)  Total revenue	(B) Related or exempt	(C) Unrelated business	(D)  Revenue excluded from
							function revenue	revenue	tax under sections 512-514
ω 29	1:	a Federated campaig	ns	1a				1	
ant		<b>b</b> Membership dues		<b>1</b> b					
و ق		<b>c</b> Fundraising events		<b>1</b> c					
ffs.		<b>d</b> Related organizatio	ns	1d	17,400				
<u>n</u> ⊡.		e Government grants (co	ontributions)	1e					
ons Sir		f All other contributions, and similar amounts no	, gıfts, grants, ot ıncluded		100 545				
outi her		above		<b>1</b> f	199,545				
		9 Noncash contribution in lines 1a-1f \$	ons included						
Contributions, Giffs, Grants and Other Similar Amounts		h <b>Total.</b> Add lines 1a-1			•	216,945			
	Τ				Busines				
Service Revenue	2a			_					
æ	-   b	) ————		_					
ج ح	c	:		_					
Š	d						<del></del>		
an	e								
Program		All other program se				•	•		
<u> </u>		Total.Add lines 2a-2f			<u> </u>		1		
		Investment income (ii similar amounts) .			nterest, and other	25,130,19	1		25,130,191
		Income from investme	ent of tax-exe	mpt b	ond proceeds	•			
	5	Royalties				<b>•</b>			
	6-	Gross rents	(ı) Rea	l	(II) Personal	$\dashv$			
	"	g Gross rems							
	l t	<b>b</b> Less rental expenses							
	, ا	c Rental income or				$\dashv$			
	١.	(loss)	(1)						
	۱ '	d Net rental income o	r (loss) (i) Securit		· · · ▶		_		
	7a	Gross amount from sales of assets other than inventory	, ,	02,156					
	ŀ	b Less cost or other basis and sales expenses	383,1	.53,648					
	ı	C Gain or (loss)		48,508					
	l	d Net gain or (loss) .			<b>•</b>	139,248,50	8		139,248,508
Other Revenue	8a	Gross income from for (not including \$ contributions reporte See Part IV, line 18	ed on line 1c)	of					
Re	Ŀ	b Less direct expense	s	b					
er		c Net income or (loss)			ents ▶	_			
<del>=</del>	9a	Gross income from g See Part IV, line 19		es					
				а					
	l	Less direct expense		b					
		c Net income or (loss)		activit	ies <b>&gt;</b>	_			
	10.	aGross sales of invent returns and allowand	ces	a					
	ŀ	Less cost of goods s	sold	b					
	<u>_</u>	Net income or (loss)  Miscellaneous		invent	Business Code				
	11		Revenue		Business Code	$\dashv$			
	   t								
						+		+	
	,	d All other revenue .							
	•	e <b>Total.</b> Add lines 11a	-11d		>	1			1
	12	<b>2 Total revenue.</b> See	Instructions				1		
						164,595,64	4	0	0 164,378,699 Form <b>990</b> (2016)

ori	m 990 (2016)				Page <b>10</b>
	nrt IX Statement of Functional Expenses tion 501(c)(3) and 501(c)(4) organizations must complete all co	lumns All other orga	nızatıons must comp	lete column (A)	
	Check if Schedule O contains a response or note to any	line in this Part IX			🗆
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraisingexpenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	52,358,913	52,358,913	-	
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	540,555		540,555	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	429,994		429,994	
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	53,803		53,803	
9	Other employee benefits	40,138		40,138	
	Payroll taxes	52,674		52,674	
11	Fees for services (non-employees)				
	a Management				
	b Legal	1,260		1,260	
	c Accounting	33,200		33,200	
	d Lobbying	,		,	
	e Professional fundraising services See Part IV, line 17				
	f Investment management fees				
	g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	188,775		188,775	
12	Advertising and promotion				
	Office expenses	26,442		26,442	
	Information technology				
	Royalties				
	Occupancy	701,996		701,996	
		51,565		•	
	Travel	31,363		51,565	
	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
	Interest				
	Payments to affiliates				
22	Depreciation, depletion, and amortization	8,347		8,347	
23	Insurance	4,340		4,340	
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 ADMINISTRATIVE FEES	200,000		200,000	
	b DATA PROCESSING SERVICE	122,996		122,996	
	С				
	d				
	e All other expenses				
25	Total functional expenses. Add lines 1 through 24e	54,814,998	52,358,913	2,456,085	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

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

Part II of Schedule L

Notes and loans receivable, net .

basis Complete Part VI of Schedule D

Intangible assets . . . . .

Other assets See Part IV, line 11 .

Grants payable . .

Deferred revenue . . .

Complete Part X of Schedule D

Temporarily restricted net assets Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances

Unrestricted net assets

Accounts payable and accrued expenses

Tax-exempt bond liabilities . . .

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17-24)

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here 

and complete lines 30 through 34.

Capital stock or trust principal, or current funds . . . .

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Total liabilities. Add lines 17 through 25 .

Prepaid expenses and deferred charges . Land, buildings, and equipment cost or other

Investments-publicly traded securities .

Investments—other securities See Part IV, line 11 .

Total assets. Add lines 1 through 15 (must equal line 34) .

Escrow or custodial account liability Complete Part IV of Schedule D

key employees, highest compensated employees, and disqualified

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties .

Loans and other payables to current and former officers, directors, trustees,

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here ightharpoonup and

Investments-program-related See Part IV, line 11

Inventories for sale or use .

Less accumulated depreciation

		Beginning of year		End of year
1	Cash-non-interest-bearing		1	
2	Savings and temporary cash investments	28,065,250	2	52,746,718
3	Pledges and grants receivable, net	1,047,904	3	
4	Accounts receivable, net		4	
5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9)		6	

940,021

795.847

10a

10b

7

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10c

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774

128.081

845.036.166

7.661.165

812.312

114,412

8,768,572

8,882,984

872.870.763

873,868,668

882,751,652

997.905

882,751,652

Page **11** 

5,422

144,174

891.275.354

6.564.789

1.913.713

111,306

7,308,341

7,419,647

945,230,523

945,230,523

952.650.170

Form **990** (2016)

0

952,650,170

(B)

	0
sts	7
Assets	8
A	9
	10a
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	14

15

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25

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31

32

33

34

Liabilities 22

Fund Balances

Assets or 30

Net

☑ Both consolidated and separate basis

2c

3a

3b

Yes

No

Form 990 (2016)

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis,

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Consolidated basis

consolidated basis, or both

Audit Act and OMB Circular A-133?

Separate basis

### Additional Data

Software ID:

Name: SANDLER FOUNDATION

Form 990 (2016)

SAN FRANCISCO, THE PENINSULA, MARIN AND SONOMA COUNTIES

Form 990, Part III, Line 4a:

**EIN:** 94-3147856

THE FOUNDATION MADE GRANTS IN SUPPORT OF THE CHARITABLE, EDUCATIONAL, SCIENTIFIC OR RELIGIOUS PURPOSES OF THE JEWISH COMMUNITY FEDERATION OF

Software Version:

efil	e GR	APHIC pri	nt - DO NO	OT PROCESS	As Filed Data -			DLN: 93	493089006458
SC	HED	ULE A		Public C	harity Status	and Duk	dic Supp		OMB No 1545-0047
	m 99		Coi		ganization is a section				2016
990]	EZ)				4947(a)(1) nonexer ▶ Attach to Form 9	npt charitable	trust.		2010
Depar	tment of	f the Treasury	▶ Inf	formation about	Schedule A (Form 9	990 or 990-EZ		ctions is at	Open to Public Inspection
Nam	e of tl	<sub>nue Service</sub> he organiza	tion		<u>www.irs.go</u>	<u>v/torm990</u> .		Employer identifica	<u> </u>
SAND	LER FO	UNDATION						94-3147856	
	rt I				<b>s</b> (All organizations				
	organız —		•		it is (For lines 1 throu	-	•		
1		•		•	ociation of churches d			(A)(i).	
2					)(A)(ii). (Attach Sche	·	• • • • • • • • • • • • • • • • • • • •		
3		·	•	·	ce organization descri			•	
4			esearch orga and state		d in conjunction with a	hospital descri	bed in <b>section 1</b>	l <b>70(b)(1)(A)(iii).</b> En	ter the hospital's
5				ed for the benefit lete Part II )	of a college or univers	ity owned or op	perated by a gov	ernmental unit describ	ed in <b>section 170</b>
6		A federal, s	tate, or loca	l government or q	governmental unit des	cribed in <b>sectio</b>	on 170(b)(1)(A	)(v).	
7				rmally receives a		support from a	governmental u	nıt or from the genera	public described in
8		A communi	ty trust desc	cribed in <b>section</b>	170(b)(1)(A)(vi) (	Complete Part II	I )		
9					scribed in <b>170(b)(1)(</b> e instructions Enter th			with a land-grant colle college or university	ge or university or a
10								s, membership fees, ar than 331/3% of its sup	
		ınvestment	income and	unrelated busine	ss taxable income (les			ses acquired by the or	
11				<b>509(a)(2).</b> (Con red and operated	nplete Part III ) exclusively to test for	nublic safety. S	ee section 509	(a)(4).	
 12		-	-	•	•			s of, or to carry out the	nurnoses of one or
	✓	more public	ly supported	d organizations de		9(a)(1) or sec	tion 509(a)(2)	. See section 509(a)	
а	<b>✓</b>	organizatio	n(s) the pow					ation(s), typically by of the supporting organ	
b		manageme	nt of the sup		tion vested in the same			rganization(s), by havi e the supported organ	
С		Type III f	unctionally	integrated. A su				nd functionally integrat	ed with, its
d		functionally	ıntegrated	The organization		/ a distribution r	requirement and	th its supported organi an attentiveness requ	
е		Check this	box if the or	ganization receive	ed a written determina	ition from the IF		pe I, Type II, Type III	functionally
f	Enter		, ,	non-runctionally i d organizations	ntegrated supporting o	organization		1	
g				=	pported organization(s	)			
Na	me of :	(i) supported or	ganızatıon	(ii)EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	Is the organiz	iv) zation listed in ng document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
						Yes	No		
(A) JEWI SF	SH CON	MMUNITY FEDE	RATION OF	941156533	7	Yes		300,000	(
Tota	ı		1.					300,000	
		work Reduc	tion Act No	tice, see the In	structions for	Cat No 11285	iF S	Schedule A (Form 99	0 or 990-EZ) 2016

Sch	nedule A (Form 990 or 990-EZ) 2016						Page <b>2</b>
P	art II Support Schedule for	Organizations	Described in S	ections 170(b	)(1)(A)(iv) ar	d 170(b)(1)(A	(vi)
	(Complete only if you ch	ecked the box o	n line 5, 7, 8, o	r 9 of Part I or i	f the organization	on failed to quali	
	III. If the organization fa	ails to qualify un	der the tests lis	ted below, plea:	se complete Par	t III.)	
	Section A. Public Support		T	ı		1	
	Calendar year (or fiscal year beginning in) ▶	(a)2012	<b>(b)</b> 2013	(c)2014	(d)2015	<b>(e)</b> 2016	(f)Total
1	Gifts, grants, contributions, and						
-	membership fees received (Do not						
	include any "unusual grant ")						
2	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						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
6	shown on line 11, column (f) <b>Public support.</b> Subtract line 5 from						
0	line 4						
S	Section B. Total Support	•	•	•	•	•	
	Calendar year	(a)2012	<b>(b)</b> 2013	(c)2014	(d)2015	(e)2016	(f)Total
_	(or fiscal year beginning in) ►	(-)	(-)	(-)	(-)	(-/	(1)
7	Amounts from line 4 Gross income from interest,						
8	dividends, payments received on						
	securities loans, rents, royalties and						
	income from similar sources						
9							
	activities, whether or not the business is regularly carried on						
10							
	loss from the sale of capital assets						
	(Explain in Part VI )						
11	<b>Total support.</b> Add lines 7 through 10						
12	Gross receipts from related activities,	etc (see instruction	ons)			12	
	First five years. If the Form 990 is for			ard fourth or fifth	n tay year ac a cer		anization
		=				-	7
_	check this box and stop here Section C. Computation of Public				<u> </u>		
	Public support percentage for 2016 (III	• •		column (f))			
	Public support percentage for 2015 Sc			column (1))		14	
				line 12 line	- 14 - 27 1/20/ -	15	hav
16a	<b>33 1/3% support test—2016.</b> If the				ie 14 is 33 1/3% 0	r more, check this	<b>▶</b> □
	and <b>stop here.</b> The organization qual					/20/	
b	• • •				and line 15 is 33 i	./3% or more, cned	_
	box and <b>stop here.</b> The organization				13 16 16-		▶□
17a	a 10%-facts-and-circumstances test is 10% or more, and if the organizatio						
	in Part VI how the organization meets						
	organization			<u> </u>		, , , ,	►□
Ь	10%-facts-and-circumstances tes	st—2015. If the o	rganization did no	t check a box on l	ine 13, 16a. 16b.	or 17a, and line	F L
	15 is 10% or more, and if the organiz						
	Explain in Part VI how the organization						
	supported organization						▶ □
18	Private foundation. If the organizati	on did not check a	box on line 13, 1	6a, 16b, 17a, or <b>1</b>	.7b, check this box	and see	
	instructions						ightharpoons
					Schodu	le A (Form 990 o	r 990-E7) 2016

Section A. Public Support						
the organization fails to o	qualify under t	he tests listed b	pelow, please co	mplete Part II.	)	
(Complete only if you ch	ecked the box	on line 10 of Pa	art I or it the or	ganization railed	a to qualify unde	er Part II. If

	the organization rans to	quality under t	ine tests listed i	ociow, picase co	impiece i die ii.	/	
Se	ection A. Public Support		T	,		T	
	Calendar year	(a)2012	<b>(b)</b> 2013	(c)2014	(d)2015	(e)2016	(f)Total
	(or fiscal year beginning in) ►	. ,	, ,	, ,	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	. ,
1	Gifts, grants, contributions, and membership fees received (Do not						
	include any "unusual grants ")						
2							
-	merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business						
	under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
_	to or expended on its behalf The value of services or facilities						
5	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
, a	3 received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of						
	\$5,000 or 1% of the amount on line						
	13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
_	from line 6 )		<u> </u>			<u> </u>	
56	ection B. Total Support						
	Calendar year	(a)2012	<b>(b)</b> 2013	(c)2014	(d)2015	(e)2016	(f)Total
_	(or fiscal year beginning in) ▶	· · · · · · · · · · · · · · · · · · ·	(-,		,	,	( , , , , , , , , , , , , , , , , , , ,
	Amounts from line 6						
L0a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources						
ь	Unrelated business taxable income						
U	(less section 511 taxes) from						
	businesses acquired after June 30,						
	1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is						
	regularly carried on						
12							
	loss from the sale of capital assets (Explain in Part VI )						
12	Total support. (Add lines 9, 10c,						
13	11, and 12 )						
14	First five years. If the Form 990 is for	the organization	's first, second, tl	nird, fourth, or fift	h tax year as a se	ction 501(c)(3) o	rganization,
	check this box and <b>stop here</b>	-	•	·	•	. ,, ,	▶ □
C.	ection C. Computation of Public S	Sunnort Perce	ntage				
	Public support percentage for 2016 (lin			column (f))			
15	''' '		• •	column (T))		15	
16	Public support percentage from 2015 S	chedule A, Part II	11, line 15			16	
Se	ection D. Computation of Investr						
17	Investment income percentage for 201	6 (line 10c, colui	mn (f) divided by	line 13, column (f	))	17	
18	Investment income percentage from 20	<b>)15</b> Schedule A.	Part III, line 17	•		18	
	331/3% support tests—2016. If the o		•	on line 14, and lin	ie 15 is more than		e 17 is not
							► □
	more than 33 1/3%, check this box and s 33 1/3% support tests—2015. If the	•	-		• •		20/ and line 10 :-

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 ightharpoons

ightharpoons

Part IV Supporting Organizations (Complete only if you checked a box on line 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of

Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete

Schedule A (Form 990 or 990-EZ) 2016

in section 509(a)(1) or (2)

checked 12a or 12b in Part I, answer (b) and (c) below

amendment to the organizing document)

complete Part I of Schedule L (Form 990 or 990-EZ)

the organization had excess business holdings)

organization had an interest? If "Yes," provide detail in Part VI.

organization's organizing document?

provide detail in Part VI.

answer line 10b below

supervised by or in connection with its supported organizations

organization's supported organizations? If "Yes," provide detail in Part VI.

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)

which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

below

determination

1

6

7

8

10a

Sections A and D, and complete Part V ) Section A. All Supporting Organizations Yes No

Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain 1

Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support

Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the

than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (III) other supporting organizations that also support or benefit one or more of the filing

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a

Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes

Substitutions only. Was the substitution the result of an event beyond the organization's control?

Yes 2

Page 4

Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the

No 3a No

Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or

3b 3с No 4a 4b

No

No

No

No

No

No

No

4c

5a

5b 5c

6

7

8

9a

9b

9с

10a

10b

Schedule A (Form 990 or 990-EZ) 2016

Yes

Pa	art IV Supporting Organizations (continued)			
	- cupper unit en gamma une (commune)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		103	110
	, , , , , , , , , , , , , , , , , , , ,			
d	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		No
b	A family member of a person described in (a) above?	11b		No
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11c		No
S	Section B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
2	Did the everywhere energia for the banefit of any supported everywhere other than the supported everywhere (s) that	1	Yes	
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting			
	organization	2		No
S	ection C. Type II Supporting Organizations			
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)		Yes	No
		1		
5	ection D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?			
		1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s)			
		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard			
	,	3		
S	ection E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct	ions)		
	a  The organization satisfied the Activities Test Complete line 2 below	•		
	b  The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below			
	C The organization supported a governmental entity Describe in Part VI how you supported a government entity (see	ınstru	ctions)	
2	Activities Test Answer (a) and (b) below.		1	1
-			Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the	∡d		
	organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.	20		
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of	3a		
	the supported organizations? <i>Provide details in Part VI</i> .	$\vdash$		
	<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in <b>Part VI.</b> the role played by the organization in this regard	3b		

5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	<b>1</b> b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		

2

4

Schedule A (Form 990 or 990-FZ) 2016

Enter 85% of line 1

Enter greater of line 2 or line 3

Minimum asset amount for prior year (from Section B, line 8, Column A)

Schedule A (Form 990 or 990-EZ) (2016)

e Excess from 2016. . . .

Schedule A (F	orm 990 or 990-EZ) 2	2016	Page <b>8</b>
Part VI	lines 1, 2, 3b, 3c, line 1; Part IV, Sec Section B, line 1e;	formation.  Jations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete thonal information. (See instructions).	on C,
		Facts And Circumstances Test	
990 Sched	ule A, Supplemen	tal Information	
Retu	rn Reference	Explanation	
SCHEDULE A A, LINE 6	, PART IV, SECTION	THE MISSION OF THE ORGANIZATION IS TO OPERATE EXCLUSIVELY FOR CHARITABLE, EDUCATIONAL C ELIGIOUS PURPOSES BY CONDUCTING OR SUPPORTING ACTIVITIES FOR THE BENEFIT OF, OR TO CARR UT THE PURPOSES OF THE SUPPORTED ORGANIZATION, THE JEWISH COMMUNITY FEDERATION OF SAN CISCO, THE PENINSULA, MARIN AND SONOMA COUNTIES THE ORGANIZATION MAKES GRANTS TO OTH	Y O I FRAN

BLICLY SUPPORTED 501(C)(3) ORGANIZATIONS, WITH THE INTENDED PURPOSE OF ADVANCING THE MISSI

) ORGANIZATIONS RECEIVING GRANTS FROM THE ORGANIZATION

ON OF THE SUPPORTED ORGANIZATION, WHICH IS TO ADDRESS THE PRESSING ISSUES FACING THE JEWIS H COMMUNITY PLEASE REFER TO SCHEDULE I, PART II FOR A LIST OF PUBLICLY SUPPORTED 501(C)(3

Schedule A (Form 990 or 990-F7) 2016

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE D** 

**Supplemental Financial Statements** 

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

**2016** 

Open to Public

DLN: 93493089006458 OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

(Form 990)

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

Inspection

SAN	NDLER FOUND	DATION			94-3147856	5		
Pa		rganizations Maintaining Donor omplete of the organization answere						
			(a) Donor advised fund	ds	( <b>b</b> )Funds	and other accou	unts	
L	Total nu	mber at end of year						
2	Aggrega year)	te value of contributions to (during						
3	Aggrega	te value of grants from (during year)						
1	Aggrega	te value at end of year						
5		ganization inform all donors and donor the organization's property, subject to t			advised		/es [	□No
5	used only	ganization inform all grantees, donors, for charitable purposes and not for the impermissible private benefit?				□ <b>y</b>	/es [	□No
Pa	rt III Co	onservation Easements. Complet	e if the organization answ	ered "Yes" on Fo	rm 990, Part	IV, line 7.		
L	Purpose(s	) of conservation easements held by the	e organization (check all that	apply)				
	☐ Pres	ervation of land for public use (e g , rec	reation or education) $\Box$	Preservation of a	an historically in	nportant land a	rea	
	☐ Prote	ection of natural habitat		Preservation of a	certified histor	nc structure		
	☐ Pres	ervation of open space						
2		lines 2a through 2d if the organization hon the last day of the tax year	neld a qualified conservation o	contribution in the f				
а		ber of conservation easements			2a	d at the End of	t the Ye	ar
b		age restricted by conservation easemen	ts		2b			
С	Number of	f conservation easements on a certified	historic structure included in (	(a)	2c			
d		f conservation easements included in (c) isted in the National Register	acquired after 8/17/06, and	not on a historic	2d			
3	Number o tax year <b>I</b>	f conservation easements modified, trar	nsferred, released, extinguishe	ed, or terminated b	y the organizati	on during the		
1	Number o	f states where property subject to conse	ervation easement is located i	<b>-</b>				
5	Does the and enfor	organization have a written policy regar cement of the conservation easements i	ding the periodic monitoring, t holds?	ınspection, handling	g of violations,	☐ Yes	□ No	
5	Staff and	volunteer hours devoted to monitoring,	ınspecting, handling of violati	ons, and enforcing	conservation ea	asements durin	g the yea	ar
7	Amount o	f expenses incurred in monitoring, inspe	ecting, handling of violations,	and enforcing conse	ervation easem	ents during the	year	
3	Does each	n conservation easement reported on lin	e 2(d) above satisfy the requi	rements of section	170(h)(4)(B)(ı)	)		
	and section	on 170(h)(4)(B)(II)?				☐ Yes	□ No	
•	balance sl	II, describe how the organization report heet, and include, if applicable, the text ization's accounting for conservation eas	of the footnote to the organiz			•		
ar		rganizations Maintaining Collect omplete of the organization answere	· · · · · · · · · · · · · · · · · · ·	•	ther Similar	Assets.		
La	art, histor	anization elected, as permitted under SF rical treasures, or other similar assets he n Part XIII, the text of the footnote to it	eld for public exhibition, educa	ation, or research in	n furtherance of			
b	historical	anization elected, as permitted under SF treasures, or other similar assets held fo amounts relating to these items						
(	(i) Revenue	included on Form 990, Part VIII, line 1			▶ \$			_
<b>(</b> i	ii)Assets ind	cluded in Form 990, Part X			▶ \$			_
2		anization received or held works of art, l amounts required to be reported under :			nancial gain, pro	ovide the		
а	Revenue	ncluded on Form 990, Part VIII, line 1			<b>▶</b> \$			
b	Assets inc	luded in Form 990, Part X			<b>&gt;</b> \$			
0 - 1	Damamurauli	Poduction Act Notice, see the Instr	ustions for Form 000	Cat N	~ 52283D <b>C</b>	shadula D /Ea	000°	1 201

Par	<u> </u>	Organizations Ma	aintaining Coll	ections of	Art, His	torical I	reas	ures, or	Other	<u>Similar A</u>	ssets (	contınu	ed)	
3		g the organization's acqu s (check all that apply)	uisition, accessior	, and other re	ecords, ch	neck any o	the fo	ollowing t	hat are a	sıgnıfıcant	use of its	collect	tion	
а		Public exhibition				d 🗌	Loar	or excha	ange prog	ırams				
b		Scholarly research				e 🗌	Othe	er						
c		Preservation for future	e generations											
4	Provide Part	de a description of the o	organızatıon's coll	ections and e	xplaın ho	w they fur	her th	e organız	ation's e	xempt purp	ose in			
5		ng the year, did the orga is to be sold to raise fur								nılar	□ Ye	es [	□No	)
Par	t IV	Escrow and Custon Complete if the org X, line 21.			on Form	990, Par	t IV, I	ıne 9, or	reporte	ed an amo	unt on I	Form 9	90, F	Part
1a		e organization an agent ded on Form 990, Part )		an or other int	ermediar	y for contr	ibutior	ns or othe	er assets	not	☐ Ye	es [	□No	•
b	If "Y∈	es," explain the arrange	ement in Part XIII	and complete	the follo	wing table		Γ			Amount			•
c		nning balance		,		-		ļ	1c					•
d	Addıt	ions during the year						Ī	1d					•
е	Dıstrı	butions during the year	r					Ī	1e					•
f	Endın	ng balance						Ī	1f					•
<b>2</b> a	Dıd tl	he organization include	an amount on Fo	rm 990, Part )	X, line 21	, for escro	w or cı	ustodial a	ccount lia	ability?	☐ Ye	es [	□No	•
b	If "Ye	es," explain the arrange	ment in Part XIII	Check here if	f the expl	anation ha	s beer	provided	d in Part :	XIII				
Pa	rt V	Endowment Fund	<b>ds.</b> Complete ıf			swered "\	'es" o	n Form 9	990, Pai	t IV, line	10.			
	_			(a)Current y	/ear	<b>(b)</b> Prior ye	ar	(c)Two ye	ears back	(d)Three ye	ars back	(e)Fou	r years	back
	_	ning of year balance .												
		outions												
		vestment earnings, gain	•											
		or scholarships												
	and pr	expenditures for facilities ograms	es											
f	Admını	istrative expenses .												
g	End of	year balance												
2		de the estimated percei	-	nt year end b	alance (lı	ne 1g, colu	ımn (a	a)) held as	s					
а	Board	d designated or quasi-ei	ndowment 🟲											
b	Perm	anent endowment 🟲												
С	Temp	orarily restricted endov	wment ►											
	The p	percentages on lines 2a,	, 2b, and 2c shou	d equal 100%	D									
3а		here endowment funds	not in the posses	sion of the org	ganızatıor	that are l	neld ar	nd admini	stered fo	r the		_		
	-	nization by nrelated organizations									3	a(i)	'es	No
		elated organizations .						• •				a(ii)		
b		es" on $3a(\pi)$ , are the rel		s listed as red	uired on	Schedule I	۲۶ .	• •				3b		
4		ribe in Part XIII the inte	-		•							l		
Par	t VI	Land, Buildings,	and Equipmer	ıt.										
		Complete if the org	ř – – – – – – – – – – – – – – – – – – –					_						
	Descri	iption of property	(a) Cost or oth (ınvestme		<b>b)</b> Cost or	other basis (	other)	(c)Accu	ımulated d	lepreciation		(d)Book	value	
1a	Land							1						
	Buildin	ŀ						1						
С	Leaseh	nold improvements					32,572			532,572				0
		nent					99,359	1		263,275				36,084
							08,090	1						108,090
		lines 1a through 1e (Co	olumn (d) must ed	ual Form 990	), Part X,	column (B	), line	10(c)).		<b>&gt;</b>				144,174

Schedule D (Form 990) 2016  Part VII Investments—Other Securities. Complete if the organ	uzation ans	wered 'Yes' on Forr	Page <b>3</b>
See Form 990, Part X, line 12.  (a) Description of security or category	<b>(b)</b> Book		Method of valuation
(including name of security)	value		end-of-year market value
(1)Financial derivatives	-		
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)  Part VIII Investments—Program Related. Complete if the organic	▶ nization ar	nsworod 'Vos' on Fo	rm 000 Part IV line 11c
See Form 990, Part X, line 13.	) Book value	e (c)	Method of valuation end-of-year market value
(1)			·
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 13 )  Part IX  Other Assets. Complete if the organization answered 'Yes' on	Form 990. P	art IV. line 11d. See F	Form 990. Part X. line 15
(a) Description		unt 11, mio 22a 000 i	(b) Book value
(1) (2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 15 )			•
<b>Part X Other Liabilities.</b> Complete if the organization answered See Form 990, Part X, line 25.	d 'Yes' on F	orm 990, Part IV, l	ne 11e or 11f.
(a) Description of liability     (1) Federal income taxes	(b)	Book value	
(1) rederal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 )  2. Liability for uncertain tax positions In Part XIII, provide the text of the foot		organization's financia	statements that reports the
organization's liability for uncertain tax positions under FIN 48 (ASC 740) Che		_	·

Part XI

2

а

b

c

d

е

3

4

5

1

2

b

d

е 3

а

b

C

Part XIII

5

4

b

Part XII

Schedule D (Form 990) 2016

Page 4

-38,524,744

164,595,644

164,595,644

54,709,045

-105,953

54.814.998

54,814,998

Schedule D (Form 990) 2015

	•	,	-		
Other (Descri	be ın	Part X	III)		
Add lines 2a	throug	gh <b>2d</b>			

Net unrealized gains (losses) on investments .

Donated services and use of facilities .

Donated services and use of facilities .

Prior year adjustments . . .

Other (Describe in Part XIII ) .

Add lines 2a through 2d .

Add lines 4a and 4b .

Return Reference

See Additional Data Table

Subtract line 2e from line 1 .

Other losses .

Recoveries of prior year grants .

Amounts included on line 1 but not on Form 990, Part VIII, line 12

Total expenses and losses per audited financial statements .

Amounts included on line 1 but not on Form 990, Part IX, line 25

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b .

Other (Describe in Part XIII ) . . . . .

Supplemental Information

Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) . . . . . . .

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) . . . . . . . .

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b,

Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

- Add II Subtract line 2e from line 1 . Amounts included on Form 990, Part VIII, line 12, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b. Other (Describe in Part XIII ) . . . . . Add lines 4a and 4b . . .
- 2d 4a

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

2a

2b

2c

2a

2b

2c

2d

4b

Explanation

4b

-38,524,744

-105.953

2e

3

4c

5

3 4c

2e

Page <b>5</b>	Schedule D (Form 990) 2015
tinued)	Part XIII Supplemental Information (co
Explanation	Return Reference

Schedule D (Form 990) 2016

#### **Additional Data**

Software ID: Software Version:

**EIN:** 94-3147856

Name: SANDLER FOUNDATION

**Supplemental Information** 

Return Reference Explanation

CANCELLATION OF PRIOR YEAR GRANTS THAT OFFSET F/S GRANT EXPENSES -105,953

PART XII, LINE 2D - OTHER

**ADJUSTMENTS** 

efile GRAPHIC print - DO NOT PROCESS Schedule I (Form 990)

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

### Grants and Other Assistance to Organizations, Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Attach to Form 990.

As Filed Data -

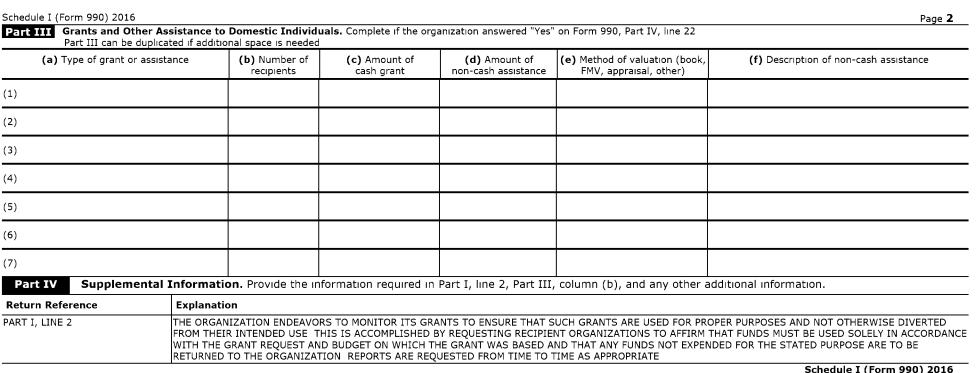
2016 **Open to Public** 

Schedule I (Form 990) 2016

DLN: 93493089006458 OMB No 1545-0047

reasury nternal Revenue Service	► Infor	mation about Schedul	e I (Form 990) and its	instructions is at <u>ww</u>	w.irs.gov/form990.		Inspection
ame of the organization						Employer identif	ication number
ANDLER FOUNDATION						94-3147856	
Part I General Inform	ation on Grants	and Assistance					
Does the organization mai the selection criteria used					for the grants or assistance	, and	☑ Yes ☐ No
Describe in Part IV the org	anızatıon's procedur	es for monitoring the us	se of grant funds in the Ur	nited States			
Part II Grants and Other that received more	Assistance to Dom than \$5,000 Part II	iestic Organizations a can be duplicated if add	nd Domestic Governme ditional space is needed	nts. Complete If the or	ganızatıon answered "Yes" o	on Form 990, Part IV, lir	e 21, for any recipient
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ee Additional Data Table							
1)							
2)							
3)							
4)							
5)							
6)							
7)							
8)							
9)							
10)							
11)							
12)			_				
	, , , , _	_					54
B Enter total number of othe	er organizations liste	d in the line 1 table.	<del></del>			<del>P</del>	

Cat No 50055P



## **Additional Data**

AMERICAN ACADEMY OF ARTS

AMERICAN ACADEMY OF ARTS

CAMBRIDGE, MA 02138

AND SCIENCES 136 IRVING STREET CAMBRIDGE, MA 02138

AND SCIENCES 136 IRVING STREET

# Software ID: **Software Version:**

04-2103651

04-2103651

**EIN:** 94-3147856 Name: SANDLER FOUNDATION

is and Domest Amount of non-

501(C)(3)

501(C)(3)

Form 990,Schedule I, Part	II, Grants and	Other Assistance to	Domestic Organiza	tions
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e)

cash

ti	ic Governments.
	(f) Method of valuatio (book, FMV, appraisal
	(book, FMV, appraisal

(h) Purpose of grant

assistance other)

(g) Description of non-cash assistance

or assistance

5,000

25,000

N/A

N/A

ANNUAL FUND

SPECIAL ISSUE OF DAEDALUS ON

CORRUPTION

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 13-6213516 501(C)(3) 1.750.000 IN/A IGENERAL SUPPORT AMERICAN CIVIL LIBERTIES

INITIATIVE

UNION FOUNDATION
125 BROAD STREET
NEW YORK, NY 10004

AMERICAN CIVIL LIBERTIES 13-6213516 501(C)(3) 1,989,000 N/A STRATEGIC AFFILIATE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

UNION FOUNDATION

125 BROAD STREET NEW YORK, NY 10004

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance BAYLOR HEALTH CARE SYSTEM 75-1606705 501(C)(3) 150.000 IN/A ASTHMA NATIONAL FOUNDATION IGRANTS PROGRAM 3600 GASTON AVE BARNETT RESEARCH AWARD TOWER SUITE 100 DALLAS, TX 752461800

250,000

N/A

GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

CAMPAIGN LEGAL CENTER

1411 K STREET NW SUITE

WASHINGTON, DC 20005

1400

04-3608387

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 04-3608387 501(C)(3) 750,000 IN/A IGENERAL SUPPORT CAMPAIGN LEGAL CENTER 1/11 V CTDEET NIM CHITTE

1411 K STREET NW SOITE 1400 WASHINGTON, DC 20005						
CENTER FOR AMERICAN PROGRESS 1333 H STREET NW 10TH	30-0126510	501(C)(3)	1,000,000		N/A	GENERAL SUPPORT

FLOOR WASHINGTON, DC 20005

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government other) assistance 30-0126510 501(C)(3) 1.000.000 IN/A CENTER FOR AMERICAN IGENERAL SUPPORT PROGRESS 1333 H STREET NW 10TH 501(C)(3) 2,000,000 N/A 30-0126510 IGENERAL SUPPORT

FLOOR WASHINGTON, DC 20005 CENTER FOR AMERICAN PROGRESS 1333 H STREET NW 10TH

FLOOR

WASHINGTON, DC 20005

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 85-0420285 501(C)(3) 800.000 IN/A CLIMATE LAW CENTER FOR BIOLOGICAL DIVERSITY INSTITUTE POBOX 710 TUCSON, AZ 85702

SAFETY NET DEFENSE

PROGRAM

400.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

CENTER FOR COMMUNITY

1536 U STREET NW WASHINGTON, DC 20009

CHANGE

52-0888113

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 74-3043913 501(C)(3) 1.500.000 IN/A IGENERAL SUPPORT CENTER FOR RESPONSIBLE LENDING PO BOX 3619 DURHAM, NC 277023619

IGENERAL SUPPORT

1.500.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

CENTER FOR RESPONSIBLE

DURHAM, NC 277023619

LENDING PO BOX 3619 74-3043913

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable organization grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance 52-1234565 501(C)(3) 2.000.000 N/A GENERAL SUPPORT AND CENTER ON BUDGET AND

BOSTON

PO BOX 414413

BOSTON, MA 022414413

CHILDREN'S HOSPITAL	04-2774441	501(C)(3)	150,000		N/A	ASTHMA NATIONAL
POLICY PRIORITIES 820 FIRST STREET NE SUITE 510 WASHINGTON, DC 20002						STATE FISCAL EFFORTS

GRANTS PROGRAM

RESEARCH AWARD

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance or government other) assistance CIVIL RIGHTS CORPS 81-3422012 501(C)(3) 500 000 IN/A GENERAL SUPPORT

EFFICIENCY PROGRAM

910 - 17TH STREET NW 5TH FLOOR WASHINGTON, DC 20006		,,,,	,			
CLIMATEWORKS FOUNDATION	26-2303250	501(C)(3)	1,000,000		N/A	KIGALI COOLING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

235 MONTGOMERY ST SUITE

SAN FRANCISCO, CA 94104

1300

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance CONSULTATIVE GROUP ON 13-3431076 501(C)(3) 46 500 IN/A GULF OF CA FUNDERS

500

SAN FRANCISCO, CA 94111

BIOLOGICAL DIVERSITY PRESIDIO BUILDING 1016 SAN FRANCSISCO, CA 94129	13 3 1310 70	301(0)(3)	10,300		I *	GROUP AND GENERAL SUPPORT
EARTHJUSTICE 50 CALIFORNIA STREET SUITE	94-1730465	501(C)(3)	2,000,000		N/A	GENERAL SUPPORT

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 59-6046500 501(C)(3) 150.000 IN/A FLORIDA INSTITUTE OF ASTHMA NATIONAL TECHNOLOGY IGRANTS PROGRAM 150 WEST UNIVERSITY BLVD RESEARCH AWARD MELBOURNE, FL 32901

DEMOCRACY DEFENSE

INITIATIVE

250.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

GERMAN MARSHALL FUND OF

THE UNITED STATES

1744 R STREET NW WASHINGTON, DC 20009 52-0954751

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 13-2875808 501(C)(3) 1.000.000 IN/A IGENERAL SUPPORT HUMAN RIGHTS WATCH 350 FIFTH AVENUE 34TH FLOOR NEW YORK, NY 101183299

IGENERAL SUPPORT

1.750.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

13-2875808

HUMAN RIGHTS WATCH 350 FIFTH AVENUE 34TH

NEW YORK, NY 101183299

FLOOR

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 13-1624046 501(C)(3) 950.000 IN/A INTERNATIONAL COMMUNITY FOR DONOR ADVISED FOUNDATION FUND 2505 N AVENUE

IGENERAL SUPPORT

NATIONAL CITY, CA 91950

250,000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

ISLAND CONSERVATION

100 SHAFFER ROAD LML SANTA CRUZ, CA 95060 91-1839907

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant ıf applıcable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance J STREET EDUCATION FUND 20-2777557 501(C)(3) 100.000 IN/A IGENERAL SUPPORT TRIC

POBOX 66073 WASHINGTON, DC 20035						
JEWISH COMMUNITY FEDERATION	94-1156533	501(C)(3)	50,000		I **	FOR DONOR ADVISED FUND

121 STEUART STREET SAN FRANCISCO, CA 94105

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 94-1156533 501(C)(3) 250.000 IN/A JEWISH COMMUNITY IPASSTHROUGH GRANT -FEDERATION JEWISH VOCATIONAL

121 STEUART STREET SERVICE AND JEWISH SAN FRANCISCO, CA 94105 HOME 94-3275302 501(C)(3) 35,000 IN/A GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

JUSTICE MATTERS INSTITUTE 436 14TH STREET SUITE 700

OAKLAND, CA 94612

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 47-2772048 501(C)(3) 1.000.000 IN/A IGENERAL SUPPORT LEARNING POLICY INSTITUTE 1530 PAGE MILL ROAD SUITE

200
PALO ALTO, CA 94304

LEARNING POLICY INSTITUTE 47-2772048 501(C)(3) 2,000,000

1530 PAGE MILL ROAD SUITE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

200

PALO ALTO, CA 94304

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance MDRC 23-7379473 501(C)(3) 500.000 IN/A IGENERAL SUPPORT 16 EAST 34TH STREET 19TH FLOOR NEW YORK, NY 100164326

IGENERAL SUPPORT

100.000

NATIONAL CENTER FOR YOUTH

405 14TH STREET SUITE 1500 OAKLAND, CA 94612

LAW

94-2506933

501(C)(3)

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 94-2506933 501(C)(3) 100.000 IN/A IGENERAL SUPPORT NATIONAL CENTER FOR YOUTH LAW 405 14TH STREET SUITE 1500 OAKLAND. CA 94612

IGENERAL SUPPORT

25.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

52-1072749

NATIONAL COMMITTEE FOR RESPONSIVE PHILANTHROPY 2001 S STREET NW SUITE 620 WASHINGTON, DC 20009

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 26-3015634 501(C)(3) 250.000 IN/A PARTNERSHIP FOR THE NATIONAL PUBLIC EDUCATION FUTURE OF LEARNING SUPPORT FUND

3205 R STREET NW WASHINGTON, DC 20007 OCEANA INC 51-0401308 501(C)(3) 2.000.000 IN/A

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

WASHINGTON, DC 20036

IGENERAL SUPPORT 1350 CONNECTICUT AVE NW 5TH FI

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 93-1176109 501(C)(3) 150.000 IN/A OREGON HEALTH AND ASTHMA NATIONAL SCIENCE UNIVERSITY IGRANTS PROGRAM RESEARCH AWARD

0690 SW BANCROFT AVENUE PORTLAND, OR 97239 PICO NATIONAL NETWORK 94-2206497 501(C)(3) 500,000 IN/A IGENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

171 SANTA ROSA AVE OAKLAND, CA 94610

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 94-2206497 501(C)(3) 1.000.000 IN/A PICO NATIONAL NETWORK IGENERAL SUPPORT 171 SANTA ROSA AVE OAKLAND, CA 94610 04-2103580 501(C)(3) 150,000 N/A ASTHMA NATIONAL

GRANTS PROGRAM

RESEARCH AWARD

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

PRESIDENT AND FELLOWS OF HARVARD COLLEGE 124 MOUNT AUBURN STREET

CAMBRIDGE, MA 02138

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 14-2007220 501(C)(3) 1.000.000 IN/A IGENERAL SUPPORT

PROPUBLICA 55 BROADWAY 23RD FLOOR NEW YORK, NY 10006

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

55 BROADWAY 23RD FLOOR NEW YORK, NY 10006

PROPUBLICA 14-2007220 501(C)(3) 1,000,000 N/A GENERAL SUPPORT

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government other) assistance

BERKELEY, CA 947204200

PROPUBLICA 55 BROADWAY 23RD FLOOR NEW YORK, NY 10006	14-2007220	501(C)(3)	1,000,000		N/A	GENERAL SUPPORT
REGENTS OF THE UNIVERSITY OF CALIFORNIA AT BERKELEY 2150 SHATTUCK AVE SUITE 313	94-6002123	501(C)(3)	25,000			FELLOWSHIP IN HONOR OF JUDGE THELTON E HENDERSON

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable organization grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance 94-6002123 501(C)(3) 50.000 IN/A CENTER FOR REGENTS OF THE UNIVERSITY OF CALIFORNIA AT REPKELEY FOUTABLE GROWTH

RESEARCH AWARD

2150 SHATTUCK AVE SUITE 313 BERKELEY, CA 947204200						Equinole diam
REGENTS OF THE UNIVERSITY	94-1539563	501(C)(3)	150,000		N/A	ASTHMA NATIONAL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

1156 HIGH STREET

SANTA CRUZ, CA 950641077

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government other) assistance REGENTS OF THE UNIVERSITY 94-6036493 501(C)(3) 150.000 IN/A ASTHMA NATIONAL OF CALIFORNIA SAN IGRANTS PROGRAM FRANCISCO RESEARCH AWARD

PO BOX 45339 SAN FRANCISCO, CA 941450339						
SALK INSTITUTE FOR BIOLOGICAL STUDIES 10010 NORTH TORRY PINES	95-2160097	501(C)(3)	969,936		N/A	UNRESTRICTED ENDOWMENT

ROAD LA JOLLA, CA 92037

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 31-1640316 501(C)(3) 100.000 IN/A SCHWAB CHARITABLE FUND FOR DONOR ADVISED

211 MAIN STREET
SAN FRANCISCO, CA 94105

SIERRA CLUB FOUNDATION 94-6069890 501(C)(3) 500,000

85 SECOND STREET 2ND

PHILANTHROPIC FUND
N/A
BEYOND COAL
CAMPAIGN

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

FLOOR

SAN FRANCISCO, CA 94105

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance CTERRA CLUB FOUNDATION 04 6060000 E01(C)(2) E00 000 INI/A BEYOND COAL GN AND MY

FLOOR SAN FRANCISCO, CA 94105						GENERATIO
85 SECOND STREET 2ND	94-0009090	501(C)(3)	500,000		N/A	CAMPAIGN

SAN FRANCISCO, CA 94105

TION PROJECT 500.000 IN/A SIERRA CLUB FOUNDATION 94-6069890 501(C)(3)

CHARITABLE SPECIAL 85 SECOND STREET 2ND PROJECTS OF THE FLOOR SIERRA CLUB

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 62-0646012 501(C)(3) 150.000 IN/A ST JUDE CHILDREN'S ASTHMA NATIONAL RESEARCH HOSPITAL IGRANTS PROGRAM RESEARCH AWARD 501 ST JUDE PLACE

CLINICAL EXCELLENCE

RESEARCH CENTER

38.051

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

MEMPHIS, TN 38105
STANFORD UNIVERSITY

326 GALVEZ STREET

STANFORD, CA 94305

94-1156365

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 23-7129943 501(C)(3) 50.000 IN/A THAT MAN MAY SEE INC IGENERAL SUPPORT 10 KORET WAY BOX 0352 SAN FRANCISCO, CA 94143

THE AMERICAN 52-2313694 501(C)(3) 250,000 N/A GENERAL SUPPORT CONSTITUTION SOCIETY FOR LAW AND POLICY 1333 H STREET NW 11TH FLOOR

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

WASHINGTON, DC 20005

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government other) assistance 52-2313694 501(C)(3) 500.000 IN/A GENERAL SUPPORT THE AMERICAN CONSTITUTION SOCIETY FOR LAW AND POLICY

1333 H STREET NW 11TH FLOOR WASHINGTON, DC 20005						
THE CITY COLLEGE FUND CITY COLLEGE OF NEW YORK CITY	13-1760098	501(C)(3)	30,000		N/A	GENERAL SUPPORT

SHEPARD HALL RM 166 NEW YORK, NY 10031

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable organization grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance 20-5197607 501(C)(3) 100,000 N/A IGENERAL SUPPORT THE MANAGEMENT CENTER

POBOX 400

FOREST KNOLLS, CA 94933

1710 RHODE ISLAND AVENUE NW SUITE 1100 WASHINGTON, DC 20036						
TURTLE ISLAND RESTORATION NETWORK	91-1818080	501(C)(3)	250,000		N/A	GENERAL SUPPORT

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance or government other) assistance 94-2829914 501(C)(3) 6,275 N/A INSTITUTE FOR UNIVERSITY OF CALIFORNIA

SAN FRANCISCO FOUNDATION 220 MONTGOMERY STREET 5TH FLOOR SAN FRANCISCO, CA 94104						DISEASES
UNIVERSITY OF CALIFORNIA	94-2829914	501(C)(3)	50,000		N/A	OSHER CENTER FOR

SAN FRANCISCO FOUNDATION INTEGRATIVE MEDICINE 220 MONTGOMERY STREET 5TH FLOOR

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

SAN FRANCISCO, CA 94104

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance 94-2829914 501(C)(3) 50.507 IN/A UNIVERSITY OF CALIFORNIA NEUROSCIENCES SAN FRANCISCO FOUNDATION INITIATIVE BUILDING CAMPAIGN 220 MONTGOMERY STREET 5TH FLOOR SAN FRANCISCO, CA 94104

220 MONTGOMERT STREET

STH FLOOR
SAN FRANCISCO, CA 94104

UNIVERSITY OF CALIFORNIA SAN FRANCISCO FOUNDATION COSTS FOR AAFRP

220 MONTGOMERY STREET

CAMPAIGN

EXAMPAGE

SAN FRANCISCO, CA 94104

N/A

ADMINISTRATIVE COSTS FOR AAFRP

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

5TH FLOOR

SAN FRANCISCO, CA 94104

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance or government other) assistance 94-2829914 501(C)(3) 210,000 N/A ADMINISTRATIVE UNIVERSITY OF CALIFORNIA SAN FRANCISCO FOUNDATION COSTS FOR AAFRE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

5TH FLOOR

SAN FRANCISCO, CA 94104

220 MONTGOMERY STREET 5TH FLOOR SAN FRANCISCO, CA 94104						COSTS FOR AATRI
UNIVERSITY OF CALIFORNIA SAN FRANCISCO FOUNDATION 220 MONTGOMERY STREET	94-2829914	501(C)(3)	372,644		-	CENTER FOR NEXT-GEN PRECISION MEDICINE DIAGNOSTICS

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance 94-2829914 501(C)(3) 1.150.000 IN/A UNIVERSITY OF CALIFORNIA SANDLER ASTHMA SAN FRANCISCO FOUNDATION BASIC RESEARCH CENTER (SABRE) 220 MONTGOMERY STREET 5TH FLOOR SAN FRANCISCO, CA 94104

N/A UNIVERSITY OF CALIFORNIA 94-2829914 501(C)(3) 2,000,000 NEUROSCIENCES SAN FRANCISCO FOUNDATION INITIATIVE BUILDING 220 MONTGOMERY STREET CAMPAIGN

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

5TH FLOOR

SAN FRANCISCO, CA 94104

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance 94-2829914 501(C)(3) 2.000.000 IN/A UNIVERSITY OF CALIFORNIA NEUROSCIENCES CAN EDANCISCO ECHNIDATION INITIATIVE BUILDING

UNIVERSITY OF CALIFORNIA	94-2829914	501(C)(3)	3,000,000		N/A	PROGRAM
220 MONTGOMERY STREET 5TH FLOOR SAN FRANCISCO, CA 94104						CAMPAIGN

SAN FRANCISCO FOUNDATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

5TH FLOOR

SAN FRANCISCO, CA 94104

M FOR BREAKTHROUGH 220 MONTGOMERY STREET BIOMEDICAL RESEARCH

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance or government other) assistance UNIVERSITY OF UTAH 87-6000525 501(C)(3) 141,000 N/A ASTHMA NATIONAL

RESEARCH AWARD

LINIT/EDSITY OF LITAH	87-6000525	501(C)(3)	150,000		N/A	ASTHMA NATIONAL
540 ARAPEEN DRIVE SUITE 250 SALT LAKE CITY, UT 84108						GRANTS PROGRAM RESEARCH AWARD

コロエ(ア)(コ)| 150,000 IASTINIA NATIONAL 540 ARAPEEN DRIVE SUITE GRANTS PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

250

SALT LAKE CITY, UT 84108

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 62-0476822 501(C)(3) 150.000 IN/A VANDERBILT UNIVERSITY ASTHMA NATIONAL PMB 407727 2301 IGRANTS PROGRAM RESEARCH AWARD

VANDERBILT PLACE
NASHVILLE, TN 372407727

VOTE SOLAR 46-4396728 501(C)(3) 500,000

N/A GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

360 22ND STREET SUITE 730 OAKLAND, CA 94612

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 47-4464400 501(C)(3) 1.000.000 IN/A IGENERAL SUPPORT WASHINGTON CENTER FOR EQUITABLE GROWTH 1500 K STREET NW WASHINGTON, DC 20005

IN/A

IGENERAL SUPPORT

1.000.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

47-4464400

WASHINGTON CENTER FOR EQUITABLE GROWTH 1500 K STREET NW WASHINGTON, DC 20005

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 47-4464400 501(C)(3) 1.000.000 IN/A WASHINGTON CENTER FOR IGENERAL SUPPORT EQUITABLE GROWTH

GRANTS PROGRAM

RESEARCH AWARD

EQUITABLE GROWTH
1500 K STREET NW
WASHINGTON, DC 20005

WASHINGTON UNIVERSITY 43-0653611 501(C)(3) 150,000 N/A ASTHMA NATIONAL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

ONE BROOKINGS DRIVE

UNIVERSITY CITY, MO 63130

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government other) assistance WEILL MEDICAL COLLEGE OF 13-1623978 501(C)(3) 150.000 IN/A ASTHMA NATIONAL CORNELL LINIVERSITY GRANTS PROGRAM ARCH AWARD

WILDAID INC	20-3644441	501(C)(3)	200,000		N/A	GENERAL SUPPORT
575 LEXINGTON AVENUE 9TH FLOOR NEW YORK, NY 10022						RESEARCH AWARD

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

333 PINE STREET STE 300 SAN FRANCISCO, CA 94104

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance

WILDCOAST 77-0536297 501(C)(3) 300,000 IN/A GENERAL SUPPORT 925 SEACOAST DRIVE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

IMPERIAL BEACH, CA 91932

Compensation Information

#### DLN: 93493089006458

#### OMB No 1545-0047

2015

Open to Public Inspection

#### Schedule J (Form 990)

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

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

► Attach to Form 990.

Department of the Treasury Internal Revenue Service ▶ Information about Schedule J (Form 990) and its instructions is at <a href="www.irs.gov/form990"><u>www.irs.gov/form990</u></a>.

**Employer identification number** Name of the organization SANDLER FOUNDATION 94-3147856 **Questions Regarding Compensation** Yes No Check the appropriate box(es) if the organization provided any of the following to or for a person listed on 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) 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 Yes 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 Yes 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 Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization Receive a severance payment or change-of-control payment? 4a Νo 4b Participate in, or receive payment from, a supplemental nonqualified retirement plan? Νo Participate in, or receive payment from, an equity-based compensation arrangement? 4с Νo 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), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of The organization? 5а Νo 5h Any related organization? Νo If "Yes," on line 5a or 5b, describe in Part III For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of The organization? 6a Νo 6b Any related organization? Νo If "Yes," on line 6a or 6b, describe in Part III For persons listed on 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 Νo Were any amounts reported on 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 ın Part III 8 Νo If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?

Page 2

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

Note. The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual (A) Name and Title (B) Breakdown of W-2 and/or 1099-MISC compensation (C) Retirement and (D) Nontaxable (E) Total of columns (F) Compensation in other deferred benefits (B)(I)-(D)column(B) reported (ii) (iii) Base as deferred on prior compensation Bonus & incentive Other reportable (I) compensation Form 990 compensation compensation 446.036 366 53,000 23,883 523,285 (ii)

1 STEVE DAFTZ EXECUTIVE VP/ASST SECRETARY 2 MARK REISBAUM Ω TREASURER/SECRETARY JULY-MAR 218,095 1,265 3,703 9.073 232,136 n (ii) 3 JOY SISISKY TREASURER/SECRETARY MAR-JUNE 197,894 450 5,902 10,587 214,833 4 SERGIO KNAEBEL 156,150 293 24,000 394 180,837 GRANT DIRECTOR

(ii)

THE ORGANIZATION HAS A WRITTEN EXPENSE REIMBURSEMENT POLICY THAT PERMITS REIMBURSEMENT OF AIR TRAVEL FOR FLIGHTS.

ISECTOR LOCALLY AND IS ADJUSTED NATIONALLY. THE COMPENSATION REVIEW ALSO ANALYZES COMPENSATION INFORMATION FROM

Page 3

Schedule J (Form 990) 2015

Schedule J (Form 990) 2015

LEXCEEDING A CERTAIN DURATION AT A CLASS OF SERVICE HIGHER THAN COACH CLASS TICKETS. SUBJECT TO AUTHORIZATION AND APPROVAL BY THE INDIVIDUAL'S MANAGER. TOGETHER WITH APPROPRIATE DOCUMENTATION PART I, LINE 3 ITHE ORGANIZATION HAS FULL TIME EMPLOYEES AND COMPENSATES ONE OFFICER THE EXECUTIVE VICE PRESIDENT'S COMPENSATION IS REVIEWED ANNUALLY BY THE GOVERNING BOARD OF DIRECTORS. ALONG WITH A MEMO SUMMARIZING SALARY COMPARABILITY DATA IPROPOSED COMPENSATION ADJUSTMENTS FOR THE EXECUTIVE VICE PRESIDENT ARE DISCUSSED AND APPROVED BY THE INDEPENDENT GOVERNING BOARD OF DIRECTORS. CERTAIN OFFICERS AND/OR DIRECTORS ARE ALSO COMPENSATED BY A RELATED ORGANIZATION. THE JEWISH COMMUNITY FEDERATION OF SAN FRANCISCO, THE PENINSULA, MARIN AND SONOMA COUNTIES ('JCF') JCF DOES A COMPENSATION SURVEY AND ANALYSIS FOR THE SENIOR LEVEL POSITIONS JCF LOOKS AT COMPENSATION THAT IS EQUITABLE INTERNALLY AND EXTERNALLY FOR THESE POSITIONS. THERE IS A PERIODIC REVIEW OF ALL SALARIES FROM AN INDEPENDENT IPROFESSIONAL COMPENSATION ORGANIZATION. THE REVIEW INCLUDES SIMILAR POSITIONS IN THE NON-PROFIT AND FOR-PROFIT

OTHER FORM 990S FOR SIMILAR ORGANIZATIONS AS WELL AS MANY OTHER SOURCES OF COMPENSATION DATA

efile GRAPH	IIC print	- DO NOT PROCESS   As Filed Data -	DL	.N: 93493089006458
SCHEDULE O Supplemental Information to Form 990 or 990-EZ				OMB No 1545-0047
(Form 990 or 990- EZ) Complete to provi		Complete to provide information for responses to specific ques Form 990 or 990-EZ or to provide any additional informati ▶ Attach to Form 990 or 990-EZ.	tions on on.	2016
Department of the T		Information about Schedule 0 (Form 990 or 990-EZ) and its instruments. www.irs.gov/form990.	uctions is at	Inspection
Name of the organization SANDLER FOUNDATION			<b>Employer ide</b> 94-3147856	entification number
990 Schedule	e O, Sup	plemental Information		
Return Reference		Explanation		
FORM 990, PART VI, SECTION A, LINE 2	SUSANS	SANDLER AND JAMES SANDLER ARE THE CHILDREN OF HERBERT SAND	LER	

Return Explanation
Reference

FORM 990,	THE FORM 990 IS PREPARED BASED ON AUDITED FINANCIAL STATEMENTS AND WITH THE ASSISTANCE OF
PART VI,	THE RELATED PARTY'S FINANCE AND ACCOUNTING STAFF THE FINAL DRAFT OF THE 990 IS REVIEWED B
SECTION B,	Y THE TREASURER THE PRESIDENT AND/OR OTHER OFFICERS AND DIRECTORS RECEIVE THE FINAL VERSI
LINE 11B	ON OF THE FORM PRIOR TO FILING

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	THE ORGANIZATION REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES COMPLIANCE WITH ITS CONF LICT OF INTEREST POLICY ALL DIRECTORS AND OFFICERS CONFIRM EACH YEAR THAT THEY ARE NOT AW ARE OF ANY CONFLICTS OF INTEREST AS TO THEMSELVES OR OTHERS, AND THE ORGANIZATION MONITORS COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY THROUGHOUT THE YEAR THE SUPPORTED ORGANI ZATION REQUESTS COMPLETION OF AN ANNUAL DISCLOSURE FORM, ENSURES THAT ALL FORMS HAVE BEEN RECEIVED AND PREPARES A SUMMARY OF DISCLOSURES AND FORWARDS THE FORMS AND SUMMARY TO ITS L EGAL COUNSEL THE SUPPORTED ORGANIZATION'S CFO ALSO RECEIVES A COPY OF THE SUMMARY AND REV IEWS ALL FORMS AND IS RESPONSIBLE FOR ASSURING APPROPRIATE REPORTING TO THE EXTERNAL AUDIT ORS AND DISCLOSURE IN THE ANNUAL TAX FILINGS

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE ORGANIZATION HAS FULL TIME EMPLOYEES AND COMPENSATES ONE OFFICER THE EXECUTIVE VICE P RESIDENT'S COMPENSATION IS REVIEWED ANNUALLY BY THE GOVERNING BOARD OF DIRECTORS, ALONG WI TH A MEMO SUMMARIZING SALARY COMPARABILITY DATA PROPOSED COMPENSATION ADJUSTMENTS FOR THE EXECUTIVE VICE PRESIDENT ARE DISCUSSED AND APPROVED BY THE INDEPENDENT GOVERNING BOARD OF DIRECTORS CERTAIN OFFICERS AND/OR DIRECTORS ARE ALSO COMPENSATED BY A RELATED ORGANIZATI ON, THE JEWISH COMMUNITY FEDERATION OF SAN FRANCISCO, THE PENINSULA, MARIN AND SONOMA COUN TIES ('JCF') JCF DOES A COMPENSATION SURVEY AND ANALYSIS FOR THE SENIOR LEVEL POSITIONS JCF LOOKS AT COMPENSATION THAT IS EQUITABLE INTERNALLY AND EXTERNALLY FOR THESE POSITIONS THERE IS A PERIODIC REVIEW OF ALL SALARIES FROM AN INDEPENDENT PROFESSIONAL COMPENSATION ORGANIZATION THE REVIEW INCLUDES SIMILAR POSITIONS IN THE NON-PROFIT AND FOR-PROFIT SECTO R LOCALLY AND IS ADJUSTED NATIONALLY THE COMPENSATION REVIEW ALSO ANALYZES COMPENSATION I NFORMATION FROM OTHER FORM 990S FOR SIMILAR ORGANIZATIONS AS WELL AS MANY OTHER SOURCES OF COMPENSATION DATA

Return Explanation

FORM 990, THE ORGANIZATION IS A PART OF THE JEWISH COMMUNITY FEDERATION, A RELATED PARTY, THAT MAKES PART VI, ITS CONSOLIDATED AUDITED FINANCIAL STATEMENTS AND FORM 990 FOR THE MOST RECENT THREE YEAR SECTION C, S AND CONFLICT OF INTEREST POLICY AVAILABLE TO THE PUBLIC UPON REQUEST

Return Explanation
Reference

FORM 990, PART XI, LINE 9

Return Reference	Explanation
FORM 990 (VARIOUS)	DUE TO TAX SOFTWARE LIMITATIONS, CERTAIN QUESTIONS THAT SHOULD HAVE BEEN ANSWERED N/A WERE LEFT BLANK AS FOLLOWS 1) PART IV, QUESTION 20B, 24B, 24C, 24D, 35B 2) PART V, QUESTION 3 B, 4B, 5C, 6B, 7B, 7D, 7G, 7H, 8, 9A, 9B, 10A, 10B, 11A, 11B, 12A, 12B, 13A, 13B, 13C, 14B 3) PART VI, QUESTION 10B, 16B 4) PART XII, QUESTION 3B 5) SCHEDULE A PART IV QUESTION 3B, 3C, 4B, 4C, 5B, 5C, 10B 6) SCHEDULE J, QUESTION 9

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493089006458 OMB No 1545-0047 **SCHEDULE R Related Organizations and Unrelated Partnerships 2016** (Form 990) ► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ► Attach to Form 990. ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990. Open to Public Department of the Treasury Inspection Internal Revenue Service Name of the organization **Employer identification number** SANDLER FOUNDATION 94-3147856 Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I **(f)** Direct controlling (a)
Name, address, and EIN (if applicable) of disregarded entity **(b)** Primary activity (c) Legal domicile (state (d) (e) End-of-year assets Total income or foreign country) entity

Part II Identification of Related Tax-Exempt Organizations during the tax y	z <b>ations</b> Complete if the ear.	organization ans	swered "Ye	es" on Form 99	), Part IV, line 34 be	ecause it had one or	more	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domic or foreign o	ile (state   E	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section (13) cor ent	512(b) ntrolled
(1)JEWISH COMMUNITY FEDERATION OF SF 121 STEUART STREET SAN FRANCISCO, CA 94105 94-1156533	BUILD, MAINTAIN ANE STRENGTHEN JEWISH IDENTITY, COMM AND		50	501(C)(3)	LINE 7	N/A	Yes	No No
For Paperwork Reduction Act Notice, see the Instructions for F	Form 990.	Cat N	No 50135Y			Schedule R (Form	990) 20	016

4.3		(b)	1 , 1	4.15	1 4	1 40	1 .			1 ()	1 4	., 1	
(a) Name, address, and EIN of related organization			(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	Predominant income(related unrelated, excluded from tax under sections 512-	Share of total income		(H Disprop alloca	rtionate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	mana	ral or aging ner?	(k) Percenta ownersh
					514)			Yes	No		Yes	No	
											$\vdash$		
		1	1		1		1		1				
Identification of Related Organizat because it had one or more related org						zation ansv	vered "Yes	" on Fo	orm 99	90, Part IV	, line	34	
		a corporation	(c) egal micile or foreign	st during th	(d) controlling entity  Typ (C co	(e)	vered "Yes  (f) Share of total income	Share	(g) of end- year assets	(1	1) ntage	Se (1	(I) ection 512 3) control entity?
because it had one or more related org (a)  Name, address, and EIN of	ganizations treated as	a corporation	on or trus (c) egal micile	st during th	(d) controlling entity  Typ (C co	(e) e of entity orp, S corp,	<b>(f)</b> Share of total	Share	(g) of end- year	of- Perce	1) ntage	Se (1	<ol><li>control</li></ol>
because it had one or more related org (a)  Name, address, and EIN of	ganizations treated as	a corporation	(c) egal micile or foreign	st during th	(d) controlling entity  Typ (C co	(e) e of entity orp, S corp,	<b>(f)</b> Share of total	Share	(g) of end- year	of- Perce	1) ntage	Se (1	3) control entity?
because it had one or more related org (a)  Name, address, and EIN of	ganizations treated as	a corporation	(c) egal micile or foreign	st during th	(d) controlling entity  Typ (C co	(e) e of entity orp, S corp,	<b>(f)</b> Share of total	Share	(g) of end- year	of- Perce	1) ntage	Se (1	3) control entity?
because it had one or more related org (a)  Name, address, and EIN of	ganizations treated as	a corporation	(c) egal micile or foreign	st during th	(d) controlling entity  Typ (C co	(e) e of entity orp, S corp,	<b>(f)</b> Share of total	Share	(g) of end- year	of- Perce	1) ntage	Se (1	3) control entity?
because it had one or more related org (a)  Name, address, and EIN of	ganizations treated as	a corporation	(c) egal micile or foreign	st during th	(d) controlling entity  Typ (C co	(e) e of entity orp, S corp,	<b>(f)</b> Share of total	Share	(g) of end- year	of- Perce	1) ntage	Se (1	3) control entity?

reflectation in (1) of the property of the pro		ГС	age <b>J</b>
Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.			
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		1	
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity	1a	, <del> </del>	No
<b>b</b> Gift, grant, or capital contribution to related organization(s)	<b>1</b> b	Yes	
c Gift, grant, or capital contribution from related organization(s)	. 10	Yes	
d Loans or loan guarantees to or for related organization(s)	1d	1	No
e Loans or loan guarantees by related organization(s)	1e	:	No
f Dividends from related organization(s)	1f	:	No
g Sale of assets to related organization(s)	<b>1</b> g	,	No
h Purchase of assets from related organization(s)	1h	,	No
i Exchange of assets with related organization(s)	<b>1</b> i	†	No
j Lease of facilities, equipment, or other assets to related organization(s)	<b>1</b> j	1	No
		+	-

Dags 2

1m Yes

1n Yes

Yes |1p |

No

No

No

No

10

**1**q

1r

1s

Schedule R (Form 990) 2016

(d)

Method of determining amount involved

u	Loans of loan guarantees to of for related organization(s)		'''
е	Loans or loan guarantees by related organization(s)	1e	No
f	Dividends from related organization(s)	1f	No
g	Sale of assets to related organization(s)	1g	No
h	Purchase of assets from related organization(s)	1h	No
i	Exchange of assets with related organization(s)	<b>1</b> i	No
j	Lease of facilities, equipment, or other assets to related organization(s)	1j	No
k	Lease of facilities, equipment, or other assets from related organization(s)	1k	No
I	Performance of services or membership or fundraising solicitations for related organization(s)	11	No

(b)

Transaction type (a-s)

В

С

(c)

Amount involved

300,000

200,000

17,400

50.113

CASH VALUE

CASH VALUE

CASH VALUE

CASH VALUE

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . .

Name of related organization

Reimbursement paid to related organization(s) for expenses . . .

Reimbursement paid by related organization(s) for expenses .

r Other transfer of cash or property to related organization(s) .

(1) JEWISH COMMUNITY FEDERATION OF SAN FRANCISCO

(2) JEWISH COMMUNITY FEDERATION OF SAN FRANCISCO

(3) JEWISH COMMUNITY FEDERATION OF SAN FRANCISCO

(4) JEWISH COMMUNITY FEDERATION OF SAN FRANCISCO

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

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

<b>1</b>													
<b>(a)</b> Name, address, and EIN of entity	<b>(b)</b> Primary activity	domicile	(d) Predominant Income (related, unrelated, excluded from tax under sections 512- 514)	or	(e) re all partners section 501(c)(3) rganizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)		<u></u>	<b>(k)</b> Percentage ownership
			514)	Yes	No	<b>!</b>		Yes	No		Yes	No	
										Schedul	e R (Form	1 990	0) 2016

Schedule R (Form 990) 2016 Part VII Supplemental Information Provide additional information for responses to questions on Schedule R (see instructions) Schedule R (Form 990) 2016 efile GRAPHIC print - DO NOT PROCESS As Filed Data -

### **Return of Organization Exempt From Income Tax**

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

DLN: 93493133022859 OMB No 1545-0047

Open to Public

Do not enter social security numbers on this form as it may be made public

Department of the Treasur ▶ Information about Form 990 and its instructions is at www IRS gov/form990 Internal Revenue Service Inspection For the 2017 calendar year, or tax year beginning 07-01-2017 , and ending 06-30-2018 C Name of organization SANDLER FOUNDATION D Employer identification number ☐ Address change 94-3147856 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminated Number and street (or P O  $\,$  box if mail is not delivered to street address) 121 STEUART STREET E Telephone number ☐ Amended return ☐ Application pending (415) 777-0411 City or town, state or province, country, and ZIP or foreign postal code SAN FRANCISCO, CA 94105 **G** Gross receipts \$ 262,772,647 F Name and address of principal officer **H(a)** Is this a group return for HERBERT M SANDLER ☐Yes **☑**No subordinates? 121 STEUART STREET H(b) Are all subordinates SAN FRANCISCO, CA 94105 ☐Yes ☐No included? Tax-exempt status 4947(a)(1) or If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► N/A L Year of formation 1992 M State of legal domicile CA ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ Summary 1 Briefly describe the organization's mission or most significant activities SUPPORTS CHARITABLE, EDUCATIONAL, & RELIGIOUS PURPOSES OF JEWISH COMM FEDERATION OF SF Activities & Governance Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . . 3 Number of independent voting members of the governing body (Part VI, line 1b) 5 Total number of individuals employed in calendar year 2017 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) . . . 6 7a 7a Total unrelated business revenue from Part VIII, column (C), line 12 **7**b **b** Net unrelated business taxable income from Form 990-T, line 34 3,986 **Prior Year Current Year** 463,000 216,945 8 Contributions and grants (Part VIII, line 1h) . **9** Program service revenue (Part VIII, line 2g) . . . 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 164,378,699 23,027,195 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 164,595,644 23,490,195 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 52,358,913 61,418,742 Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) . . . . Benefits paid to or for members (Part IX, column (A), line 4) . 1,117,164 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 1,198,221 **16a** Professional fundraising fees (Part IX, column (A), line 11e) . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶0 **17** Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) . . . 1,338,921 1,419,900 54,814,998 64,036,863 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) -40,546,668 19 Revenue less expenses Subtract line 18 from line 12 . 109,780,646 Assets or d Balances **Beginning of Current Year End of Year** 961,769,757 20 Total assets (Part X, line 16) . 952,650,170 21 Total liabilities (Part X, line 26) . 7.419.647 5.248.303 945,230,523 956,521,454 22 Net assets or fund balances Subtract line 21 from line 20 . Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 2019-05-13 Signature of officer Sign Here HOLDEN LEE CFO - JCF Type or print name and title Print/Type preparer's name QI WEN LIANG Preparer's signature QI WEN LIANG Date PTIN Check  $\square$  if 2019-04-01 P01270238 Paid self-employed

May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions.

Firm's address ► 101 CALIFORNIA SUITE 2700

SAN FRANCISCO, CA 94111

Firm's name FRANT THORNTON LLP

**Preparer** 

Use Only

✓ Yes □ No Form **990** (2017) Cat No 11282Y

Firm's EIN ► 36-6055558

Phone no (415) 986-3900

Statement of Program Service Accomplishments	Form	990 (2017)					Page <b>2</b>
1 Berly describe the organization's mission  THE FOUNDATION OPERATES EXCLUSIVELY POR CHARITABLE, EDUCATIONAL OR RELIGIOUS PURPOSES BY CONDUCTING OR SUPPORTING ACTIVITIES FOR THE BERNITUS FOR TH	Par	t IIII Stateme	ent of Program Service	e Accomplis	hments		
1 Berly describe the organization's mission  THE FOUNDATION OPERATES EXCLUSIVELY POR CHARITABLE, EDUCATIONAL OR RELIGIOUS PURPOSES BY CONDUCTING OR SUPPORTING ACTIVITIES FOR THE BERNITUS FOR TH		Check ıf S	chedule O contains a resp	onse or note to a	any line in this Part III		🗆
ACTIVITIES FOR THE BENEFIT OF, OR TO CARRY OUT THE PURPOSES OF THE JEWISH COMMUNITY FEDERATION OF SAN FRANCISCO, THE PERNISULA, MARIN AND SONOMA COUNTIES  2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E27	1				·		
the prior Form 990 or 990-EZ?  If "Yes," describe these new services on Schedule O  Dot the organization cease conducting, or make significant changes in how it conducts, any program services?  Organization services?  Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses section \$01(c)(3) and \$01(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 \$ 61,418,742 including grants of \$ 61,418,742) (Revenue \$ )  See Additional Data  4b (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )  Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )  Organization services (Describe in Schedule O) (Expenses \$ including grants of \$ ) (Revenue \$ )	ACTI	VITIES FOR THE BE	ENEFIT OF, OR TO CARRY				
If "Ves," describe these new services on Schedule O Did the organization cease conducting, or make significant changes in how it conducts, any program services?	2	Did the organizat	ion undertake any significa	ant program ser	vices during the year wh	nich were not listed on	
Did the organization cease conducting, or make significant changes in how it conducts, any program services or it "Yes," describe these changes on Schedule O  4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations 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		the prior Form 99	90 or 990-EZ?				🗌 Yes 🗹 No
services?		If "Yes," describe	these new services on Sc	nedule O			
### Application of the program services (Describe in 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	3	Did the organizat	ion cease conducting, or n	nake significant	changes in how it condu	cts, any program	
Section 501(c)(3) and 501(c)(4) 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							🗌 Yes 🗹 No
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		If "Yes," describe	these changes on Schedu	le O			
See Additional Data  (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )  4c (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )  4d Other program services (Describe in Schedule O) (Expenses \$ including grants of \$ ) (Revenue \$ )	4	Section 501(c)(3)	) and 501(c)(4) organization	ons are required	to report the amount of		
4b (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )  4c (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )  4d Other program services (Describe in Schedule 0) (Expenses \$ including grants of \$ ) (Revenue \$ )	4a	(Code	) (Expenses \$	61,418,742	including grants of \$	61,418,742 ) (Revenue \$	)
4c (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )  4d Other program services (Describe in Schedule O ) (Expenses \$ including grants of \$ ) (Revenue \$ )		See Additional Data					·
4d Other program services (Describe in Schedule O ) (Expenses \$ including grants of \$ ) (Revenue \$ )	4b	(Code	) (Expenses \$		including grants of \$	) (Revenue \$	)
4d Other program services (Describe in Schedule O ) (Expenses \$ including grants of \$ ) (Revenue \$ )							
(Expenses \$ including grants of \$ ) (Revenue \$ )	4c	(Code	) (Expenses \$		including grants of \$	) (Revenue \$	)
(Expenses \$ including grants of \$ ) (Revenue \$ )							
	4d		•	•	\$	) (Revenue \$	)
	40	, ,			*	, ,	,

**Checklist of Required Schedules** 

1

11b

11c

11d

11e

11f

12a

12b

13

14a

14b

15

16

17

18

19

Yes

Yes

Page 3

No

Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total

c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its

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

Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D. Part X 🕏

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 🕏

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🕏

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

ın Part X, line 16? *If "Yes," complete Schedule D, Part IX* 😼 . . . . . . . . . . . . . . . .

b Was the organization included in consolidated, independent audited financial statements for the tax year?

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* . . . . . . . . . . . .

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . . .

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . . .

**14a** Did the organization maintain an office, employees, or agents outside of the United States? . . .

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) . . . .

12a Did the organization obtain separate, independent audited financial statements for the tax year?

assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🛸 . . . . . . . . . . .

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete

Nο

Nο

Nο

Nο

No

Nο

No

Nο

No

No

No

No

Nο

Form **990** (2017)

29

,	,			
Part IV	Checklist of Required Schedules (continued)			
			Yes	No
20a Did th	ne organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No.

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes,"

**b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and

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?

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

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part

An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I . . . . . . . . . . 💆

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 🛸

28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

column (A), line 2? If "Yes," complete Schedule I, Parts I and III . . . . . . . . . . . . . . . . .

Page 4

Nο

Nο

Nο

No

Nο

Nο

Nο

No

Nο

Nο

No

No

Nο

Nο

Nο

Nο

Nο

20b

21

22

23

24a

24b

24c

24d

25a

25b

26

27

28a

28b

28c

29

30

31

32

33

34

35a

35h

36

37

Yes

Yes

Form 990 (2017)

Yes

orm	990 (2017)			Page :
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 14			
	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	Yes	
	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	2ь	Yes	
b	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)	20	165	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	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?	30		
·	If res, to line 3a of 5b, did the organization me Form 6660-17	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
	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).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
Ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds.  Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12   10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	]		
1	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
.2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b			
.3	Section 501(c)(29) qualified nonprofit health insurance issuers.	-		
а	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		l

OHIII	990 (2	(017)					Page to
Par	t VI	<b>Governance, Management, and Disclosure</b> For each "Yes" response to lines 2 t 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Sched			" respo	nse to li	nes
		Check if Schedule O contains a response or note to any line in this Part VI					✓
Se	ction	A. Governing Body and Management					
		<u> </u>				Yes	No
1a	Enter	the number of voting members of the governing body at the end of the tax year	1a	5			
	body,	re are material differences in voting rights among members of the governing or if the governing body delegated broad authority to an executive committee or ir committee, explain in Schedule O					
b	Enter	the number of voting members included in line 1a, above, who are independent	1b	4			
2		ny officer, director, trustee, or key employee have a family relationship or a busine r, director, trustee, or key employee?	ss rela	itionship with any other	2	Yes	
3		ne organization delegate control over management duties customarily performed by icers, directors or trustees, or key employees to a management company or other p			3		No
4	Did th	ne organization make any significant changes to its governing documents since the	prior F	Form 990 was filed?	4		No
5	Did th	ne organization become aware during the year of a significant diversion of the orgai	nizatio	n's assets? .	5		No
6	Did th	ne organization have members or stockholders?			6		No
		ne organization have members, stockholders, or other persons who had the power t	n elec	t or appoint one or more			
	memb	pers of the governing body?			7a		No
b		ny governance decisions of the organization reserved to (or subject to approval by) ns other than the governing body?	mem	bers, stockholders, or	7b		No
8		ne organization contemporaneously document the meetings held or written actions illowing	undert	taken during the year by			
а	The g	overning body?			8a	Yes	
b	Each o	committee with authority to act on behalf of the governing body?			<b>8</b> b	Yes	
9	Is the organ	ere any officer, director, trustee, or key employee listed in Part VII, Section A, who ization's mailing address? <i>If "Yes," provide the names and addresses in Schedule</i> C	canno	t be reached at the	9		No
Se	ction	B. Policies (This Section B requests information about policies not requ	ıred b	y the Internal Revenu	e Code	∍.)	
						Yes	No
10a	Did th	ne organization have local chapters, branches, or affiliates?			10a		No
b		s," did the organization have written policies and procedures governing the activitie ranches to ensure their operations are consistent with the organization's exempt p			10b		
11a	Has th	he organization provided a complete copy of this Form 990 to all members of its go	vernin	g body before filing the	11a	Yes	
Ь	Descr	ibe in Schedule O the process, if any, used by the organization to review this Form	990				
12a	Did th	ne organization have a written conflict of interest policy? If "No," go to line 13.			12a	Yes	
Ь	Were	officers, directors, or trustees, and key employees required to disclose annually int	erests	that could give rise to	12b	Yes	
c	Did th	ne organization regularly and consistently monitor and enforce compliance with the	policy	? If "Yes," describe in	12c	Yes	
13		tule O how this was done  ne organization have a written whistleblower policy?	•		13	Yes	
			•		$\vdash$		
14		ne organization have a written document retention and destruction policy?			14	Yes	
15	Did th persoi	ne process for determining compensation of the following persons include a review ones, comparability data, and contemporaneous substantiation of the deliberation and	and ap	pproval by independent sion?			
а	The o	rganization's CEO, Executive Director, or top management official			15a	Yes	
Ь	Other	officers or key employees of the organization			15b	Yes	
	If "Ye	s" to line 15a or 15b, describe the process in Schedule O (see instructions)					
16a		ne organization invest in, contribute assets to, or participate in a joint venture or si le entity during the year?	mılar a	arrangement with a	16a		No
Ь		s," did the organization follow a written policy or procedure requiring the organizat nt venture arrangements under applicable federal tax law, and take steps to safegu					
		s with respect to such arrangements?		•	16b		
Se	ction	C. Disclosure					
		ne States with which a copy of this Form 990 is required to be filed CA					
18		on 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 99 ible for public inspection Indicate how you made these available. Check all that ap		990-T (501(c)(3)s only)			
		Own website 🗹 Another's website 🗹 Upon request 🗌 Other (explain in Sc		e O)			
19	Descr	tibe in Schedule O whether (and if so, how) the organization made its governing do , and financial statements available to the public during the tax year		•			
20	State	the name, address, and telephone number of the person who possesses the organ. DEN LEE CFO 121 STEUART STREET SAN FRANCISCO, CA 941051236 (415) 777-		's books and records			

## 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

( <b>A</b> ) Name and Title	(B) Average hours per week (list any hours		ne bo	ox, ι n of	t ch unle: ficei	ss pers	son	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
(1) HERBERT M SANDLER PRESIDENT/DIRECTOR	40 00	Х		x				0	0	0
(2) SUSAN SANDLER DIRECTOR/VICE PRESIDENT	20 00	Х		х				0	0	0
(3) PHYLLIS COOK DIRECTOR	1 00	Х						0	73,500	0
(4) ROBERT FRIEND DIRECTOR	0 00	Х						0	0	0
(5) DAVID FOLKMAN DIRECTOR	0 00	Х						0	0	0
(6) STEVE DAETZ EXECUTIVE VP/ASST SECRETARY	40 00			х				464,012	0	78,487
(7) JAMES SANDLER VICE PRESIDENT	1 00			х				0	0	0
(8) JOY SISISKY TREASURER/SECRETARY	1 00 37 50			х				0	279,981	24,280
(9) SERGIO KNAEBEL GRANT DIRECTOR	32 00 0 00					×		166,233	0	26,323
(10) JEANNETTE DEMESMIN-RODRIGUES EXECUTIVE ASSISTANT	40 00					х		109,090	0	20,980
(11) SUSAN HYDE EXECUTIVE ASSISTANT	40 00					х		106,338	0	20,858
										Form <b>990</b> (2017)

(A)

Name and Title

compensation from the organization  $\blacktriangleright$  0

(B)

Average

Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) **(F)** Estimated

(E)

Reportable

Page 8

		hours per week (list any hours for related			n of tor/t	ficer	and a	a 	compensation from the organization (W 2/1099-MISC)		w-	amount o compens from t organizati	sation the
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-1413C)	2/1099-MI3C	,	relati organiza	ed
											_		
											+		
											+		
											-		
											+		
c	Sub-Total		nΑ.	· ·	•		<b>*</b>		845,673	353,48	1		170,928
2	Total number of individuals (including of reportable compensation from the	g but not limited	to thos			bove	e) who	rec	eived more than s	\$100,000			
												Yes	No
3	Did the organization list any <b>former</b> line 1a? <i>If "Yes," complete Schedule</i> .			ee, k	ey e •	mplo •	oyee,	or hi	ghest compensate	ed employee on	3		No
4	For any individual listed on line 1a, is organization and related organization individual										4	Yes	
5	Did any person listed on line 1a receiver services rendered to the organization									dividual for	5	1.55	No
S	ection B. Independent Contract	ors											
1	Complete this table for your five high from the organization Report compe										npens	sation	
	Name .	(A) and business addre	ess						De	(B) scription of services		(C Compen	
									1				

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

(C)

Position (do not check more

(D)

Reportable

Part \		<b>tatement o</b> n neck if Schedu		a respo	onse or note to any	/ line in this Part VI	<u>II .</u>	<u>.</u> .		<u></u> . $\square$
				·		<b>(A)</b> Total revenue	(B) Related of exempt function	or	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
10	<b>1a</b> Fede	rated campaig	gns	1a			revenue	<u> </u>		312-314
ants	<b>b</b> Mem	bership dues	•	<b>1</b> b						
5 E.	c Fund	Iraising events	5	1c						
πs. ir A	<b>d</b> Rela	ted organizatio	ons	1d	358,000					
<u>.</u>	<b>e</b> Gove	rnment grants (d	contributions)	1e						
Contributions, Giffs, Grants and Other Similar Amounts	f All ot and s above	her contributions imilar amounts i e	s, gıfts, grants, not ıncluded	1f	105,000					
		tash contributi ies 1a-1f \$	ions included							
on pure			1f		•	462.000				
					Busines:	463,000 s Code				
Program Service Revenue	2a					-				
ا <u>چ</u>				-						
3	ь —									
Z Z	d									
E	е									
ogra	<b>f</b> All oth	ner program se	ervice revenue	2						
š	g Total.	Add lines 2a–2	2f		<b>&gt;</b>					
					interest, and other		24			25,955,02
		•	nent of tax-ex		•	> 23,933,0				
	<b>5</b> Royaltı				_	•				
			(ı) Rea		(II) Personal					
	<b>6a</b> Gross	rents								
	<b>b</b> Less	rental expenses				_				
	c Renta (loss)	l income or								
	<b>d</b> Net r	ental income o	or (loss)			7				
			(ı) Securi	ties	(II) Other					
	<b>7a</b> Gross a from sa	ales of	236,3	354,623						
	assets than in	other ventory								
	<b>b</b> Less	cost or				_				
		basıs and expenses	239,2	282,452						
	<b>C</b> Gain o			927,829		]				
	_				<b>•</b>	-2,927,8	29			-2,927,82
	8a Gross (not in	income from to ncluding \$	fundraising ev	ents of						
Other Revenue	contri	butions report	ed on line 1c)	_	]					
e v			es			_				
<u> </u>		•	) from fundrai			_				
ŧ.			gamıng actıvıt	ies						
0	See Pa	art IV, line 19		_						
	h   ecc	dırect expense	ec	a b		_				
			) from gaming							
:		sales of inven								
	return	s and allowan	ices	a	}					
	<b>b</b> Less	cost of goods	sold	b		_				
			) from sales of							
		Miscellaneous			Business Code					
ľ	11a									
	b									
	с									
	d All oth	ner revenue								
	e Total	. Add lines 11a	a-11d		>					
	12 Total	revenue. See	e Instructions			22.422.1	0.5			0 22.222.12
					F'	23,490,1	95	0		0 23,027,195

section $501(c)(3)$	tement of Functional Expenses and 501(c)(4) organizations must complete all col	umns All other orga	nizations must comp	lete column (A)	
Check	ıf Schedule O contains a response or note to any	line in this Part IX	<u>.</u>		<u> </u>
	mounts reported on lines 6b, .0b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraisingexpenses
	ther assistance to domestic organizations and ernments. See Part IV, line 21	61,418,742	61,418,742		
2 Grants and ot IV, line 22	her assistance to domestic individuals. See Part				
	her assistance to foreign organizations, foreign and foreign individuals. See Part IV, line 15				
4 Benefits paid	to or for members				
<b>5</b> Compensation key employee	of current officers, directors, trustees, and	560,276		560,276	
defined under	n not included above, to disqualified persons (as section 4958(f)(1)) and persons described in c)(3)(B)				
<b>7</b> Other salaries	s and wages	480,568		480,568	
	accruals and contributions (include section 401 or employer contributions)	64,328		64,328	
<b>9</b> Other employ	ee benefits	42,191		42,191	
10 Payroll taxes		50,858		50,858	
<b>11</b> Fees for servi	ces (non-employees)				
a Management					
<b>b</b> Legal		292		292	
<b>c</b> Accounting		34,800		34,800	
<b>d</b> Lobbying .					
<b>e</b> Professional f	undraising services See Part IV, line 17				
f Investment m	nanagement fees				_
	11g amount exceeds 10% of line 25, column ist line 11g expenses on Schedule 0)	201,895		201,895	
12 Advertising ai	nd promotion				
13 Office expens	es	59,858		59,858	
14 Information to	echnology	85,924		85,924	
<b>15</b> Royalties .					
<b>16</b> Occupancy .		784,192		784,192	
<b>17</b> Travel		36,647		36,647	
	ravel or entertainment expenses for any , or local public officials				
19 Conferences,	conventions, and meetings				
<b>20</b> Interest .					
<b>21</b> Payments to a	affiliates				
22 Depreciation,	depletion, and amortization	11,893		11,893	
23 Insurance .	<del>-</del>	4,399		4,399	
miscellaneous exceeds 10% expenses on 9					
a ADMINISTR	ATIVE FEES	200,000		200,000	
<u>b</u>					
<u>c</u>					
<u>d</u>					
e All other exp					
25 Total function	onal expenses. Add lines 1 through 24e	64,036,863	61,418,742	2,618,121	0
reported in co	Complete this line only if the organization blumn (B) joint costs from a combined ampaign and fundraising solicitation				
Check here <b>&gt;</b>	☐ If following SOP 98-2 (ASC 958-720)				

21

23

24

25

27

28

29

31

32

33

34

Liabilities 22

Fund Balances

Assets or 30

Net

64.402

166.678

909.938.937

5.954.972

2.341.001

128,340

5,119,963

5,248,303

956.521.454

956,521,454

961.769.757

Form **990** (2017)

961,769,757

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10c

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22 23

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30

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32

33

34

5.422

144.174

891.275.354

6.564.789

1.913.713

111,306

7,308,341

7,419,647

945,230,523

945,230,523

952.650.170

952,650,170

Page **11** 

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

		beginning of year		End of year
1	Cash-non-interest-bearing		1	3,497,796
2	Savings and temporary cash investments	52,746,718	2	39,805,971
~	Diadaga and annuts accounts and		_	

Pledges and grants receivable, net . . 4 Accounts receivable, net . . . . Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part 5

II of Schedule L . . . . . . . Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) 6 voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L Assets

Notes and loans receivable, net . Inventories for sale or use . Prepaid expenses and deferred charges

10a Land, buildings, and equipment cost or other 10a 974,417

basis Complete Part VI of Schedule D 807.739 10b

b Less accumulated depreciation Investments—publicly traded securities . Investments—other securities See Part IV, line 11 .

Investments—program-related See Part IV, line 11

11 12 Intangible assets . . . . .

Other assets See Part IV, line 11 . . . . . **Total assets.**Add lines 1 through 15 (must equal line 34) . . .

13 14 15 16 17 Accounts payable and accrued expenses

18 Grants payable . . . 19 Deferred revenue . . . 20

Tax-exempt bond liabilities . . . . . Escrow or custodial account liability Complete Part IV of Schedule D

Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L .

Secured mortgages and notes payable to unrelated third parties . . . Unsecured notes and loans payable to unrelated third parties

Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24)

Complete Part X of Schedule D

Total liabilities. Add lines 17 through 25 .

26 complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here 

and complete lines 30 through 34.

Capital stock or trust principal, or current funds . . . .

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances .

Unrestricted net assets

Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗹 and

Temporarily restricted net assets

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Page **12** 

2b

2c

Yes

Yes

Form 990 (2017)

4	Not prosts on find halances at heginning of year (must equal Bart V. line 33, column (A))		045 220
3	Revenue less expenses Subtract line 2 from line 1	3	-40,546,
2	Total expenses (must equal Part IX, column (A), line 25)	2	64,036,
1	Total revenue (must equal Part VIII, Column (A), line 12)		23,490,

5

Form 990 (2017)

668 945,230,523 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 🔒 👚 51.837.599 Donated services and use of facilities . . 6

Investment expenses . . 7 8 Other changes in net assets or fund balances (explain in Schedule O) . . . . . . . . . 9

10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 **Financial Statements and Reporting** 

956,521,454 Check if Schedule O contains a response or note to any line in this Part XII . . . Yes

Part XII No ☐ Cash ☑ Accrual ☐ Other 1 Accounting method used to prepare the Form 990 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a Nο

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both Separate basis Consolidated basis ☐ Both consolidated and separate basis

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis,

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

b Were the organization's financial statements audited by an independent accountant?

Consolidated basis

consolidated basis, or both

Separate basis

Audit Act and OMB Circular A-133? 3a Nο b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits 3b

☑ Both consolidated and separate basis

### **Additional Data**

Software ID: Software Version:

THE FOUNDATION MADE GRANTS IN SUPPORT OF THE CHARITABLE, EDUCATIONAL, SCIENTIFIC OR RELIGIOUS PURPOSES OF THE JEWISH COMMUNITY FEDERATION OF

**EIN:** 94-3147856

Name: SANDLER FOUNDATION

Form 990 (2017)

Form 990, Part III, Line 4a:

SAN FRANCISCO, THE PENINSULA, MARIN AND SONOMA COUNTIES

efil	e GR	APHIC pri	nt - DO NO	T PROCESS	As Filed Data -			DLN: 93	493133022859
SCI	4FD	ULE A		Dublia C	harity Status	and Duk	lic Suppe		OMB No 1545-0047
	m 99		Com		JIIAIILY SIALUS Janization is a section			I	2017
990I	EZ)				4947(a)(1) nonexer ▶ Attach to Form 9	npt charitable	trust.		<b>201</b> /
•		f the Treasury	▶ Info	ormation about	Schedule A (Form 9 www.irs.go	990 or 990-EZ)		ctions is at	Open to Public Inspection
Nam	e of th	<b>he organiza</b> UNDATION	tion					Employer identifica	tion number
								94-3147856	
	rt I				<b>s</b> (All organızatıons ıt ıs  (For lınes 1 throu			ee instructions.	
1	. ga		•		ociation of churches d	<b>5</b> ,	,	Ά)(i).	
2		•		•	)(A)(ii). (Attach Scho				
3					ce organization descri	•	•	ii).	
4		A medical r		•	_			.70(b)(1)(A)(iii). En	ter the hospital's
5		An organiza			of a college or univers	sity owned or ope	erated by a gove	ernmental unit describ	ed in <b>section 170</b>
6		A federal, s	state, or local	government or g	governmental unit des	cribed in <b>sectio</b> i	170(b)(1)(A	)(v).	
7				mally receives a <b>(vi).</b> (Complete l		support from a	governmental ui	nit or from the genera	l public described in
8		A communi	ty trust descr	ribed in <b>section</b>	170(b)(1)(A)(vi) (	Complete Part II	)		
9					scribed in <b>170(b)(1)(</b> e instructions Enter th			with a land-grant colle ollege or university	ge or university or a
10		from activit	ies related to income and	ıts exempt func	tions—subject to certa ss taxable income (les	aın exceptions, a	nd (2) no more	s, membership fees, a than 331/3% of its sup ses acquired by the or	port from gross
11	П				exclusively to test for	public safety Se	e section 509(	(a)(4).	
12	<b>▽</b>	_	-	·	,		·	of, or to carry out the	purposes of one or
		ın lines 12a	through 12d	I that describes t	he type of supporting	organization and	l complete lines		
а	✓	organizatio	n(s) the powe					ation(s), typically by of f the supporting organ	
b		manageme	nt of the sup		ion vested in the sam			rganızatıon(s), by hav e the supported organ	
С	П		-	-		operated in con	nection with, an	d functionally integrat	ed with, its
d	_		- ,	, ,	ns) You must comp	•			zation(s) that is not
u	Ц	functionally	ıntegrated <sup>-</sup>	The organization		y a distribution r		h its supported organi an attentiveness requ	
е					ed a written determina ntegrated supporting (		S that it is a Tyl	oe I, Type II, Type III	functionally
f	Enter			l organizations	neegraced supporting	organization		_ 1_	
g	Provi	de the follow	ıng ınformatı	on about the sup	ported organization(s	<del>i</del>			
		lame of supp organization		(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the org. In your govern	anization listed ing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
						Yes	No		
(A) JEWI SF	SH COM	MMUNITY FEDE	RATION OF	941156533	7	Yes		50,000	C
Tota			1					50,000	(
		work Reduc	-	ice, see the In	structions for	Cat No 11285	S	ichedule A (Form 99	0 or 990-EZ) 2017

(Complete only if you che	ecked the box o	n line 5, 7, 8, oi	r 9 of Part I or i	t the organization	on failed to quali	fy under Part
III. If the organization fa	ils to qualify un	der the tests list	ted below, pleas	se complete Pari	: III.)	
Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total

	( fi l l i i - )	(a) 2013	<b>(b)</b> 2014	(c) 2015	<b>(d)</b> 2016	<b>(e)</b> 2017	(f) Total
	(or fiscal year beginning in) ▶						
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
_	include any "unusual grant ")						
2	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						
4	<b>Total.</b> Add lines 1 through 3						
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from						
	line 4						
5	Section B. Total Support						
	Calendar year	(a)2013	<b>(b)</b> 2014	(c)2015	(d)2016	(e)2017	(f)Total
	(or fiscal year beginning in) ▶	(4)2013	(8)2011	(0)2013	(4)2010	(6)2017	(1)Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and						
	income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI )						
11	Total support. Add lines 7 through						
	10					<u> </u>	
12	Gross receipts from related activities, e	tc (see instructio	ns)			12	
13	First five years. If the Form 990 is for	the organization	s first second th	rd fourth or fifth	tax vear as a sec	tion 501(c)(3) ora	anization
	·	<u>-</u>	•	•	•		a2a
	check this box and <b>stop here</b>					<b>.</b> L	

Section C. Computation of Public Support Percentage 14 15

ightharpoonupand stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test—2016. 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 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported ▶□ organization b 10%-facts-and-circumstances test—2016. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) 15 Public support percentage for 2016 Schedule A, Part II, line 14 16a 33 1/3% support test-2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box 17a 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 ightharpoonssupported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

P	art III Support Schedule for					d ka awalifi wad	ou Doub II If
	(Complete only if you on the organization fails to						er Part II. If
Se	ection A. Public Support			,		,	
	Calendar year	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	(or fiscal year beginning in) ► Gifts, grants, contributions, and	. ,	. ,	. ,	. ,	, ,	. ,
-	membership fees received (Do not						
_	include any "unusual grants ")						
2	Gross receipts from admissions, merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
_	organization's tax-exempt purpose Gross receipts from activities that are						
3	not an unrelated trade or business						
	under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
_	the organization without charge						
6 70	<b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2, and						
<i>7</i> a	3 received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of						
	\$5,000 or 1% of the amount on line						
	13 for the year						
	Add lines 7a and 7b						
8	<b>Public support.</b> (Subtract line 7c from line 6 )						
Se	ection B. Total Support	1	I	l			I
	Calendar year	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	(or fiscal year beginning in) ▶	(a) 2013	(6) 2014	(6) 2015	(d) 2016	(e) 2017	(f) Total
9	7 III 10 III III						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties and						
	income from similar sources						
Ь	Unrelated business taxable income (less section 511 taxes) from						
	businesses acquired after June 30,						
	1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
	regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI )						
13							
	11, and 12)  First five years. If the Form 990 is for	the organization	's first second th	urd fourth or fift	h tay yaar as a sa	stion 501(c)(3) o	rganization
14	check this box and <b>stop here</b>	or the organization	i s ili sc, secolia, ci	ma, rouran, or me	ii tax year as a se	ection 301(c)(3) 0	► □
Se	ection C. Computation of Public	Support Perce	entage				<u> </u>
15	Public support percentage for 2017 (III			column (f))		15	
16	Public support percentage from 2016 S	Schedule A, Part I	II, line 15			16	
	ection D. Computation of Invest	ment Income	Percentage			1 1	
17	Investment income percentage for 20	<b>17</b> (line 10c, colu	mn (f) divided by	lıne 13, column (f	())	17	
18	Investment income percentage from 2	<b>2016</b> Schedule A,	Part III, line 17			18	
19a	331/3% support tests—2017. If the	organization did r	not check the box	on line 14, and lir	ne 15 is more than	33 1/3%, and lin	e 17 is not
	more than 33 1/3%, check this box and	<b>stop here.</b> The o	rganızatıon qualıfı	es as a publicly si	upported organiza	tion	▶ □
b	33 1/3% support tests—2016. If th	e organization did	I not check a box	on line 14 or line	19a, and line 16 is	more than 33 1/	_
	not more than 33 1/3%, check this box	x and <b>stop here.</b>	The organization	qualifies as a publ	icly supported org	janization	▶ □
20	Private foundation. If the organizati	on did not check a	a box on line 14, 1	9a, or 19b, check	this box and see	instructions	ightharpoons

Part IV Supporting Organizations (Complete only if you checked a box on line 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of

Page 4

No

No

No

No

No

No

No

No

No

No

10a

10b

Schedule A (Form 990 or 990-EZ) 2017

1

Yes

Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V )

Schedule A (Form 990 or 990-EZ) 2017

1

8

C

10a

answer line 10b below

the organization had excess business holdings)

Section A. All Supporting Organizations Yes No

Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated If designated by class or purpose,

describe the designation If historic and continuing relationship, explain Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2)

Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below

2 3а Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination

Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below

3b 3с 4a Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or 4b supervised by or in connection with its supported organizations Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support

to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes 4c Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by 5a amendment to the organizing document) Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the

organization's organizing document? 5b 5c Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its

supported organizations, or (III) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 6

6 Yes 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)

7 Was the organization controlled directly or indirectly at any time during the tax year by one or more disgualified persons as

8 defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

provide detail in Part VI.

9a Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

	organization had an interest? If "Yes," provide detail in <b>Part VI.</b>	9b
2	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in	
	which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .	9c

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,

Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		No
h	A family member of a person described in (a) above?	11b		No
	A 35% controlled entity of a person described in (a) above? If "Yes" to a, b, or c, provide detail in Part VI	11c		No
	ection B. Type I Supporting Organizations			
	ection 2. Type 2 supporting organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year			
_	Did the annual to a second for the bounds of an annual annual to a through a second annual to a second and a second a second and a second and a second and a second and a second a second and 1	Yes		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization	2		No
S	ection C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
	ection D. All Type III Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	2		
		1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s)			
		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard	3		
S	ection E. Type III Functionally-Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction of the organization satisfied the Activities Test Complete line 2 below  The organization is the parent of each of its supported organizations. Complete line 3 below  The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	·	ctions)	
2	Activities Test Answer (a) and (b) below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.	3a		
	<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in <b>Part VI.</b> the role played by the organization in this regard	3b		

Page 6

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgani	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations.			
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	<b>1</b> b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
	Management and the second of the Control Bullion Control A			

3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
	Section C - Distributable Amount		Current Year
	occion o Distributable Amount		
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
1		1 2	
1 2 3	Adjusted net income for prior year (from Section A, line 8, Column A)	<del>-</del> -	
	Adjusted net income for prior year (from Section A, line 8, Column A)  Enter 85% of line 1	2	
3	Adjusted net income for prior year (from Section A, line 8, Column A)  Enter 85% of line 1  Minimum asset amount for prior year (from Section B, line 8, Column A)	2	

7

instructions)

ich the organization is respons	sive (provide	
(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
-	(i)	(1) Underdistributions

(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
		Excess Distributions Underdistributions

Schedule A (Form 990 or 990-EZ) (2017)

**d** From 2015. . . . . . e From 2016. . . . . . f Total of lines 3a through e

instructions)

See instructions

31 and 4c 8 Breakdown of line 7

q Applied to underdistributions of prior years h Applied to 2017 distributable amount i Carryover from 2012 not applied (see

j Remainder Subtract lines 3g, 3h, and 3i from 3f 4 Distributions for 2017 from Section D, line 7

a Applied to underdistributions of prior years b Applied to 2017 distributable amount c Remainder Subtract lines 4a and 4b from 4 5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI

6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI See instructions 7 Excess distributions carryover to 2018. Add lines

a Excess from 2013. . . . . . **b** Excess from 2014. . . . c Excess from 2015. . . . . **d** Excess from 2016. . . . . e Excess from 2017. . . . .

Schedule A (Form 990 or 990-EZ) 2017 Page 8 Part VI Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions) Facts And Circumstances Test 990 Schedule A, Supplemental Information Return Reference Explanation SCHEDULE A, PART IV, SECTION THE MISSION OF THE ORGANIZATION IS TO OPERATE EXCLUSIVELY FOR CHARITABLE. EDUCATIONAL OR R A, LINE 6 ELIGIOUS PURPOSES BY CONDUCTING OR SUPPORTING ACTIVITIES FOR THE BENEFIT OF, OR TO CARRY O UT THE PURPOSES OF THE SUPPORTED ORGANIZATION, THE JEWISH COMMUNITY FEDERATION OF SAN FRAN CISCO, THE PENINSULA, MARIN AND SONOMA COUNTIES THE ORGANIZATION MAKES GRANTS TO OTHER PU BLICLY SUPPORTED 501(C)(3) ORGANIZATIONS, WITH THE INTENDED PURPOSE OF ADVANCING THE MISSI ON OF THE SUPPORTED ORGANIZATION, WHICH IS TO ADDRESS THE PRESSING ISSUES FACING THE JEWIS

) ORGANIZATIONS RECEIVING GRANTS FROM THE ORGANIZATION

H COMMUNITY PLEASE REFER TO SCHEDULE I, PART II FOR A LIST OF PUBLICLY SUPPORTED 501(C)(3

efile GRAPHIC print - DO NOT PROCESS As Filed Data -SCHEDULE D

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

# **Supplemental Financial Statements**

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. OMB No 1545-0047

DLN: 93493133022859

Open to Public Inspection

Department of the Treasury

(Form 990)

▶ Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Internal Revenue Service Name of the organization **Employer identification number** SANDLER FOUNDATION 94-3147856 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b)Funds and other accounts Total number at end of year 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? 🗌 Yes 🗌 No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🟲 Number of states where property subject to conservation easement is located ▶ 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 and section 170(h)(4)(B)(II)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Cat No 52283D

Schedule D (Form 990) 2017

Par	t III	Organizations Maintaining Co	llections o	f Art, Histe	orical Tr	easures,	or Other	Similar A	ssets (cont	inued)	
3		g the organization's acquisition, accession (check all that apply)	on, and other	records, che	ck any of t	he followin	g that are a	significant i	use of its co	llection	
а		Public exhibition		(	i 🗆	Loan or ex	change prog	ırams			
b		Scholarly research		•		Other					
С		Preservation for future generations									
4	Provi Part :	de a description of the organization's co XIII	ollections and	explain how	they furth	er the orga	nization's e	kempt purpo	ose in		
5		ng the year, did the organization solicit ones to be sold to raise funds rather than t						ular	☐ Yes	□ <b>N</b> 4	0
Pa	rt IV	Escrow and Custodial Arrange Complete if the organization ans X, line 21.		on Form 9	90, Part 1	IV, line 9,	or reporte	ed an amou	unt on Forr	n 990,	Part
1a		e organization an agent, trustee, custod ded on Form 990, Part X?	lian or other i	ntermediary	for contrib	utions or o	ther assets	not	Yes	□ N•	o
ь	If "Ye	es," explain the arrangement in Part XII	I and comple	te the follow	ng table			Α	mount		_
c		nning balance					1c				_
d	_	cions during the year					1d				_
е		ibutions during the year					1e				-
f		ng balance					1f				_
2a		he organization include an amount on F	orm 900 Bart	t V line 21 f	or occrow	or custodia		shility2			_
za b		es," explain the arrangement in Part XII						·	Yes	_	0
Pa	rt V	Endowment Funds. Complete									
			(a)Current		)Prior year			(d)Three ye		Four year	s back
<b>1</b> a	Beginn	ning of year balance									
b	Contrib	butions									
c	Net inv	vestment earnings, gains, and losses									
d	Grants	or scholarships									
е		expenditures for facilities ograms									
f	Admın	istrative expenses									
g	End of	year balance									
2	Provi	de the estimated percentage of the curi	rent vear end	balance (line	1a. colum	nn (a)) held	d as				
а		d designated or quasi-endowment <b>&gt;</b>	,	•	3,	( ),					
ь	Perm	anent endowment >									
_	Temr	porarily restricted endowment >									
٠		percentages on lines 2a, 2b, and 2c sho	uld equal 100	%							
3a	Are t	here endowment funds not in the posse			hat are he	ld and adm	iinistered fo	r the		Yes	No
	_	nrelated organizations							3a(i)		
b		related organizations	ns listed as re	 equired on So	 chedule R?				3a(ii)	,	
4		ribe in Part XIII the intended uses of the									
Pa	rt VI	Land, Buildings, and Equipme	ent.								
		Complete if the organization ans	wered "Yes"								
	Descr	iption of property (a) Cost or of (investm		(b) Cost or ot	her basıs (ol	ther) (c) A	Accumulated o	lepreciation	(d) E	Book value	9
<b>1</b> a	Land										_
b	Buildin	ngs									
c	Leaseh	nold improvements			532	2,572		532,572			0
d	Equipn	nent			333	3,755		275,167			58,588
е	Other				108	3,090					108,090
Tate	-I Add	lines 12 through 10 (Column (d) must	a a u a l Ea una Ol	20 Dawl V	Jump (B)	line 10(a)	1				166 670

	See Form 990, Part X, line 12.						
	(a) Description of security or category (including name of security)		<b>(b)</b> Book value			thod of val -of-year m	uation narket value
	al derivatives						
2) Closely- 3)Other	held equity interests	<u>·</u>					
١)							
3)							
:)							
))							
:)							
)							
5)							
H)							
	n (b) must equal Form 990, Part X, col (B) line 12 )	<b>•</b>					
art VIII	Investments—Program Related. Complete if the organization answered 'Yes' on Form 9	990, P	art IV, lı	ne 11c. Se	e Form 99	0, Part X,	, line 13.
	(a) Description of investment	<b>(b)</b> Bo	ook value			thod of val -of-year m	uation narket value
L)							
2)							
1)							
1)							
5)							
5)							
7)							
3)							
9)							
	nn (b) must equal Form 990, Part X, col (B) line 13 )						
otal. (Colum	Other Assets. Complete if the organization answered 'Yes' of	on Forr	n 990, Pa	rt IV, line 1	1d See Fori	m 990, Par	
otal. (Colum Part IX		on Forr	n 990, Pa	rt IV, line 1	1d See Fori	m 990, Par	t X, line 15 <b>(b)</b> Book value
Part IX	Other Assets. Complete if the organization answered 'Yes' of	on Forr	m 990, Pa	rt IV, line 1	1d See Fori	m 990, Par	
otal. (Column	Other Assets. Complete if the organization answered 'Yes' of	on Forr	n 990, Pa	rt IV, line 1	1d See Fori	m 990, Par	
Part IX )	Other Assets. Complete if the organization answered 'Yes' of	on Forr	m 990, Pa	rt IV, line 1	1d See Fori	m 990, Pan	
cart IX  ) ) )	Other Assets. Complete if the organization answered 'Yes' of	on Forr	m 990, Pa	rt IV, line 1	1d See Fori	m 990, Pan	
rational (Columnia)	Other Assets. Complete if the organization answered 'Yes' of	on Forr	m 990, Pa	rt IV, line 1	1d See Fori	m 990, Par	
rational (Columnia) ) ) ) ) ) )	Other Assets. Complete if the organization answered 'Yes' of	on Forr	m 990, Pa	rt IV, line 1	1d See Fori	m 990, Par	
cart IX  )  )  )  )  )  )  )  )	Other Assets. Complete if the organization answered 'Yes' of	on Forr	m 990, Pa	rt IV, line 1	1d See Fori	m 990, Par	
cotal. (Column Part IX	Other Assets. Complete if the organization answered 'Yes' of	on Form	m 990, Pa	rt IV, line 1	1d See Fori	m 990, Par	
Part IX	Other Assets. Complete if the organization answered 'Yes' of	on Form	m 990, Pa	rt IV, line 1	1d See Fori	m 990, Par	
Part IX	Other Assets. Complete if the organization answered 'Yes' (a) Description  (a) Description  (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization answered 'Yes' (a) Description					. •	(b) Book value
chal. (Column Part IX  )  )  )  )  )  )  )  )  )  )  otal. (Columnary)	Other Assets. Complete if the organization answered 'Yes' (a) Description  (a) Description  Imm (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25.  (a) Description of liability		es' on Fo			. •	(b) Book value
chal. (Column Part IX  )  )  )  )  )  )  )  )  )  )  otal. (Columnary)	Other Assets. Complete if the organization answered 'Yes' (a) Description  (a) Description  Imm (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25.		es' on Fo	 rm 990, P		. •	(b) Book value
cotal. (Columnia)  )  )  )  )  )  )  otal. (Columnia)  )  part X  ) Federal (	Other Assets. Complete if the organization answered 'Yes' (a) Description  (a) Description  Imm (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25.  (a) Description of liability		es' on Fo	 rm 990, P		. •	(b) Book value
htal. (Columnart IX  ) ) ) ) ) ) ) otal. (Columnart X  ) Federal (	Other Assets. Complete if the organization answered 'Yes' (a) Description  (a) Description  Imm (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25.  (a) Description of liability		es' on Fo	 rm 990, P		. •	(b) Book value
) ) ) ) ) ) ) otal. (Column ) ) ) ) ) ) part X  ) Federal (	Other Assets. Complete if the organization answered 'Yes' (a) Description  (a) Description  Imm (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25.  (a) Description of liability		es' on Fo	 rm 990, P		. •	(b) Book value
) ) ) ) ) ) ) ) otal. (Column ) ) ) ) ) ) ) ) Federal   ) ) )	Other Assets. Complete if the organization answered 'Yes' (a) Description  (a) Description  Imm (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25.  (a) Description of liability		es' on Fo	 rm 990, P		. •	(b) Book value
cart IX  )  )  )  )  )  )  )  part X  part X  )  Federal (	Other Assets. Complete if the organization answered 'Yes' (a) Description  (a) Description  Imm (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25.  (a) Description of liability		es' on Fo	 rm 990, P		. •	(b) Book value
Part IX  (Column  (Co	Other Assets. Complete if the organization answered 'Yes' (a) Description  (a) Description  Imm (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25.  (a) Description of liability		es' on Fo	 rm 990, P		. •	(b) Book value
Part IX  (Column  (Co	Other Assets. Complete if the organization answered 'Yes' (a) Description  (a) Description  Imm (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25.  (a) Description of liability		es' on Fo	 rm 990, P		. •	(b) Book value
part IX	Other Assets. Complete if the organization answered 'Yes' (a) Description  (a) Description  Imm (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25.  (a) Description of liability		es' on Fo	 rm 990, P		. •	(b) Book value
ptal. (Colum. Part IX  1)  2)  3)  4)  5)  7)  otal. (Colum. Part X	Other Assets. Complete if the organization answered 'Yes' (a) Description  (a) Description  Imm (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25.  (a) Description of liability		es' on Fo	 rm 990, P		. •	(b) Book value

Part XI

2

h

3

4

2

3

4

b

а

Schedule D (Form 990) 2017

51,837,599

23,490,195

23,490,195

64,036,863

Page 4

### Investment expenses not included on Form 990, Part VIII, line 7b . 4b Add lines 4a and 4b . 4c Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) . . . . . . 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 1 Amounts included on line 1 but not on Form 990, Part IX, line 25

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

64,036,863

64,036,863

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) . . . . . . . . 5 Part XIII **Supplemental Information** 

Investment expenses not included on Form 990, Part VIII, line 7b . . . 

Amounts included on line 1 but not on Form 990. Part VIII. line 12 Net unrealized gains (losses) on investments . . . .

Amounts included on Form 990, Part VIII, line 12, but not on line 1

Amounts included on Form 990, Part IX, line 25, but not on line 1:

2a

2h

2c

2d

4a

2a

2b

2c 2d

51,837,599

2e 3

4c

5

2e 3

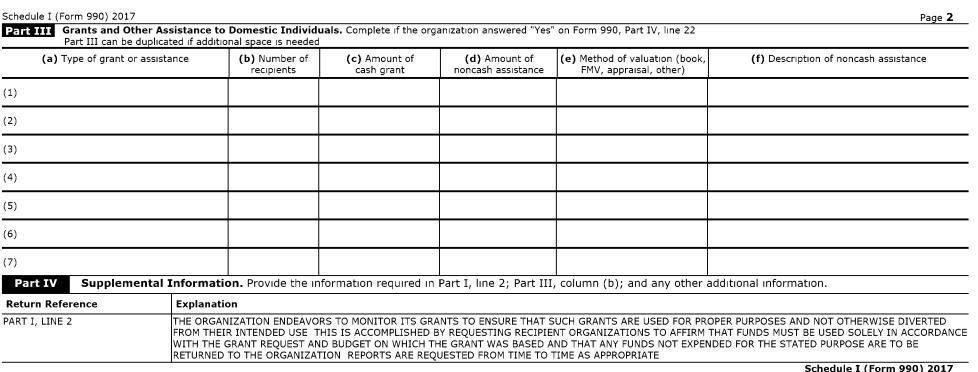
Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

Return Reference

Explanation

Schedule D (Fo	orm 990) 2017	Page <b>5</b>	
Part XIII	Supplemental Info		
Return Reference		Explanation	
			Schedule D (Form 990) 2017

efile GRAPHIC print - DC	NOT PROCESS	As Filed Data -					DLI	N: 934931330	22859	
Schedule I (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," on Form 990, Part IV, line 21 or 22.  ► Attach to Form 990.  ► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.								OMB No 1545-0047  2017  Open to Public Inspection	
Name of the organization SANDLER FOUNDATION							•	ation number		
Part I General Inform	nation on Grants	and Assistance				94-3	147856			
the selection criteria used  Describe in Part IV the or  Part II Grants and Other	to award the grants ganızatıon's procedu Assistance to Don	or assistance? res for monitoring the unestic Organizations a	se of grant funds in the U	nited States	for the grants or assistant		Part IV, line	✓ Yes 21, for any recip	□ <b>No</b>	
that received more  (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Descr noncash as		(h) Purpose or or assistance	f grant	
(1) See Additional Data										
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
<ul><li>2 Enter total number of sec</li><li>3 Enter total number of oth</li></ul>		-					<b>▶</b>		56	
For Paperwork Reduction Act Not	ice, see the Instruction	ons for Form 990.		Cat No 50055	5P		Sch	edule I (Form 990	) 2017	



### **Additional Data**

(a) Name and address of

organization

AMERICAN OVERSIGHT

WASHINGTON, DC 20005

B255

1030 15TH STREET NW SUITE

## Software ID: Software Version: **EIN:** 94-3147856 Name: SANDLER FOUNDATION

(b) EIN

81-5294830

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

or government				assistance	other)	
AMERICAN CIVIL LIBERTIES UNION	13-3871360	501(C)(3)	2,000,000			N/A

(d) Amount of cash

grant

250,000

AMERICAN CIVIL LIBERTIES UNION 125 BROAD STREET	13-3871360	501(C)(3)	2,000,000	

501(C)(3)

-				
AMERICAN CIVIL LIBERTIES UNION 125 BROAD STREET NEW YORK, NY 100042400	13-3871360	501(C)(3)	2,000,000	

(c) IRC section

ıf applıcable

(f) Method of valuation

(book, FMV, appraisal,

(e) Amount of non-

cash

(q) Description of (h) Purpose of grant

or assistance

GENERAL SUPPORT

GENERAL SUPPORT

non-cash assistance

N/A

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 81-5294830 501(C)(3) 250.000 IN/A AMERICAN OVERSIGHT IGENERAL SUPPORT 1030 15TH STREET NW SUITE B255 WASHINGTON, DC 20005

IN/A

IGENERAL SUPPORT

10.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

BOSTON CRITIC INC.

PO BOX 425786 CAMBRIDGE, MA 02142 04-2619695

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 04-3608387 501(C)(3) 250.000 IN/A IGENERAL SUPPORT CAMPAIGN LEGAL CENTER 1411 K STREET NW SUITE 1400

1400 WASHINGTON, DC 20005 CAMPAIGN LEGAL CENTER 1411 K STREET NW SUITE 04-3608387 501(C)(3) 1,250,000 N/A GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

1400

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance or government other) assistance 30-0126510 501(C)(3) 2.000.000 IN/A CENTER FOR AMERICAN IGENERAL SUPPORT PROGRESS 1333 H STREET NW 10TH 501(C)(3) 2,000,000 N/A 30-0126510 IGENERAL SUPPORT

FLOOR WASHINGTON, DC 20005 CENTER FOR AMERICAN PROGRESS 1333 H STREET NW 10TH

FLOOR

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 85-0420285 501(C)(3) 800.000 IN/A CLIMATE AND OCEAN CENTER FOR BIOLOGICAL DIVERSITY lwork POBOX 710

TUCSON, AZ 85702 CENTER FOR COMMUNITY 52-0888113 501(C)(3) 400.000 IN/A IMMIGRATION WORK

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

CHANGE

1536 U STREET NW WASHINGTON, DC 20009

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 74-3043913 501(C)(3) 1.500.000 IN/A IGENERAL SUPPORT CENTER FOR RESPONSIBLE LENDING

PO BOX 3619 DURHAM, NC 277023619 CENTER FOR RESPONSIBLE 74-3043913 501(C)(3) 1.500.000 IN/A IGENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

LENDING PO BOX 3619

DURHAM, NC 277023619

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance or government other) assistance CENTER ON BUDGET AND 52-1234565 501(C)(3) 2,300,000 N/A STATE FISCAL EFFORTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

820 FIRST STREET NE SUITE

WASHINGTON, DC 20002

510

POLICY PRIORITIES 820 FIRST STREET NE SUITE 510 WASHINGTON, DC 20002					
CENTER ON BUDGET AND POLICY PRIORITIES	52-1234565	501(C)(3)	2,000,000		STATE FISCAL EFFORTS AND GENERAL SUPPORT

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 04-2774441 501(C)(3) 150.000 IN/A ASTHMA NATIONAL CHILDREN'S HOSPITAL BOSTON IGRANTS PROGRAM PO BOX 414413 RESEARCH AWARD

IN/A

ASTHMA NATIONAL

GRANTS PROGRAM

RESEARCH AWARD

150.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

BOSTON, MA 022414413

CLEVELAND CLINIC
FOUNDATION

CLEVELAND, OH 441931655

PO BOX 931517

34-0714585

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 84-1328829 501(C)(3) 10.000 N/A IGENERAL SUPPORT COMPASSION AND CHOICES

SUPPORT

PO BOX 485 ETNA, NH 037500485					
CONSULTATIVE GROUP ON BIOLOGICAL DIVERSITY PRESIDIO BUILDING 1016	13-3431076	501(C)(3)	51,500		GULF OF CALIFORNIA FUNDERS GROUP/GENERAL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

SAN FRANCSISCO, CA 94129

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance or government other) assistance 82-1007988 501(C)(3) 1.500.000 IN/A DEMOCRACY FORWARD IGENERAL SUPPORT FOUNDATION 1333 H STREET NW 10TH 501(C)(3) 1,500,000 N/A 82-1007988 IGENERAL SUPPORT

FLOOR WASHINGTON, DC 20005 DEMOCRACY FORWARD FOUNDATION 1333 H STREET NW 10TH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

FLOOR

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance **FARTHJUSTICE** 94-1730465 501(C)(3) 2.000.0001 IN/A GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

CONSERVATION

150 WEST UNIVERSITY BLVD MELBOURNE, FL 32901

50 CALIFORNIA STREET SUITE 500 SAN FRANCISCO, CA 94111	31 1/30 103	301(0)(3)	2,000,000			SENERAL SOLVEN
FINS ATTACHED MARINE RESEARCH AND	59-6046500	501(C)(3)	100,000		N/A	IN SUPPORT OF CREMA

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 54-1603842 501(C)(3) 25.000 IN/A GEORGE MASON UNIVERSITY ROGER WILKINS 4400 UNIVERSITY DRIVE LECTURE FUND FAIRFAX, VA 22030

GERMAN MARSHALL FUND OF 52-0954751 501(C)(3) 250.000 N/A GENERAL SUPPORT THE UNITED STATES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

1744 R STREET NW WASHINGTON, DC 20009

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 13-2875808 501(C)(3) 1.000.000 IN/A IGENERAL SUPPORT HUMAN RIGHTS WATCH 350 FIFTH AVENUE 34TH FLOOR

IN/A

IGENERAL SUPPORT

1.750.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

NEW YORK, NY 101183299 HUMAN RIGHTS WATCH

350 FIFTH AVENUE 34TH

NEW YORK, NY 101183299

FLOOR

13-2875808

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 82-2355901 501(C)(3) 500.000 IN/A IGENERAL SUPPORT INDIVISIBLE CIVIC ENGAGEMENT INC POBOX 43884 WASHINGTON, DC 20010 INDIVISIBLE CIVIC 82-2355901 501(C)(3) 250.000 IN/A IGENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

ENGAGEMENT INC POBOX 43884

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance 45-4244605 501(C)(3) 250.000 IN/A INSTITUTE FOR ENERGY IGENERAL SUPPORT ECONOMICS AND FINANCIAL ANALYSIS 3430 ROCKY RIVER DRIVE CLEVELAND, OH 44111 400,000 N/A INSTITUTE FOR ENERGY 45-4244605 501(C)(3) IGENERAL SUPPORT ECONOMICS AND FINANCIAL ANALYSIS 3430 ROCKY RIVER DRIVE

CLEVELAND, OH 44111

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 13-1624046 501(C)(3) 900.000 IN/A INTERNATIONAL COMMUNITY IDONOR ADVISED FUND FOUNDATION PURPOSES

IN/A

IGENERAL SUPPORT

200.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

2505 N AVENUE

NATIONAL CITY, CA 91950
ISLAND CONSERVATION

100 SHAFFER ROAD LML SANTA CRUZ, CA 95060 91-1839907

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance J STREET EDUCATION FUND 20-2777557 501(C)(3) 100.000 IN/A IGENERAL SUPPORT INC POBOX 66073

POBOX 66073
WASHINGTON, DC 20035

J STREET EDUCATION FUND 20-2777557 501(C)(3) 100,000
INC
POBOX 66073

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 94-1156533 501(C)(3) 50,000 N/A DONOR ADVISED FUND JEWISH COMMUNITY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

FEDERATION 121 STEUART STREET SAN FRANCISCO, CA 94105						
LEADERSHIP CONFERENCE EDUCATION FUND 1629 K STREET NW SUITE	23-7026895	501(C)(3)	1,000,000		N/A	GENERAL SUPPORT

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 23-7026895 501(C)(3) 1,500,000 IN/A VOTING WORK LEADERSHIP CONFERENCE EDUCATION FUND

1629 K STREET NW SUITE 1000 WASHINGTON, DC 20006						
LEARNING POLICY INSTITUTE	47-2772048	501(C)(3)	1,500,000		N/A	GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

1530 PAGE MILL ROAD SUITE 200

PALO ALTO, CA 94304

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 47-2772048 501(C)(3) 1.000.000 IN/A IGENERAL SUPPORT LEARNING POLICY INSTITUTE 1530 PAGE MILL ROAD SUITE 200

PALO ALTO, CA 94304 LEARNING POLICY INSTITUTE 47-2772048 501(C)(3) 1.500.000 IN/A

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

PALO ALTO, CA 94304

IGENERAL SUPPORT 1530 PAGE MILL ROAD SUITE 200

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance MDRC 23-7379473 501(C)(3) 500.000 IN/A IGENERAL SUPPORT 16 EAST 34TH STREET 19TH

FLOOR NEW YORK NY 100164326 NEW VENTURE FUND 20-5806345 501(C)(3) 500.000 IN/A

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

DEMAND JUSTICE 1201 CONNECTICUT AVE NW SUITE 300 WASHINGTON, DC 20036

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance OCEANA INC 51-0401308 501(C)(3) 2.000.000 IN/A IGENERAL SUPPORT 1350 CONNECTICUT AVE NW 5TH FI WASHINGTON, DC 20036

OCEANA INC 51-0401308 501(C)(3) 250.000 IN/A IGENERAL SUPPORT 1350 CONNECTICUT AVE NW

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

5TH FI

WASHINGTON, DC 20036

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 93-1176109 501(C)(3) 150.000 IN/A OREGON HEALTH AND ASTHMA NATIONAL SCIENCE UNIVERSITY IGRANTS PROGRAM RESEARCH AWARD

SCIENCE UNIVERSITY
0690 SW BANCROFT AVENUE
PORTLAND, OR 97239

PICO NATIONAL NETWORK 94-2206497 501(C)(3) 1,000,000

N/A GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

171 SANTA ROSA AVE OAKLAND, CA 94610

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance PROPUBLICA 14-2007220 501(C)(3) 1.000.000 IN/A IGENERAL SUPPORT 55 BROADWAY 23RD FLOOR

N/A

GENERAL SUPPORT

1,000,000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

NEW YORK, NY 10006

55 BROADWAY 23RD FLOOR NEW YORK, NY 10006 14-2007220

PROPUBLICA

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance **PROPUBLICA** 14-2007220 501(C)(3) 1.000.000 IN/A IGENERAL SUPPORT 55 BROADWAY 23RD FLOOR

NEW YORK, NY 10006 PROTECT OUR DEFENDERS 45-4044997 501(C)(3) 25.000 IN/A FOUNDATION 8000 WESTPARK DRIVE SUITE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

GENERAL SUPPORT 410 MCLEAN, VA 22102

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance REGENTS OF THE UNIVERSITY 94-6002123 501(C)(3) 50.000 IN/A INVESTIGATIVE OF CALIFORNIA AT BERKELEY REPORTING PROGRAM 2150 SHATTUCK AVE SUITE

2150 SHATTUCK AVE SUITE
313
BERKELEY, CA 947204200

REGENTS OF THE UNIVERSITY
OF CALIFORNIA AT BERKELEY
2150 SHATTUCK AVE SUITE

125,000

N/A
INVESTIGATIVE
REPORTING PROGRAM
FELLOWSHIPS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

313

BERKELEY, CA 947204200

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, non-cash assistance organization ıf applıcable grant cash or assistance or government other) assistance 94-6002123 501(C)(3) 250.000 IN/A CENTER FOR REGENTS OF THE UNIVERSITY OF CALIFORNIA AT BERKELEY EQUITABLE GROWTH 2150 SHATTUCK AVE SUITE

BERKELEY, CA 947204200

REGENTS OF THE UNIVERSITY OF CALIFORNIA SAN FRANCISCO PO BOX 45339 SAN FRANCISCO, CA

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

941450339

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance or government other) assistance REGENTS OF THE UNIVERSITY 94-6036493 501(C)(3) 150.000 IN/A ASTHMA NATIONAL OF CALIFORNIA SAN GRANTS PROGRAM FRANCISCO RESEARCH AWARD

PO BOX 45339
SAN FRANCISCO, CA
941450339

SALK INSTITUTE FOR 95-2160097 501(C)(3) 11,308

N/A UNRESTRICTED ENDOWMENT
10010 NORTH TORRY PINES
ROAD

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

LA JOLLA, CA 92037

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 31-1640316 501(C)(3) 100.000 IN/A SCHWAB CHARITABLE FUND IDONOR ADVISED FUND

211 MAIN STREET
SAN FRANCISCO, CA 94105

SIERRA CLUB FOUNDATION
85 SECOND STREET 2ND
FLOOR

SIERRA CLUB FOUNDATION
85 SECOND STREET 2ND
FLOOR

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 94-6069890 501(C)(3) 500.000 IN/A SIERRA CLUB FOUNDATION IPROGRAM SUPPORT 85 SECOND STREET 2ND FUND

85 SECOND STREET 2ND
FLOOR
SAN FRANCISCO, CA 94105

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

STANFORD, CA 94305

SAN FRANCISCO, CA 94105

STANFORD UNIVERSITY 94-1156365 501(C)(3) 31,375

N/A CLINICAL EXCELLENCE RESEARCH CENTER

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 23-7129943 501(C)(3) 50.000 IN/A THAT MAN MAY SEE INC IGENERAL SUPPORT 10 KORET WAY BOX 0352

SAN FRANCISCO, CA 94143 THE AMERICAN 52-2313694 501(C)(3) 500,000 N/A GENERAL SUPPORT CONSTITUTION SOCIETY FOR LAW AND POLICY 1333 H STREET NW 11TH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

FLOOR WASHINGTON, DC 20005

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance or government other) assistance 13-1760098 501(C)(3) 25.000 IN/A THE CITY COLLEGE FUND IGENERAL SUPPORT CITY COLLEGE OF NEW YORK CITY SHEPARD HALL RM 166 NEW YORK, NY 10031 IGENERAL SUPPORT

501(C)(3) 150,000 N/A THE MANAGEMENT CENTER 20-5197607 1710 RHODE ISLAND AVENUE NW SUITE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

1100

WASHINGTON, DC 20036

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 51-0198509 501(C)(3) 250.000 IN/A TIDES FOUNDATION INDIVISIBLE FUND PO BOX 29198 SAN FRANCISCO, CA 94129

PO BOX 29198
SAN FRANCISCO, CA 94129

TRUMAN CENTER FOR NATIONAL POLICY
1250 I STREET NW SUITE 500

ROUGH STREET NW SUITE 500

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

WASHINGTON, DC 20005

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 52-1080919 501(C)(3) 300.000 IN/A IGENERAL SUPPORT TRUMAN CENTER FOR NATIONAL POLICY 1250 I STREET NW SUITE 500 WASHINGTON, DC 20005 TURTLE ISLAND RESTORATION 91-1818080 501(C)(3) 250.000 IN/A IGENERAL SUPPORT

NETWORK POBOX 400

FOREST KNOLLS, CA 94933

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance 94-2829914 501(C)(3) 1,100,000 N/A UNIVERSITY OF CALIFORNIA SANDLER ASTHMA BASIC RESEARCH CAN EDANICICCO FOUNDATION !

BIOMEDICAL RESEARCH

(PBBR)

220 MONTGOMERY STREET 5TH FLOOR SAN FRANCISCO, CA 94104						CENTER
UNIVERSITY OF CALIFORNIA SAN FRANCISCO FOUNDATION	94-2829914	501(C)(3)	3,000,000		N/A	PROGRAM IN

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

220 MONTGOMERY STREET

SAN FRANCISCO, CA 94104

5TH FLOOR

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance 94-2829914 501(C)(3) 3.531.010 IN/A UNIVERSITY OF CALIFORNIA IGLIOBLASTOMA SAN FRANCISCO FOUNDATION PRECISION MEDICINE 220 MONTGOMERY STREET PROGRAM

5TH FLOOR SAN FRANCISCO, CA 94104 N/A UNIVERSITY OF CALIFORNIA 94-2829914 501(C)(3) 2,000,000 NEUROSCIENCES SAN FRANCISCO FOUNDATION BUILDING INITIATIVE 220 MONTGOMERY STREET

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

5TH FLOOR

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance 94-2829914 501(C)(3) 374.609 IN/A UNIVERSITY OF CALIFORNIA NEXT GEN PRECISION SAN FRANCISCO FOUNDATION MEDICINE DIAGNOSTICS 220 MONTGOMERY STREET 5TH FLOOR

220 MONTGOMERY STREET

5TH FLOOR

UNIVERSITY OF CALIFORNIA SAN FRANCISCO FOUNDATION 220 MONTGOMERY STREET

5TH FLOOR

DIAGNOSTICS

DIAGNOSTICS

DIAGNOSTICS

DIAGNOSTICS

ADMINISTRATIVE

COSTS FOR THE

ASTHMA RESEARCH

PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance or government other) assistance 94-2829914 501(C)(3) 40.236 IN/A NEUROSCIENCES UNIVERSITY OF CALIFORNIA SAN FRANCISCO FOUNDATION INITIATIVE BUILDING 220 MONTGOMERY STREET CAMPAIGN

5TH FLOOR SAN FRANCISCO, CA 94104					
UNIVERSITY OF CALIFORNIA SAN FRANCISCO FOUNDATION 220 MONTGOMERY STREET	94-2829914	501(C)(3)	3,704		INSTITUTE FOR NEURODEGENERATIVE DISEASES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

5TH FLOOR

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance UNIVERSITY OF UTAH 87-6000525 501(C)(3) 150,000 N/A ASTHMA NATIONAL

GRANTS PROGRAM

RESEARCH AWARD

UNIVERSITY OF UTAH	87-6000525	501(C)(3)	150,000		N/A	ASTHMA NATIONAL
540 ARAPEEN DRIVE SUITE 250 SALT LAKE CITY, UT 84108						RESEARCH AWARD

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

540 ARAPEEN DRIVE SUITE

SALT LAKE CITY, UT 84108

250

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 52-0880375 501(C)(3) 500.000 IN/A URBAN INSTITUTE IGENERAL SUPPORT 2100 M STREET NW

VANDERBILT UNIVERSITY 62-0476822 501(C)(3) 150,000

VANDERBILT UNIVERSITY 62-0476822 501(C)(3) 150,000

VANDERBILT PLACE

ONA

RESEARCH AWARD

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

NASHVILLE, TN 372407727

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance VOTE COLAD 46 4206720 E01/C1/21 EAR ARA INI/A GENERAL SUPPORT

360 22ND STREET SUITE 730 OAKLAND, CA 94612	40-4390720	301(C)(3)	500,000			GENERAL SUPPORT
VOTE SOLAR	46-4396728	501(C)(3)	750,000		N/A	GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

360 22ND STREET SUITE 730 OAKLAND, CA 94612

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 47-4464400 501(C)(3) 1.000.000 IN/A IGENERAL SUPPORT WASHINGTON CENTER FOR EQUITABLE GROWTH 1500 K STREET NW

IN/A

IGENERAL SUPPORT

1.000.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

WASHINGTON, DC 20005
WASHINGTON CENTER FOR EOUITABLE GROWTH

1500 K STREET NW WASHINGTON, DC 20005

47-4464400

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance WASHINGTON CENTER FOR 47-4464400 501(0)(3) 1 000 000 IN/A GENERAL SLIPPORT

EQUITABLE GROWTH 1500 K STREET NW WASHINGTON, DC 20005	47 4404400	301(0)(3)	1,000,000			GENERAL SOTT ORT
WEILL MEDICAL COLLEGE OF CORNELL UNIVERSITY 575 LEXINGTON AVENUE 9TH	13-1623978	501(C)(3)	150,000		N/A	ASTHMA NATIONAL GRANTS PROGRAM RESEARCH AWARD

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

NEW YORK, NY 10022

KEDEAKCH AWAKI FLOOR

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance WILDAID INC 20-3644441 501(C)(3) 200.000 IN/A IGENERAL SUPPORT

### SUIC | 20-3644441 | 301(C)(3) | 200,000 | 333 PINE STREET STE 300 | SAN FRANCISCO, CA 94104 | WILDCOAST | 77-0536297 | 501(C)(3) | 300,000 | N/A | GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

925 SEACOAST DRIVE IMPERIAL BEACH, CA 91932

efil	e GRAPHIC pr	rint - DO NOT PROCESS As Filed Data -	DLN: 93	49313	33022	2859
Sch	edule J	Compensation Information	OI	MB No	1545-	0047
(For	ո 990)	For certain Officers, Directors, Trustees, Key Employees, and	Highest			
		Compensated Employees  ▶ Complete if the organization answered "Yes" on Form 990, Part		20	17	7
		▶ Attach to Form 990.				
•	tment of the Treasury al Revenue Service	▶ Information about Schedule J (Form 990) and its instructio www.irs.qov/form990.	ns is at		to Pul ectio	
Nar	ne of the organiza		Employer identifica			
SAN	IDLER FOUNDATION		94-3147856			
Pa	rt I Questi	ons Regarding Compensation	•			
					Yes	No
1a		opiate box(es) if the organization provided any of the following to or for a person I Section A, line 1a Complete Part III to provide any relevant information regarding				
		s or charter travel Housing allowance or residence	•			
	_	r companions $\square$ Payments for business use of pe				
		nification and gross-up payments $\square$ Health or social club dues or init				
	☐ Discretion	nary spending account $\square$ Personal services (e.g., maid, ch	nauffeur, chef)			
b		ixes in line 1a are checked, did the organization follow a written policy regarding pa all of the expenses described above? If "No," complete Part III to explain	ayment or reimbursement	1b	Yes	
2	Did the organiza	ation require substantiation prior to reimbursing or allowing expenses incurred by ees, officers, including the CEO/Executive Director, regarding the items checked in	all	2	Yes	
	directors, truste	ees, officers, including the CEO/Executive Director, regarding the items checked in	ille lar			
3		If any, of the following the filing organization used to establish the compensation of	of the			
		CEO/Executive Director Check all that apply Do not check any boxes for methods ed organization to establish compensation of the CEO/Executive Director, but expla	ain in Part III			
	Componer	ation committee				
		iation committee  Written employment contract  Compensation consultant  Compensation survey or study				
		of other organizations  Description and the compensation of study  Approval by the board or compe	nsation committee			
4	During the year	r, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to th				
	related organiza	ation				
а		rance payment or change-of-control payment?		4a		No
b	•	or receive payment from, a supplemental nonqualified retirement plan?		4b		No
С	•	or receive payment from, an equity-based compensation arrangement?  of lines 4a-c, list the persons and provide the applicable amounts for each item in	Part III	4c		No
	1. 105 to any t	of the state of the persons and provide the applicable annuality for each rechi in				
	Only 501(c)(3	3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5		ed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue an contingent on the revenues of	У			
а	The organization	n <sup>2</sup>		5a		No
b	Any related orga	anization? e 5a or 5b, describe in Part III		5b		No
_	•	·				
6		ed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue an contingent on the net earnings of	У			
a	The organization			6a		No
b	Any related orga	anization? e 6a or 6b, describe in Part III		6b		No
7	•	ed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonf	ived			
	payments not d	described in lines 5 and 6? If "Yes," describe in Part III		7		No
8		ints reported on Form 990, Part VII, paid or accured pursuant to a contract that wantial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes,		8		No
9	If "Yes" on line 5 53 4958-6(c)?	8, did the organization also follow the rebuttable presumption procedure described	in Regulations section	9		No
For I	Danarwark Padu	uction Act Notice, see the Instructions for Form 990. Cat N	o 50053T Schedule 1		2 000)	2017

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

For each individual whose instructions, on row (ii) I <b>Note.</b> The sum of column	Do no	t list any individuals that	are not listed on Form 9	90, Part VII	.,	_	·	t ındıvıdual
(A) Name and Title		` '	of W-2 and/or 1099-MIS	· · · · · · · · · · · · · · · · · · ·	(C) Retirement and other deferred	( <b>D)</b> Nontaxable benefits	(E) Total of columns	(F) Compensation in
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	belletits	(B)(ı)-(D)	column (B) reported as deferred on prior Form 990
1 STEVE DAETZ EXECUTIVE VP/ASST	(i)	463,646	0	366	54,000	24,487	542,499	0
SECRETARY	(ii)	0	0	0	0	0	0	0
2 JOY SISISKY TREASURER/SECRETARY	(i)	0	0	0	0	0	0	0
, , , , , , , , , , , , , , , , , , , ,	ļ,,	279.081		000	9 100	16 190	204 261	

TREASURER/SECRETARY	1,,							
	(ii)	279,081	0	900	8,100	16,180	304,261	0
3 SERGIO KNAEBEL GRANT DIRECTOR	(i)	165,940	0	293	25,500	823	192,556	0
	(ii)	0	0	0	0	0	0	0
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·	Schedule J (Form 990) 2017							

Part III Supplemental Inform	nation					
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 ORGANIZATION HAS A WRITTEN EXPENSE REIMBURSEMENT POLICY THAT PERMITS REIMBURSEMENT OF AIR TRAVEL FOR FLIGHTS EXCEEDING A CERTAIN DURATION AT A CLASS OF SERVICE HIGHER THAN COACH CLASS TICKETS, SUBJECT TO AUTHORIZATION AND APPROVAL BY THE INDIVIDUAL'S MANAGER, TOGETHER WITH APPROPRIATE DOCUMENTATION					
· · · · · · · · · · · · · · · · · · ·	THE ORGANIZATION HAS FULL TIME EMPLOYEES AND COMPENSATES ONE OFFICER THE EXECUTIVE VICE PRESIDENT'S COMPENSATION IS REVIEWED ANNUALLY BY THE GOVERNING BOARD OF DIRECTORS, ALONG WITH A MEMO SUMMARIZING SALARY COMPARABILITY DATA PROPOSED COMPENSATION ADJUSTMENTS FOR THE EXECUTIVE VICE PRESIDENT ARE DISCUSSED AND APPROVED BY THE INDEPENDENT GOVERNING BOARD OF DIRECTORS CERTAIN OFFICERS AND/OR					

Page 3

Schedule J (Form 990) 2017

Schedule J (Form 990) 2017

DIRECTORS ARE ALSO COMPENSATED BY A RELATED ORGANIZATION, THE JEWISH COMMUNITY FEDERATION OF SAN FRANCISCO, THE PENINSULA, MARIN AND SONOMA COUNTIES ('JCF') JCF DOES A COMPENSATION SURVEY AND ANALYSIS FOR THE SENIOR LEVEL POSITIONS JCF LOOKS AT COMPENSATION THAT IS EQUITABLE INTERNALLY AND EXTERNALLY FOR THESE POSITIONS. THERE IS A PERIODIC REVIEW OF ALL SALARIES FROM AN INDEPENDENT PROFESSIONAL COMPENSATION ORGANIZATION THE REVIEW INCLUDES SIMILAR POSITIONS IN THE NON-PROFIT AND FOR-PROFIT SECTOR LOCALLY AND IS ADJUSTED

INATIONALLY THE COMPENSATION REVIEW ALSO ANALYZES COMPENSATION INFORMATION FROM OTHER FORM 990S FOR SIMILAR ORGANIZATIONS AS WELL AS MANY OTHER SOURCES OF COMPENSATION DATA

efile GRAPH	IIC print	- DO NOT PROCESS   As Filed Data -	DLI	N: 93493133022859				
CHEDIII	ΕΩ	Supplemental Information to Form	990 or 990-F7	OMB No 1545-0047				
SCHEDULE O (Form 990 or 990- EZ)  Department of the Treasury  Department of the Treasury  Marcel Barrent Company (Specific Questions is at www.irs.gov/form990.								
Name of the org			Employer ider 94-3147856	ntification number				
Return	e O, Sup	plemental Information  Explanation						
Reference								
FORM 990, PART VI, SECTION A, LINE 2	SUSAN SANDLER AND JAMES SANDLER ARE THE CHILDREN OF HERBERT SANDLER							

Return Explanation
Reference

FORM 990,	THE FORM 990 IS PREPARED BASED ON AUDITED FINANCIAL STATEMENTS AND WITH THE ASSISTANCE OF
PART VI,	THE RELATED PARTY'S FINANCE AND ACCOUNTING STAFF THE FINAL DRAFT OF THE 990 IS REVIEWED B
SECTION B,	Y THE TREASURER THE PRESIDENT AND/OR OTHER OFFICERS AND DIRECTORS RECEIVE THE FINAL VERSI
LINE 11B	ON OF THE FORM PRIOR TO FILING

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	THE ORGANIZATION REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES COMPLIANCE WITH ITS CONF LICT OF INTEREST POLICY ALL DIRECTORS AND OFFICERS CONFIRM EACH YEAR THAT THEY ARE NOT AW ARE OF ANY CONFLICTS OF INTEREST AS TO THEMSELVES OR OTHERS, AND THE ORGANIZATION MONITORS COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY THROUGHOUT THE YEAR THE SUPPORTED ORGANI ZATION REQUESTS COMPLETION OF AN ANNUAL DISCLOSURE FORM, ENSURES THAT ALL FORMS HAVE BEEN RECEIVED AND PREPARES A SUMMARY OF DISCLOSURES AND FORWARDS THE FORMS AND SUMMARY TO ITS L EGAL COUNSEL THE SUPPORTED ORGANIZATION'S CFO ALSO RECEIVES A COPY OF THE SUMMARY AND REV IEWS ALL FORMS AND IS RESPONSIBLE FOR ASSURING APPROPRIATE REPORTING TO THE EXTERNAL AUDIT ORS AND DISCLOSURE IN THE ANNUAL TAX FILINGS

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE ORGANIZATION HAS FULL TIME EMPLOYEES AND COMPENSATES ONE OFFICER THE EXECUTIVE VICE P RESIDENT'S COMPENSATION IS REVIEWED ANNUALLY BY THE GOVERNING BOARD OF DIRECTORS, ALONG WI TH A MEMO SUMMARIZING SALARY COMPARABILITY DATA PROPOSED COMPENSATION ADJUSTMENTS FOR THE EXECUTIVE VICE PRESIDENT ARE DISCUSSED AND APPROVED BY THE INDEPENDENT GOVERNING BOARD OF DIRECTORS CERTAIN OFFICERS AND/OR DIRECTORS ARE ALSO COMPENSATED BY A RELATED ORGANIZATI ON, THE JEWISH COMMUNITY FEDERATION OF SAN FRANCISCO, THE PENINSULA, MARIN AND SONOMA COUN TIES ('JCF') JCF DOES A COMPENSATION SURVEY AND ANALYSIS FOR THE SENIOR LEVEL POSITIONS JCF LOOKS AT COMPENSATION THAT IS EQUITABLE INTERNALLY AND EXTERNALLY FOR THESE POSITIONS THERE IS A PERIODIC REVIEW OF ALL SALARIES FROM AN INDEPENDENT PROFESSIONAL COMPENSATION ORGANIZATION THE REVIEW INCLUDES SIMILAR POSITIONS IN THE NON-PROFIT AND FOR-PROFIT SECTO R LOCALLY AND IS ADJUSTED NATIONALLY THE COMPENSATION REVIEW ALSO ANALYZES COMPENSATION I NFORMATION FROM OTHER FORM 990S FOR SIMILAR ORGANIZATIONS AS WELL AS MANY OTHER SOURCES OF COMPENSATION DATA

Return Explanation
Reference

FORM 990, PART VI, SECTION C, LINE 19

D -4.....

Reference	Explanation
FORM 990	DUE TO TAX SOFTWARE LIMITATIONS, CERTAIN QUESTIONS THAT SHOULD HAVE BEEN ANSWERED N/A WERE
(VARIOUS)	LEFT BLANK AS FOLLOWS 1) PART IV, QUESTION 20B, 24B, 24C, 24D, 35B 2) PART V, QUESTION 3
	B, 4B, 5C, 6B, 7B, 7D, 7G, 7H, 8, 9A, 9B, 10A, 10B, 11A, 11B, 12A, 12B, 13A, 13B, 13C, 14B
	3) PART VI, QUESTION 10B, 16B 4) PART XII, QUESTION 3B 5) SCHEDULE A PART IV QUESTION 3B,
	3C, 4B, 4C, 5B, 5C, 10B 6) SCHEDULE J, QUESTION 9

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efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493133022859 OMB No 1545-0047 **SCHEDULE R Related Organizations and Unrelated Partnerships** 2017 (Form 990) ► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ► Attach to Form 990. Open to Public ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990. Department of the Treasury Inspection Internal Revenue Service Name of the organization **Employer identification number** SANDLER FOUNDATION 94-3147856 Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I (f) (b) (c) Direct controlling Name, address, and EIN (if applicable) of disregarded entity Legal domicile (state Total income End-of-year assets Primary activity or foreign country) entity Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) (d) (b) (g) Section 512(b) Name, address, and EIN of related organization Primary activity Legal domicile (state Exempt Code section Public charity status Direct controlling or foreign country) (if section 501(c)(3)) entity (13) controlled entity? Yes No 501(C)(3) (1) JEWISH COMMUNITY FEDERATION OF SF BUILD, MAINTAIN AND CA LINE 7 No 121 STEUART STREET STRENGTHEN JEWISH IDENTITY, COMM AND LIFE N/A SAN FRANCISCO, CA 94105 94-1156533

(a)  Name, address, and EIN of related organization			(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant Income(relate unrelated, excluded fror tax under sections 512	d, total incom	(g) Share of e end-of-year assets	Disprop	n) rtionate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j Gener mana partr	al or F	(k) Percentag ownershi
					314)			Yes	No		Yes	No	
												_	
Identification of Related Organization because it had one or more related organizations.						nization ans	wered "Yes	" on F	orm 99	90, Part IV,	line	34	
(a)	(b)		(c)		(d)	(e)	(f)	$\top$	(g)	(1	1)		(1)
Name, address, and EIN of related organization	Primary activity	activity L doi (state			ct controlling Type of entity (C corp, S corp or trust)		Share of total income	Share of end-of- year assets		of- Perce	f- Percentage ownership		ction 512 3) control entity?
			untry)									Y	es No
													+
						+						+	+

No

No

No

No

No

No

11

1n 1o

1r

1s

Schedule R (Form 990) 2017

(d)

Method of determining amount involved

1m Yes

Yes

1p Yes

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.					
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No		
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?					
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity	1a		No		
<b>b</b> Gift, grant, or capital contribution to related organization(s)	<b>1</b> b	Yes			
c Gift, grant, or capital contribution from related organization(s)	1c	Yes			
d Loans or loan guarantees to or for related organization(s)	1d		No		
e Loans or loan guarantees by related organization(s)	1e		No		
f Dividends from related organization(s)	<b>1</b> f		No		
g Sale of assets to related organization(s)	<b>1</b> g		No		
h Purchase of assets from related organization(s)	1h		No		
i Exchange of assets with related organization(s)	1i		No		
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No		

(b)

Transaction type (a-s)

С

(c)

Amount involved

50,000

200,000

358,000

20.059

CASH VALUE

CASH VALUE

CASH VALUE

CASH VALUE

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . .

Name of related organization

Reimbursement paid to related organization(s) for expenses . . .

Reimbursement paid by related organization(s) for expenses . . .

r Other transfer of cash or property to related organization(s) . . .

(1) JEWISH COMMUNITY FEDERATION OF SAN FRANCISCO

(2) JEWISH COMMUNITY FEDERATION OF SAN FRANCISCO

(3) JEWISH COMMUNITY FEDERATION OF SAN FRANCISCO

(4) JEWISH COMMUNITY FEDERATION OF SAN FRANCISCO

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

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

was not a related organization. See instructions regarding exclusion														
<b>(a)</b> Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	sections 512-		ganizations?	(f) Share of total Income	(g) Share of end-of-year assets			(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership	
	·		514)	Yes	No	<u> </u>		Yes	No		Yes	No	1	
				_						Schedul	e R (Form	1 99	0) 2017	

Schedule R (Form 990) 2017 Part VII Supplemental Information Provide additional information for responses to questions on Schedule R (see instructions) Schedule R (Form 990) 2017

DLN: 93493136031670 OMB No 1545-0047 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 Open to Public Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Treasury Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 07-01-2018 , and ending 06-30-2019 D Employer identification number B Check if applicable SANDLER FÖUNDATION □ Address change 94-3147856 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminated E Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite 121 STEUART STREET ☐ Amended return ☐ Application pending (415) 777-0411 City or town, state or province, country, and ZIP or foreign postal code SAN FRANCISCO, CA  $\,$  94105  $\,$ G Gross receipts \$ 364,416,152 Name and address of principal officer H(a) Is this a group return for STEVE DAETZ ☐Yes **☑**No subordinates? 121 STEUART STREET H(b) Are all subordinates SAN FRANCISCO, CA 94105 ☐ Yes ☐No ıncluded? **☑** 501(c)(3) **☐** 501(c)( ) **◄** (Insert no ) 4947(a)(1) or If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► N/A L Year of formation 1992 M State of legal domicile CA **K** Form of organization lacktriangle Corporation lacktriangle Trust lacktriangle Association lacktriangle Other Summary 1 Briefly describe the organization's mission or most significant activities SUPPORTS CHARITABLE, EDUCATIONAL, & RELIGIOUS PURPOSES OF JEWISH COMM FEDERATION OF SF Activities & Governance 2 Check this box ► ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) . 4 4 4 Number of independent voting members of the governing body (Part VI, line 1b) . Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 0 **6** Total number of volunteers (estimate if necessary) . . . . 6 Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . 463,000 100,005 Ravenua 9 Program service revenue (Part VIII, line 2g) . 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 23,027,195 32,943,831 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 23,490,195 33,043,836 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 61,418,742 63,076,497 **14** Benefits paid to or for members (Part IX, column (A), line 4) . . . . 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 1,198,221 1,529,816 Expenses **16a** Professional fundraising fees (Part IX, column (A), line 11e) . . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶0 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 1,419,900 1,307,781 64,036,863 65,914,094 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 18 from line 12 . -40,546,668 -32,870,258 Net Assets or Fund Balances Beginning of Current Year End of Year 948,056,423 961,769,757 20 Total assets (Part X, line 16) . 21 Total liabilities (Part X, line 26) . 5,248,303 1,534,438 22 Net assets or fund balances Subtract line 21 from line 20 . 956,521,454 946,521,985 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 2020-05-15 Signature of officer Sign Here HOLDEN LEE CFO - JCF Type or print name and title Print/Type preparer's name Preparer's signature Check | If 2020-04-22 P01270238 Paid self-employed Firm's name FRANT THORNTON LLP Firm's EIN > 36-6055558 Preparer Use Only Firm's address ► 101 CALIFORNIA SUITE 2700 Phone no (415) 986-3900 SAN FRANCISCO, CA 94111 ✓ Yes □ No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form 990 (2018)

Form	990 (2018)				Page <b>2</b>
Pa	rt III Staten	nent of Program Service Acc	omplishments		
	Check If	f Schedule O contains a response or	note to any line in this Part III .		🗆
1					
ACTI	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III  Briefly describe the organization's mission DUNDATION OPERATES EXCLUSIVELY FOR CHARITABLE, EDUCATIONAL OR RELIGIOUS PURPOSES BY CONDUCTING OF THE DENERTY OF, OR TO CARRY OUT THE PURPOSES OF THE JEWISH COMMUNITY FEDERATION OF SAN FEULLA, MARIN AND SONOMA COUNTIES  Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E27  If "Yes," describe these new services on Schedule O Did the organization cease conducting, or make significant changes in how it conducts, any program services?  If "Yes," describe these changes on Schedule O Describe the organization's program service accomplishments for each of its three largest program services, as meast Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, to expenses, and revenue, if any, for each program service reported  (Code  ) (Expenses \$ 64,106,811 including grants of \$ 63,076,497) (Revenue \$  See Additional Data  (Code  ) (Expenses \$ including grants of \$ ) (Revenue \$  (Code  ) (Expenses \$ including grants of \$ ) (Revenue \$  Other program services (Describe in Schedule O)  (Expenses \$ including grants of \$ ) (Revenue \$		R SUPPORTING ANCISCO, THE		
2	Did the organiz	ation undertake any significant prog	ram services during the year whi	ch were not listed on	
	the prior Form	990 or 990-EZ?			🗌 Yes 🗹 No
	If "Yes," descri	be these new services on Schedule (	)		
3	Did the organiz	ation cease conducting, or make sig	nificant changes in how it conduc	ts, any program	
					🗌 Yes 🗹 No
4	Section 501(c)	(3) and $501(c)(4)$ organizations are	required to report the amount of		
4a	(Code See Additional Da		106,811 including grants of \$	63,076,497 ) (Revenue \$	)
4b	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
4c	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
4d	Other program (Expenses \$		rants of \$	) (Revenue \$	)
4e	Total program	n service expenses ► 6	4.106.811		

Form	990 (2018)			Page <b>3</b>
Par	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	
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	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		No
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? If "Yes," complete Schedule D, Part V 2	10		No
	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable			
	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	
	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
	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
	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 2	11d		No
е	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		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII 2	12a	Yes	
	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	Yes	
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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	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? If "Yes," complete Schedule F, Parts III and $IV$	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		No
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
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
Ь	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
רכו	Did the organization report more than #E 000 of grants or other assistance to or for demostic individuals on Bort IV	i 1	i	

22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX,

column (A), line 2? If "Yes," complete Schedule I, Parts I and III . . . . . . . . . .

Nο

22

Form	990 (2018)			Page <b>4</b>
Pa	t IV Checklist of Required Schedules (continued)			
			Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	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		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
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), 501(c)(4), and 501(c)(29) organizations.  Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		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 "Yes," 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? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28Ь		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? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule $M$	29		No
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	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
Ь	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming 

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 🕏

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

All Form 990 filers are required to complete Schedule O . . . . . . . . . . . . . Statements Regarding Other IRS Filings and Tax Compliance

1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable .

Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable

36

37

38

Part V

36

37

38

12

0

1a

Yes

Yes

Form 990 (2018)

Nο

No

No

13a

14a

14b

15

No

No

Form **990** (2018)

13b

13c

Section 501(c)(29) qualified nonprofit health insurance issuers.

a Is the organization licensed to issue qualified health plans in more than one state?

which the organization is licensed to issue qualified health plans . . . . c Enter the amount of reserves on hand . . . . . . . . . . . . . . .

Enter the amount of reserves the organization is required to maintain by the states in

Note. See the instructions for additional information the organization must report on Schedule O

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

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

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess

parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N . . . . . .

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

				Page <b>0</b>
Pa	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions  Check if Schedule O contains a response or note to any line in this Part VI	o" respo	onse to i	lines 🗸
Se	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 5			
	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  4			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1 1		
_	officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? •	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more			
	members of the governing body?	7a		No
D	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	<b>8</b> b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal Revenue	e coae	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10ь		
11a	and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the	10ь		
11a	and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a	Yes	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the		Yes	
b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		Yes Yes	
b 12a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990	11a		
b 12a b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  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 annually interests that could give rise to	11a 12a	Yes	
b 12a b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  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 annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in	11a 12a 12b	Yes Yes	
b 12a b c	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  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 annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	11a 12a 12b	Yes Yes Yes	
b 12a b c 13	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  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 annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?	11a 12a 12b 12c 13	Yes Yes Yes	
b 12a b c 13 14	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  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 annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe 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 review and approval by independent	11a 12a 12b 12c 13	Yes Yes Yes	
b 12a b c 13 14 15	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  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 annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe 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 review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes	
b 12a b c 13 14 15	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  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 annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe 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 review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official	11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	
b 12a b c 13 14 15 a b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  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 annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe 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 review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization	11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	No
b 12a b c 13 14 15 a b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	No
b 12a b c 13 14 15 a b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	No
b 12a b c 13 14 15 a b 16a b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a  12a  12b  12c  13  14  15a  15b	Yes Yes Yes Yes Yes Yes	No
b 12a b c 13 14 15 a b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  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 annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe 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 review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  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 or similar arrangement with a taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?  Ection C. Disclosure  List the States with which a copy of this Form 990 is required to be filed.	11a  12a  12b  12c  13  14  15a  15b	Yes Yes Yes Yes Yes Yes	No
b 12a b c 13 14 15 a b 16a b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  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 annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe 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 review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  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 or similar arrangement with a taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?  CA  Section 6.104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s	11a  12a  12b  12c  13  14  15a  15b	Yes Yes Yes Yes Yes Yes	No
b 12a b c 13 14 15 a b 16a b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  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 annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe 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 review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  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 or similar arrangement with a taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?  CA  Section 6.104 requires an organization to make its Form 1023 (or 1024-A 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	11a  12a  12b  12c  13  14  15a  15b	Yes Yes Yes Yes Yes Yes	No
b 12a b c 13 14 15 a b 16a b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  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 annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe 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 review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  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 or similar arrangement with a taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?  CA  Section 6.104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s	11a  12a  12b  12c  13  14  15a  15b	Yes Yes Yes Yes Yes Yes	No
b 12a b c 13 14 15 a b 16a b See 17	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  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 annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe 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 review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  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 or similar arrangement with a taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?  CA  Section 6.104 requires an organization to make its Form 1023 (or 1024-A 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  Own website  Another's website  Upon request  Other (explain in Schedule O)	11a  12a  12b  12c  13  14  15a  15b	Yes Yes Yes Yes Yes Yes	No

(A)

Part VII

(F)

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 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount

(C)

(D)

(E)

- 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)

(B)

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

Name and Title	Average hours per week (list any hours for related		ne bo	ox, u n of tor/t	t ch unle: ficei	ss pers and a ee)	son	Reportable compensation from the organization (W- 2/1099-	Reportable compensation from related organizations (W- 2/1099-	Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
(1) HERBERT M SANDLER PRESIDENT/DIRECTOR TO JUNE 5	40 00	х		×				0	0	0
(2) SUSAN SANDLER DIRECTOR/VICE PRESIDENT	20 00	х		х				0	0	0
(3) PHYLLIS COOK DIRECTOR	1 00	х						0	67,500	0
(4) ROBERT FRIEND DIRECTOR	1 00	x						0	0	0
(5) DAVID FOLKMAN DIRECTOR	1 00	X						0	0	0
(6) JAMES SANDLER VICE PRES/DIRECTOR FROM FROM JUNE 5	1 00	x		x				0	0	0
(7) STEVE DAETZ PRESIDENT/ASST SECRETA	40 00			x				481,220	0	82,102
(8) JOY SISISKY TREASURER/SECRETARY	1 00 37 50			x				0	286,892	26,146
(9) SERGIO KNAEBEL GRANTS DIRECTOR	32 00					x		174,402	0	27,356
(10) JEANNETTE DEMESMIN-RODRIGUES EXECUTIVE ASSISTANT	40 00					x		114,709	0	23,221
(11) SUSAN HYDE EXECUTIVE ASSISTANT	40 00					×		110,170	0	22,380
(12) VIVIAN CHANG GRANTS DIRECTOR	40 00					×		127,026	0	46,462
				_	_					Form <b>990</b> (2018)

Form 990 (2018)										Page <b>8</b>
Part VII Section A. Officers, Direct	tors, Trustees	, Key l	Emp	loye	es,	and I	High	nest Compensate	d Employees (co	ntinued)
<b>(A)</b> Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)		ne b	ox, u in off tor/tr	che nles	s pers and a	on	( <b>D</b> ) 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

	địa Đ	าแรโษษ		ensated		
				·		
						_

1b Sub-Total			 ٠.	<b>&gt;</b>			
c Total from continuation sheets to Pa	art VII <b>, Section</b>	Α		▶			
d Total (add lines 1b and 1c)			 _	▶ _	1,007,527	354,392	227,667

1b Sub-Total				<b>&gt;</b>			
c Total from continuation sheets to Pa	art VII <b>, Section</b>	Α		▶[			
d Total (add lines 1b and 1c)				•	1,007,527	354,392	227,667

1b Sub-Total				<b>&gt;</b>			
c Total from continuation sheets to Pa	art VII <b>, Section</b>	Α		▶			
d Total (add lines 1b and 1c)				•	1,007,527	354,392	227,667

1b Sub-Total						<b>&gt;</b>			
c Total from continuation sheets to Pa	art VII <b>, Section</b>	Α				▶			·
d Total (add lines 1b and 1c)						▶	1,007,527	354,392	227,667
3 Total number of industrials (including	but not limited	to these	a lieti	٠, ١	h a	· \bo	 awad mara than	¢100.000	

Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on 

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

services rendered to the organization? If "Yes," complete Schedule J for such person . . . .

Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for

of reportable compensation from the organization ▶ 5

**Section B. Independent Contractors** 

compensation from the organization ▶ 0

3

4

5

1

b Sub-Total						<b>&gt;</b>			
c Total from continuation sheets to Pa	art VII <b>, Section</b>	Α				▶ [			
d Total (add lines 1b and 1c)						•	1,007,527	354,392	227,667
Total number of individuals (including	but not limited	to thos	e liste	ad al	ove	) who	received more than	\$100,000	

Yes

Yes

3

4

5

No

Nο

Nο

Form 990 (2018)

from the organization. Report compensation for the calendar year ending with or within the	organization's tax year	
(A) Name and business address	(B) Description of services	<b>(C)</b> Compensation

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation

2 Total number of independent contractors (including but not limited to those listed above) who	received more than \$100,000 of	

		,							Page <b>9</b>
Part	VIII	Statement of		2 rocn/	anco or note to any	line in this Part VIII			П
		Check II Schedul	e O contains	a respo	onse or note to any	(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
	1a	Federated campaig	ns	1a			revenue		512 - 514
nts ants	Ь	Membership dues		1b					
Other Revenue Program Service Revenue and Other Similar Amounts	c	: Fundraising events		1c					
	d	Related organization	ns	1d					
	e	Government grants (c	ontributions)	1e					
	f	All other contributions and similar amounts n	, gifts, grants,						
utio Ter		above	ot included	1f	100,005				
Program Service Revenue	g	Noncash contribution of the Noncash contribution of the North Nort	ons included						
		Total. Add lines 1a	-1f		•				
					Business	100,005	<u> </u>		
휥	2a				Dusiness	Code			
ا <u>چ</u>	-			_					
Other Revenue Contributions, Giffs, Grants Program Service Revenue and Other Similar Amounts and Other Similar Amounts	_								
	d								
E	e			_					
ogra	f	All other program se	rvice revenue	2			I		
\$	91	<b>Fotal.</b> Add lines 2a-2	2f	•	<u> </u>				
		nvestment income (i imilar amounts) .	ncluding divid		nterest, and other	33,505,03	9		33,505,039
		ncome from investm			•	-			
	<b>5</b> R	Royalties			•	•			
	<b>-</b> -	Cua sa wanta	(ı) Rea	al	(II) Personal	_			
	оа	Gross rents							
	b	Less rental expenses				7			
	С	Rental income or				-			
		(loss)							
	d	Net rental income o							
	7a	Gross amount	(ı) Securi	ties	(II) Other	-			
		from sales of assets other	330,8	811,108					
		than inventory				_			
	b	Less cost or other basis and	331,3	372,316					
	С	sales expenses Gain or (loss)	-!	561,208		-			
		Net gain or (loss)			<b>&gt;</b>	-561,20	8		-561,208
		Gross income from f							
ng		contributions reporte							
Se ∣		See Part IV, line 18				_			
		Less direct expense Net income or (loss)		b sing ev	ents	J			
the		Gross income from g			ents •	1			
^		See Part IV, line 19							
	b	Less direct expense	s	a b		-			
		Net income or (loss)			les	_			
	10a	Gross sales of invent	tory, less						
		returns and allowand	es	a	l				
	b	Less cost of goods s	sold	b		1			
	С	Net income or (loss)	from sales of	finvent	tory ►				
		Miscellaneous	Revenue		Business Code	_			
Other Revenue	11:	a							
	L				-	-			
	O								
	c					+	1		
	٠								
	d	All other revenue .				+	+		+
		Total. Add lines 11a			•	1	1		1
	12	Total revenue. See	Instructions				+	+	+
						33,043,83	6	0	0 32,943,831

Part IX Statement of Functional Expenses				Page <b>10</b>
Section 501(c)(3) and 501(c)(4) organizations must complete all columns of the co	_		olete column (A)	
Check if Schedule O contains a response or note to any l		(B)	(C)	🗀
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	<b>(D)</b> Fundraisingexpenses
Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	63,076,497	63,076,497	general expenses	
2 Grants and other assistance to domestic individuals See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4 Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	585,351	468,281	117,070	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$				
7 Other salaries and wages	679,260	390,700	288,560	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	91,978	58,605	33,373	
9 Other employee benefits	100,642	64,057	36,585	
<b>10</b> Payroll taxes	72,585	48,671	23,914	
11 Fees for services (non-employees)				
a Management	84,292		84,292	
<b>b</b> Legal	15,929		15,929	
c Accounting	35,000		35,000	
<b>d</b> Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12 Advertising and promotion				
13 Office expenses	30,421		30,421	
14 Information technology	90,330		90,330	
15 Royalties				
<b>16</b> Occupancy	790,182		790,182	
<b>17</b> Travel	43,444		43,444	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings				
<b>20</b> Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	13,815		13,815	
23 Insurance	4,408		4,408	
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 ADMINISTRATIVE FEES	199,960		199,960	
b				
С				
d				
e All other expenses	I			
25 Total functional expenses. Add lines 1 through 24e	65,914,094	64,106,811	1,807,283	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
Check here ▶ ☐ If following SOP 98-2 (ASC 958-720)				

Forn	1 990	(2018)					Page <b>11</b>
Р	art X	Balance Sheet					
		Check if Schedule O contains a response or not	e to a	ny line in this Part IX			🗆
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			3,497,796	1	9,185,830
	2	Savings and temporary cash investments .	39,805,971	2	2,348,887		
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net		4			
	5	Loans and other receivables from current and fo	rmer	officers, directors,			
		trustees, key employees, and highest compensa Part II of Schedule L				5	
	6	Loans and other receivables from other disquali	fied pe	ersons (as defined under			
		section $4958(f)(1)$ ), persons described in section contributing employers and sponsoring organizations.					
Assets		voluntary employees' beneficiary organizations		6			
	7	Part II of Schedule L		7			
	8	Inventories for sale or use		8			
	9	Prepaid expenses and deferred charges		·	64,402	9	67,982
	10a	Land, buildings, and equipment cost or other	1		·		
		basis Complete Part VI of Schedule D	10a	974,417			
	ь	Less accumulated depreciation	<b>10</b> b	821,554	166,678	<b>10</b> c	152,863
	11	Investments—publicly traded securities .			909,938,937	11	930,700,830
	12	Investments—other securities See Part IV, line	11 .		5,954,972	12	3,666,825
	13	Investments—program-related See Part IV, line	11 .			13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			2,341,001	15	1,933,206
	16	Total assets. Add lines 1 through 15 (must equ	al line	34)	961,769,757	16	948,056,423
	17	Accounts payable and accrued expenses			128,340	17	158,878
	18	Grants payable			5,119,963	18	1,375,560
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
S	21	Escrow or custodial account liability Complete F	Part IV	of Schedule D		21	
Liabilities	22	Loans and other payables to current and former key employees, highest compensated employee					
<u>:</u>		persons Complete Part II of Schedule L			22		
_	23	Secured mortgages and notes payable to unrela	ırd parties		23		
	24	Unsecured notes and loans payable to unrelated	l thırd	parties		24	
	25	Other liabilities (including federal income tax, pa and other liabilities not included on lines 17 - 24 Complete Part X of Schedule D		s to related third parties,		25	
	26	Total liabilities. Add lines 17 through 25			5,248,303	26	1,534,438

956.521.454

956,521,454

961,769,757

27

28

29

30

31

32

33

34

946.521.985

946,521,985

948,056,423 Form **990** (2018)

Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34.

Capital stock or trust principal, or current funds . . . . .

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Unrestricted net assets

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances

Net Assets or Fund Balances

27 28

29

30

31

32

33

34

3a

3b

No

Form 990 (2018)

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Audit Act and OMB Circular A-133?

#### **Additional Data**

SAN FRANCISCO, THE PENINSULA, MARIN AND SONOMA COUNTIES

Software ID: Software Version:

THE FOUNDATION MADE GRANTS IN SUPPORT OF THE CHARITABLE, EDUCATIONAL, SCIENTIFIC OR RELIGIOUS PURPOSES OF THE JEWISH COMMUNITY FEDERATION OF

**EIN:** 94-3147856

Name: SANDLER FOUNDATION

Form 990 (2018)
Form 990, Part III, Line 4a:

efile	e GR/	APHIC pri	nt - DO NO	T PROCESS	As Filed Data -				493136031670
SCHEDULE A (Form 990 or 990EZ)			Con	Public Complete if the org	ort a section	2018 Open to Public			
nterno	Reven	f the Treasury		<b>P</b> Go to <u>v</u>	vww.irs.gov/Form9	90 for the lates	t information.		Inspection
		<b>he organiza</b> UNDATION	tion					Employer identifica	ition number
		_			(41)			94-3147856	
	rdanız				<b>s</b> (All organızatıons t ıs  (For lınes 1 throu			ee instructions.	
1			•		ociation of churches d	•		A)(i).	
2		A school de	escribed in <b>se</b>	ection 170(b)(1	)(A)(ii). (Attach Scho	edule E (Form 99	0 or 990-EZ))		
3					ce organization descri	,	, ,	ii).	
4			esearch orga	·	-			, <b>70(b)(1)(A)(iii).</b> En	ter the hospital's
5		-	•		of a college or univers	sity owned or ope	erated by a gove	ernmental unit describ	ed ın <b>section 170</b>
6			(iv). (Comple state, or local	•	governmental unit des	cribed in <b>sectior</b>	170(b)(1)(A	)(v).	
7		An organiza	ation that noi		substantial part of its			nit or from the genera	l public described in
8					170(b)(1)(A)(vi) (	Complete Part II	)		
9					cribed in <b>170(b)(1)(</b> e instructions Enter t			with a land-grant colle ollege or university	ge or university or a
10		from activit investment	cies related to cincome and	ıts éxempt func	tions—subject to certa ss taxable income (les	aın exceptions, aı	nd (2) no more	s, membership fees, a than 331/3% of its su ses acquired by the or	oport from gross
.1					exclusively to test for	public safety Se	e section 509(	(a)(4).	
12	<b>✓</b>	more publi	cly supported	organizations de		9(a)(1) or sect	ion 509(a)(2)	of, or to carry out the . See section 509(a) 12e, 12f, and 12g	
а	<b>✓</b>	organizatio	n(s) the pow					ation(s), typically by of the supporting organ	
b		manageme	nt of the sup	-	ion vested in the sam			rganızatıon(s), by hav e the supported organ	_
c		Type III f	unctionally	i <b>ntegrated.</b> A su	ipporting organization			d functionally integrat	ed with, its
d		Type III n	on-function	ially integrated The organization		ation operated in a distribution re	connection wit	<b>nd E.</b> h its supported organi an attentiveness requ	
e		Check this	box if the org	janization receive	•	ation from the IR	S that it is a Tyl	oe I, Type II, Type III	functionally
f				d organizations				_ 1	
g		de the follow lame of supp		on about the sup	ported organization(s (iii) Type of	) (iv) Is the orga	anization listed	(v) Amount of	(vi) Amount of
	(1)	organization		(11)	organization (described on lines 1- 10 above (see instructions))	in your governi		monetary support (see instructions)	other support (see instructions)
						Yes	No		
(A) JEWIS	SH COM	MMUNITY FEDE	RATION OF	941156533	7	Yes		150,000	(
Γotal			1					150,000	
		work Reduc	tion Act Not	tice, see the Ins	structions for	L I Cat No 11285F	: 6	schedule A (Form 99	

instructions

rage	_
170	

oport Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170
(1)(A)(ix)
mplete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part
If the organization fails to qualify under the tests listed below, please complete Part III.)

	III. If the organization fai						iy under Part
_	Section A. Public Support	iis to quality ut	ider the tests his	ted below, pied.	se complete rai	C 111.)	
	Calendar year		I	T	T		
	(or fiscal year beginning in) ▶	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grant ")						
2	Tax revenues levied for the						
	organization's benefit and either paid						
_	to or expended on its behalf The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
4	<b>Total.</b> Add lines 1 through 3						
5	The portion of total contributions by						
5	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)						
6	Public support. Subtract line 5 from						
	line 4						
S	Section B. Total Support						
	Calendar year	(a)2014	<b>(b)</b> 2015	(c)2016	(d)2017	(e)2018	(f)Total
	(or fiscal year beginning in) ▶	(-,	(=,====	(3,2323	(-)	(0)2020	(1).010.
7							
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and						
_	income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the business is regularly carried on						
10							
10	loss from the sale of capital assets						
	(Explain in Part VI )						
11	<b>Total support.</b> Add lines 7 through						
	10						
12	Gross receipts from related activities, e	tc (see instruction	ons)			12	
13	First five years. If the Form 990 is for	the organization	s first, second, th	urd, fourth, or fifth	n tax vear as a sec	tion 501(c)(3) org	anization.
	check this box and <b>stop here</b>	=				· · · · · · <u>-</u>	_
_	section C. Computation of Public						_
	Public support percentage for 2018 (line			column (f))			
				column (1))		14	
	Public support percentage for 2017 Sch					15	
<b>16</b> a	33 1/3% support test—2018. If the				ne 14 is 33 1/3% o	r more, check this	box
	and <b>stop here.</b> The organization qualif						··►□
Ŀ	<b>33 1/3% support test—2017.</b> If the	organization did	not check a box o	on line 13 or 16a,	and line 15 is 33 i	1/3% or more, chec	k this
	box and stop here. The organization	qualifies as a pub	olicly supported or	ganızatıon			▶□
<b>17</b> a	10%-facts-and-circumstances test-	<b>–2018.</b> If the or	ganization did not	check a box on lir	ne 13, 16a, or 16b	, and line 14	
	is 10% or more, and if the organization						
	in Part VI how the organization meets t	he "facts-and-cir	cumstances" test	The organization	qualifies as a publ	icly supported	
	organization						▶ □
Į.	10%-facts-and-circumstances test	-2017. If the o	rganization did no	ticheck a box on l	ine 13, 16a, 16h	or 17a, and line	
0	15 is 10% or more, and if the organiza						
	Explain in Part VI how the organization						
	supported organization			5-	4	,	▶□
10	Private foundation. If the organization	n did not check :	hov on line 12 1	6a 16h 17a or 1	7h check this has	and see	<b>F</b> L
TΩ	Trivate roundation, if the organization	ii ala not check e	4 POV OIL HIE TO, T	ou, 100, 1/a, 01 1	. , D, CHECK HIIS DU)	, unu see	

Р	Support Schedule for						
	(Complete only if you c						ler Part II. If
- C	the organization fails to ection A. Public Support	quality under t	ne tests listed	pelow, please co	omplete Part II.	)	
30	Calendar year		43.554.5		413.004-		(0) =
	(or fiscal year beginning in) ▶	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions,						
_	merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
_	organization's tax-exempt purpose Gross receipts from activities that are						
3	not an unrelated trade or business						
	under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
_	to or expended on its behalf The value of services or facilities						
5	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
_	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified						
	persons that exceed the greater of						
	\$5,000 or 1% of the amount on line						
	13 for the year						
C	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
	from line 6 )						
36	ection B. Total Support  Calendar year			I	1		1
	(or fiscal year beginning in) ▶	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and						
b	income from similar sources Unrelated business taxable income						
D	(less section 511 taxes) from						
	businesses acquired after June 30,						
	1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is						
	regularly carried on						
12							
	loss from the sale of capital assets						
	(Explain in Part VI )						
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is for	r the organization	ı 's fırst, second, tl	nird, fourth, or fift	:h tax vear as a se	ction 501(c)(3) c	rganization.
	check this box and <b>stop here</b>	3	, ,	, ,	,	( ), ( )	• □
Se	ection C. Computation of Public	Support Perce	ntage				<u> </u>
15	Public support percentage for 2018 (lin			column (f))		15	
16	Public support percentage from 2017 S					16	
	ection D. Computation of Investi					1 1	
<u> </u>	Investment income percentage for 201			line 13, column (f	·))	17	
18	Investment income percentage from 2	•		,	• •	18	
	331/3% support tests—2018. If the		·	on line 14 and lin	ne 15 is more than		ne 17 is not
							_
	more than 33 1/3%, check this box and s						
b	33 1/3% support tests—2017. If the	-			•		_
	not more than 33 1/3%, check this box	and stop here.	The organization	qualifies as a publ	icly supported org	anization	▶⊔_
20	Private foundation. If the organization	on did not check a	box on line 14, 1	.9a, or 19b, check	this box and see	instructions	▶ □

Part IV Supporting Organizations (Complete only if you checked a box on line 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of

Page 4

No

No

No

No

No

No

No

9b

9с

10a

10b

Schedule A (Form 990 or 990-EZ) 2018

Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V ) Section A. All Supporting Organizations

Schedule A (Form 990 or 990-EZ) 2018

10a

answer line 10b below

the organization had excess business holdings)

Yes No Are all of the organization's supported organizations listed by name in the organization's governing documents? 1 If "No," describe in Part VI how the supported organizations are designated If designated by class or purpose, Yes

describe the designation If historic and continuing relationship, explain

1 Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below

2 3а Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination 3b

Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use 3с Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below 4a

Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or 4b supervised by or in connection with its supported organizations Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes 4c

No Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by 5a amendment to the organizing document)

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? 5b Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other

No 6 than (1) its supported organizations. (ii) individuals that are part of the charitable class benefited by one or more of its

supported organizations, or (III) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 6 Yes 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in

section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)

7 No Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," 8

complete Part I of Schedule L (Form 990 or 990-EZ) 8

Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as

defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

provide detail in Part VI. 9a

Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

	New York State Control of the Contro			aye 3
i k	Supporting Organizations (continued)			
	The the consequence of the first control of the con		Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		No
b	A family member of a person described in (a) above?	11b		No
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11c		No
	Section B. Type I Supporting Organizations	<u> </u>	l	
	,, <u>, , , , , , , , , , , , , , , , , ,</u>		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	Yes	
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization	2	103	No
S	Section C. Type II Supporting Organizations		V	₿1.:
	Wang a manufacture of the annual state of the state of th		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
_	Section D. All Type III Supporting Organizations			
	ection D. All Type III Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	!		
		1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s)			
		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard	3		
S	Section E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct	ions)		
	a			
	b  The organization is the parent of each of its supported organizations  Complete <b>line 3</b> below			
	The organization supported a governmental entity Describe in <b>Part VI</b> how you supported a government entity (see	. ınstru	ctions)	
2	Activities Test Answer (a) and (b) below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a		
	<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
	<ul> <li>a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.</li> </ul>	3a		
	<ul> <li>b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard</li> </ul>	3h		

3b

Sched	ule A (Form 990 or 990-EZ) 2018			Page <b>6</b>
Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgani	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations.			
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	<b>1</b> b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally-instructions)	ntegrat	ed Type III supporting or	ganızatıon (see

Schedule A (Form 990 or 990-EZ) (2018)

c Remainder Subtract lines 4a and 4b from 4

5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2
If the amount is greater than zero, explain in Part VI

Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.
 Excess distributions carryover to 2019. Add lines.

**a** Excess from 2014. . . . . **b** Excess from 2015. . . . . **c** Excess from 2016. . . . .

See instructions

d Excess from 2017.e Excess from 2018.

3<sub>j</sub> and 4c

8 Breakdown of line 7

Page 8 Part VI Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions) Facts And Circumstances Test 990 Schedule A, Supplemental Information Return Reference Explanation SCHEDULE A. PART IV. SECTION THE MISSION OF THE ORGANIZATION IS TO OPERATE EXCLUSIVELY FOR CHARITABLE, EDUCATIONAL OR R A, LINE 6 ELIGIOUS PURPOSES BY CONDUCTING OR SUPPORTING ACTIVITIES FOR THE BENEFIT OF, OR TO CARRY O UT THE PURPOSES OF THE SUPPORTED ORGANIZATION, THE JEWISH COMMUNITY FEDERATION OF SAN FRAN CISCO, THE PENINSULA, MARIN AND SONOMA COUNTIES THE ORGANIZATION MAKES GRANTS PRINCIPALLY TO OTHER PUBLICLY SUPPORTED 501(C)(3) ORGANIZATIONS, WITH THE INTENDED PURPOSE OF ADVANCI NG THE MISSION OF THE SUPPORTED ORGANIZATION, WHICH IS TO ADDRESS THE PRESSING ISSUES FACI NG THE JEWISH COMMUNITY PLEASE REFER TO SCHEDULE I, PART II FOR A LIST OF PUBLICLY SUPPOR

TED 501(C)(3) ORGANIZATIONS RECEIVING GRANTS FROM THE ORGANIZATION

Schedule A (Form 990 or 990-EZ) 2018

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE D** 

(Form 990)

Department of the Treasury

Internal Revenue Service

**Supplemental Financial Statements** 

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

► Attach to Form 990. ▶ Go to www.irs.gov/Form990 for the latest information. DLN: 93493136031670 OMB No 1545-0047

Open to Public Inspection Employer identification number

	me of the organization NDLER FOUNDATION	-	Em	ployer identification number						
<i>-</i>	ADELY 1 OUNDATION		94-	3147856						
Pa	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.									
	Complete if the organization answered "Ye	s" on Form 990, Part IV, line 6.  (a) Donor advised funds	<u> </u>	(b)Funds and other accounts						
1	Total number at end of year	(a) Donor advised funds		(b) unds and other accounts						
2	Aggregate value of contributions to (during year)									
3	Aggregate value of grants from (during year)									
4	Aggregate value at end of year									
5	Did the organization inform all donors and donor advisor	rs in writing that the assets held in don	or advised	funds are the						
	organization's property, subject to the organization's ex			☐ Yes ☐ No						
6	Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor private benefit?	or donor advisor, or for any other purp	oose confer	ring impermissible    Yes   No						
Pa	rt III Conservation Easements. Complete if th	e organization answered "Yes" on	Form 990	), Part IV, line 7.						
1	Purpose(s) of conservation easements held by the organ	nization (check all that apply)								
	$\square$ Preservation of land for public use (e g , recreation	or education) $\square$ Preservation	of an histoi	rically important land area						
	Protection of natural habitat	Preservation	of a certifie	d historic structure						
	Preservation of open space									
2	Complete lines 2a through 2d if the organization held a	qualified conservation contribution in th	he form of a							
	easement on the last day of the tax year  Total number of conservation easements		۱ ـ	Held at the End of the Year						
a	Total acreage restricted by conservation easements		2a							
b	Number of conservation easements on a certified historic	s structure included in (a)	2b							
c d	Number of conservation easements included in (c) acqui	` '	2c c 2d							
u	structure listed in the National Register	red after 7/25/00, and not on a mistoric	Zu							
3	Number of conservation easements modified, transferre tax year ▶	d, released, extinguished, or terminate	d by the or	ganization during the						
4	Number of states where property subject to conservatio	n easement is located 🕨								
5	Does the organization have a written policy regarding th and enforcement of the conservation easements it holds		dling of viol	_ ations, □ Yes □ No						
6	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of violations, and enforci	ing conserv	ation easements during the year						
7	Amount of expenses incurred in monitoring, inspecting,  \$ \\$	handling of violations, and enforcing co	onservation	easements during the year						
8	Does each conservation easement reported on line $2(d)$ and section $170(h)(4)(B)(II)$ ?	above satisfy the requirements of secti	ion 170(h)(	(4)(B)(I) ☐ Yes ☐ No						
9	In Part XIII, describe how the organization reports consibalance sheet, and include, if applicable, the text of the			atement, and						
	the organization's accounting for conservation easement	is .								
Pai	<b>Organizations Maintaining Collections</b> Complete if the organization answered "Yes	s" on Form 990, Part IV, line 8.								
1a	If the organization elected, as permitted under SFAS 11 art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its finan	public exhibition, education, or researc	h in further:							
b	If the organization elected, as permitted under SFAS 11 historical treasures, or other similar assets held for publ following amounts relating to these items									
	(i) Revenue included on Form 990, Part VIII, line 1			<b>&gt;</b> \$						
(	ii)Assets included in Form 990, Part X			<u></u> -						
2	If the organization received or held works of art, historic following amounts required to be reported under SFAS 1		r financial g	gain, provide the						
а	Revenue included on Form 990, Part VIII, line 1			<b>▶</b> \$						
b	Assets included in Form 990, Part X			<b>&gt;</b> \$						
For	Paperwork Reduction Act Notice, see the Instruction	s for Form 990. Cat	No 5228	3D Schedule D (Form 990) 2018						

Par	t IIII	Organizations M	aintaining Col	lections of A	Art, Histor	ical T	reasu	ires, oi	r Other	Similar A	ssets (d	ontinu	ıed)	
3		the organization's acq (check all that apply)	juisition, accessioi	n, and other re	cords, check	any of	the fol	llowing t	hat are a	significant	use of its	collec	tion	
а		Public exhibition			d		Loan	or excha	ange prog	grams				
b		Scholarly research			е		Other	r						
c		Preservation for future	e generations											
4	Provid Part X	de a description of the	organization's col	lections and ex	plain how th	ey furt	her the	e organiz	zation's e	xempt purpo	ose in			
5		g the year, did the org s to be sold to raise fui								nılar	☐ Ye	s [	□ N•	<b>o</b>
Pa	rt IV	Escrow and Cust Complete if the or X, line 21.			n Form 990	), Part	IV, lii	ne 9, o	r reporte	ed an amo	unt on F	orm 9	990,	Part
1a		organization an agent led on Form 990, Part		an or other inte	ermediary for	r contri	butions	s or othe	er assets	not	☐ <b>Y</b> e	s [	□ No	o
ь	If "Ye	s," explain the arrange	ement ın Part XIII	and complete	the following	table				-	Amount			-
c		ning balance		·	_				1c					-
d	Addıtı	ons during the year							1d					_
е	Distri	butions during the yea	r						1e					_
f	Endın	g balance							1f					_
2a	Did th	ne organization include	an amount on Fo	rm 990, Part X	, line 21, for	escrov	v or cu	stodial a	ccount li	abılıty?	☐ Ye	s [	□ No	- o
b	If "Ye	s," explain the arrange			· · · · · · · · · · · · · · · · · · ·									
Pa	irt V	Endowment Fun	<b>ds.</b> Complete if											
	D			(a)Current ye	ear <b>(b)</b> F	Prior yea	ır	(c)Two y	ears back	(d)Three ye	ars back	(e)Fou	ır year	s back
	-	ing of year balance .					_							
		outions	1.1											
		estment earnings, gaii	•											
		or scholarships									-			
е		expenditures for faciliting	es											
f		strative expenses .												
		year balance												
2		, de the estimated perce	entage of the curre	ent vear end ha	lance (line 1	a colu	mn (a)	1) held a	S	<u> </u>				
- а		designated or quasi-e	=	, ca. ca be		9, 00.0	(=)	,,						
b	Perma	anent endowment >												
c	Temp	orarily restricted endo	wment <b>&gt;</b>											
٠		ercentages on lines 2a		ld equal 100%										
3a	-	nere endowment funds		**		t are h	eld and	d admini	stered fo	r the				
	-	ization by									_		Yes	No
	(i) ur	related organizations										a(i)		
		elated organizations    . s" on 3a(ii), are the re				 مانام					<u> </u>	i(ii) Bb		
4		be in Part XIII the inte	-	•							· L	שפ		
	rt VI	Land, Buildings,												
		Complete if the or			n Form 990	), Part	: IV, lii	ne 11a.	. See Fo	rm 990, Pa	art X, lın	ie 10.		
	Descri	ption of property	(a) Cost or oth (investme		) Cost or other	r basıs (	other)	(c) Acc	umulated (	depreciation	(	<b>d)</b> Bool	k value	!
1a	Land													
		gs												
		old improvements				5	32,572			532,572				0
		nent					33,755			288,982				44,773
							08,090			•				108,090

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

	Saa Form 990 Part V lina 17					
	See Form 990, Part X, line 12.  (a) Description of security or category (including name of security)		<b>(b)</b> Book value		(c) Method of or end-of-yea	valuation r market value
	al derivatives					
	Tied equity interests	· · ·				
(A)						
[B)						
(C)						
(D)						
(E)						
F)						
(G)						
(H)						
Fotal. (Colum	on (b) must equal Form 990, Part X, col (B) line 12 )	<b>•</b>				
Part VIII	Investments—Program Related. Complete if the organization answered 'Yes' on I	Form 990. P	art IV. line	11c. See Fo	rm 990. Part	X. line 13.
	(a) Description of investment		ok value		(c) Method of	
(1)				Cost	or end-or-year	market value
(2)						
(3)						
4)						
[5)						
6)						
(7)						
(8)						
(8)						
(9)	nn (b) must equal Form 990, Part X, col (B) line 13 )	•				
(9) Fotal. (Colum	on (b) must equal Form 990, Part X, col (B) line 13 )  Other Assets. Complete if the organization answered		n 990, Part	IV, line 11d S	ee Form 990,	
9)  Fotal. (Column  Part IX			n 990, Part	IV, line 11d Si	ee Form 990,	Part X, line 15  (b) Book value
9)  Fotal. (Column  Part IX  1)	Other Assets. Complete if the organization answered		n 990, Part	IV, line 11d S	ee Form 990,	
Fotal. (Column Part IX 1)	Other Assets. Complete if the organization answered		n 990, Part	IV, line 11d S	ee Form 990,	
Fotal. (Column Part IX 1) (2) (3)	Other Assets. Complete if the organization answered		n 990, Part	IV, line 11d S	ee Form 990,	
(9)  Fotal. (Column Part IX  1)  2)  3)	Other Assets. Complete if the organization answered		n 990, Part	IV, line 11d Si	ee Form 990,	
(9)  Fotal. (Column Part IX  1)  2)  3)  4)	Other Assets. Complete if the organization answered		n 990, Part	IV, line 11d S	ee Form 990,	
(9)  Fotal. (Column Part IX  1)  2)  3)  4)  5)	Other Assets. Complete if the organization answered		n 990, Part	IV, line 11d S	ee Form 990,	
Fotal. (Column Part IX 1) 1) 2) 3) 4) 5) 6) 7)	Other Assets. Complete if the organization answered		n 990, Part	IV, line 11d S	ee Form 990,	
9)  Fotal. (Column Part IX  1)  2)  3)  4)  5)  6)  7)	Other Assets. Complete if the organization answered		n 990, Part	IV, line 11d S	ee Form 990,	
9)  Fotal. (Column Part IX  1)  2)  3)  4)  5)  6)  7)  8)	Other Assets. Complete if the organization answered (a) Description		n 990, Part	IV, line 11d S		
9)  Total. (Column Part IX  1)  2)  3)  4)  5)  6)  7)  8)	Other Assets. Complete if the organization answered  (a) Description  (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization asserted to the organization as the complete in the organization as the complete in the organization as the complete in the organization as the complete in the organization as the complete in the organization as the complete in the organization as the complete in the organization as the complete in the organization and the complete in the organization and the complete in the organization and the complete in the organization and the complete in the organization and the complete in the organization and the complete in the organization and the complete in the organization and the complete in the organization and the complete in the organization and the complete in the organization and the complete in the organization and the complete in the complete in the organization and the complete in the organization and the complete in the organization and the complete in the organization and the complete in the organization and the complete in the organization and the complete in the organization and the complete in the organization and the complete in the organization and the complete in the organization and the complete in the comple	n				(b) Book value
9)  Fotal. (Column Part IX  1)  2)  3)  4)  5)  6)  7)  8)  9)  Fotal. (Column Part X	Other Assets. Complete if the organization answered (a) Description  (b) must equal Form 990, Part X, col (B) line 15	n		 n 990, Part I\		(b) Book value
9)  Total. (Column Part IX  1)  2)  3)  4)  5)  6)  7)  8)  9)  Total. (Column Part X	Other Assets. Complete if the organization answered  (a) Description  Imm (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization at See Form 990, Part X, line 25.	n	es' on Forn	 n 990, Part I\		(b) Book value
9)  Total. (Column Part IX  1)  2)  3)  4)  5)  6)  7)  8)  9)  Fotal. (Column Part X  1) Federal (1)	Other Assets. Complete if the organization answered  (a) Description  Imm (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization at See Form 990, Part X, line 25.  (a) Description of liability	n	es' on Forn	 n 990, Part I\		(b) Book value
9)  Total. (Column Part IX  1)  2)  3)  4)  5)  6)  7)  8)  9)  Fotal. (Column Part X  1) Federal (1)	Other Assets. Complete if the organization answered  (a) Description  Imm (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization at See Form 990, Part X, line 25.  (a) Description of liability	n	es' on Forn	 n 990, Part I\		(b) Book value
9)  Total. (Column Part IX  1)  2)  3)  4)  5)  6)  7)  8)  9)  Total. (Column Part X  1) Federal (1)  2)  3)	Other Assets. Complete if the organization answered  (a) Description  Imm (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization at See Form 990, Part X, line 25.  (a) Description of liability	n	es' on Forn	 n 990, Part I\		(b) Book value
9)  Fotal. (Column Part IX  1)  2)  3)  4)  5)  6)  7)  8)  9)  Fotal. (Column Part X  1) Federal (  2)  3)  4)	Other Assets. Complete if the organization answered  (a) Description  Imm (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization at See Form 990, Part X, line 25.  (a) Description of liability	n	es' on Forn	 n 990, Part I\		(b) Book value
9)  Total. (Column Part IX  1)  2)  3)  4)  5)  6)  7)  8)  9)  Total. (Column Part X  1) Federal (1)  2)  3)  4)	Other Assets. Complete if the organization answered  (a) Description  Imm (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization at See Form 990, Part X, line 25.  (a) Description of liability	n	es' on Forn	 n 990, Part I\		(b) Book value
9)  Total. (Column Part IX  1)  2)  3)  4)  5)  6)  7)  8)  9)  Total. (Column Part X  1) Federal (  2)  3)  4)  5)	Other Assets. Complete if the organization answered  (a) Description  Imm (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization at See Form 990, Part X, line 25.  (a) Description of liability	n	es' on Forn	 n 990, Part I\		(b) Book value
Fotal. (Column Part IX 1) 1) 2) 3) 4) 5) 66) 7) 88) 9) Fotal. (Column Part X 1) Federal (1) Federal (2) 3) 4) 5) 6)	Other Assets. Complete if the organization answered  (a) Description  Imm (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization at See Form 990, Part X, line 25.  (a) Description of liability	n	es' on Forn	 n 990, Part I\		(b) Book value
(9)  Fotal. (Column Part IX  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Fotal. (Column Part X  1.	Other Assets. Complete if the organization answered  (a) Description  Imm (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization at See Form 990, Part X, line 25.  (a) Description of liability	n	es' on Forn	 n 990, Part I\		(b) Book value
(9)  Fotal. (Column Part IX  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Fotal. (Column Part X  (1) Federal (1) (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answered  (a) Description  Imm (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization at See Form 990, Part X, line 25.  (a) Description of liability	n	es' on Forn	 n 990, Part I\		(b) Book value

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Total revenue, gains, and other support per audited financial statements . . . . .

Amounts included on line 1 but not on Form 990, Part VIII, line 12

Add lines 2a through 2d . . . . . .

Supplemental Information

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) . . . . . . .

XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

Add lines **4a** and **4b** . . . . . . . . . . . . . . . . .

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . . Page 4

55,903,246

-11,379

65,914,094

65.914.094

Schedule D (Form 990) 2018

2e

3

4c

5

Schedule D (Form 990) 2018

Part XI

1

2

d

3

4

b

5

Part XIII

See Additional Data Table

Return Reference

2e 22,859,410 e 3 3 33,043,836 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1 4a

Investment expenses not included on Form 990, Part VIII, line 7b . 4b b Add lines **4a** and **4b** . . . . . . 4c c Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) . . . . . . 5 5

n 33,043,836 Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Part XII 1 65,902,715 2 Amounts included on line 1 but not on Form 990, Part IX, line 25

Donated services and use of facilities . . . 2a 2b 2c c

2d Other (Describe in Part XIII ) . . . . . . -11,379

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part

4a

4b

Explanation

Schedule D (Form 990) 2018	Page <b>5</b>
Part XIII Supplemental Info	mation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2018

#### **Additional Data**

PART XII, LINE 2D - OTHER

ADJUSTMENTS

### Software ID: Software Version: **EIN:** 94-3147856

Name: SANDLER FOUNDATION

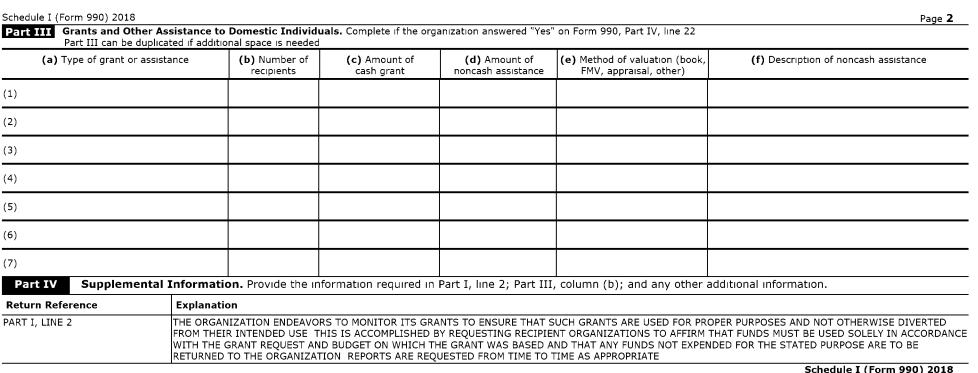
#### **Supplemental Information**

## Return Reference

**GRANT OFFSETS** 

Explanation

DLN: 93493136031670 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. OMB No 1545-0047 Schedule I **Grants and Other Assistance to Organizations**, (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public ▶ Attach to Form 990. Department of the Inspection ▶ Go to www.irs.gov/Form990 for the latest information. Treasury Internal Revenue Service Name of the organization Employer identification number SANDLER FOUNDATION 94-3147856 Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 1 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant (if applicable) organization (book, FMV, appraisal, noncash assistance or assistance grant cash or government assistance other) (1) See Additional Data (4)(5)(6)(7)(8)(9)(10)(11)(12)Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2018



### **Additional Data**

UNION

B255

125 BROAD STREET NEW YORK, NY 100042400

AMERICAN OVERSIGHT

WASHINGTON, DC 20005

1030 15TH STREET NW SUITE

# Software ID: **Software Version:**

81-5294830

**EIN:** 94-3147856 Name: SANDLER FOUNDATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

250,000

(h) Purpose of grant or assistance

GENERAL SUPPORT

GENERAL SUPPORT

N/A

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	<b>(d)</b> Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance
AMERICAN CIVIL LIBERTIES	13-3871360	501(C)(3)	2,000,000			N/A

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 52-2313694 501(C)(3) 500.000 IN/A IGENERAL SUPPORT AMERICAN CONSTITUTION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

CONSULTATIVE GROUP ON	13-3431076	501(C)(3)	45,000		N/A	GENERAL SUPPORT
POLICY 1899 L STREET NW SUITE 200 WASHINGTON, DC 20036						

WASHINGTON, DC 20036

CONSULTATIVE GROUP ON BIOLOGICAL DIVERSITY PRESIDIO BUILDING 1016 SAN FRANCISCO, CA 94129

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 04-3608387 501(C)(3) 1.000.000 IN/A IGENERAL SUPPORT CAMPAIGN LEGAL CENTER 1411 K STREET NW SUITE 1400 WASHINGTON, DC 20005

IN/A

IGENERAL SUPPORT

500.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

WASHINGTON, DC 20005

CAMPAIGN LEGAL CENTER
1411 K STREET NW SUITE

WASHINGTON, DC 20005

1400

04-3608387

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance or government other) assistance 30-0126510 501(C)(3) 2.000.000 IN/A CENTER FOR AMERICAN IGENERAL SUPPORT PROGRESS 1333 H STREET NW 10TH FLOOR WASHINGTON, DC 20005 501(C)(3) 2,000,000 N/A CENTER FOR AMERICAN 30-0126510 IGENERAL SUPPORT PROGRESS

1333 H STREET NW 10TH

WASHINGTON, DC 20005

FLOOR

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government other) assistance 85-0420285 501(C)(3) 800.000 IN/A CLIMATE AND OCEAN CENTER FOR BIOLOGICAL DIVERSITY lwork

POBOX 710 TUCSON, AZ 85702 CENTER FOR RESPONSIBLE 74-3043913 501(C)(3) 1.500.000 IN/A IGENERAL SUPPORT LENDING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

PO BOX 3619

DURHAM, NC 277023619

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance CENTER FOR RESPONSIBLE 74-3043913 501(C)(3) 1.500.000 IN/A IGENERAL SUPPORT LENDING

WASHINGTON, DC 20002

PO BOX 3619 DURHAM, NC 277023619						
CENTER ON BUDGET AND POLICY PRIORITIES 820 FIRST STREET NE SUITE 510	52-1234565	501(C)(3)	700,000		N/A	STATE FISCAL EFFORTS

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance CENTER ON BUDGET AND 52-1234565 501(C)(3) 2 non non l IN/A STATE FISCAL EFFORTS

SHEPARD HALL ROOM 166 NEW YORK, NY 10031

POLICY PRIORITIES 820 FIRST STREET NE SUITE 510 WASHINGTON, DC 20002	32 123 1303	301(0)(3)	2,000,000			AND GENERAL SUPPORT
CITY COLLEGE OF NEW YORK	13-1760098	501(C)(3)	25,000		N/A	GENERAL SUPPORT

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 81-3422012 501(C)(3) 500.000 IN/A IGENERAL SUPPORT

N/A

GENERAL SUPPORT

CIVIL RIGHTS CORP. 910 17TH STREET WASHINGTON, DC 20006

10,000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

COMPASSION AND CHOICES

ETNA, NH 037500485

PO BOX 485

84-1328829

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance or government other) assistance 82-1007988 501(C)(3) 1.000.000 IN/A DEMOCRACY FORWARD IGENERAL SUPPORT FOUNDATION 1333 H STREET NW 10TH 501(C)(3) 1,500,000 N/A 82-1007988 IGENERAL SUPPORT

FLOOR WASHINGTON, DC 20005 DEMOCRACY FORWARD FOUNDATION 1333 H STREET NW 10TH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

FLOOR

WASHINGTON, DC 20005

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance **EARTHJUSTICE** 94-1730465 501(C)(3) 2.000.000 N/A IGENERAL SUPPORT

50 CALIFORNIA STREET SUITE 500 SAN FRANCISCO, CA 94111						
EARTHJUSTICE 50 CALIFORNIA STREET SUITE	94-1730465	501(C)(3)	2,000,000		1	GAS, POWER AND PETROCHEMICALS

500

SAN FRANCISCO, CA 94111

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 59-6046500 501(C)(3) 55,000 IN/A IN SUPPORT OF CREMA FINS ATTACHED MARINE

THE UNITED STATES

1744 R STREET NW WASHINGTON, DC 20009

GERMAN MARSHALL FUND OF	52-0954751	501(C)(3)	500,000		N/A	ALLIANCE FOR
RESEARCH AND CONSERVATION 150 WEST UNIVERSITY BLVD MELBOURNE, FL 32901						

SECURING DEMOCRACY

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government other) assistance CEDMAN MADCHALL FUND OF E2 00E47E4 E01(C)(2) E00 000 INI/A ALLIANCE FOR

THE UNITED STATES  1744 R STREET NW  WASHINGTON, DC 20009	32-0934751	501(C)(3)	500,000		IV/A	SECURING DEMOCRACY
HUMAN RIGHTS WATCH	13-2875808	501(C)(3)	1.000.000		N/A	GENERAL SUPPORT

350 FIFTH AVENUE 34TH FLOOR

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

NEW YORK, NY 101183299

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 13-2875808 501(C)(3) 2.000.000 IN/A IGENERAL SUPPORT HUMAN RIGHTS WATCH 350 FIFTH AVENUE 34TH FLOOR NEW YORK, NY 101183299

IN/A

IGENERAL SUPPORT

1.000.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

INDIVISIBLE CIVIC

ENGAGEMENT INC POBOX 43884

WASHINGTON, DC 20010

82-2355901

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 82-2355901 501(C)(3) 500.000 IN/A INDIVISIBLE CIVIC IGENERAL SUPPORT ENGAGEMENT INC POBOX 43884 WASHINGTON, DC 20010

IN/A

IGENERAL SUPPORT

100.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

WASHINGTON, DC 20010

INSTITUTE FOR ENERGY
ECONOMICS AND FINANCIAL
ANALYSIS

3430 ROCKY RIVER DRIVE CLEVELAND, OH 44111

45-4244605

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 45-4244605 501(C)(3) 500,000 N/A IGENERAL SUPPORT INSTITUTE FOR ENERGY

ANALYSIS 3430 ROCKY RIVER DRIVE CLEVELAND, OH 44111						
INTERNATIONAL COMMUNITY	13-1624046	501(C)(3)	1,020,000		N/A	INTERNATIONAL FUND

FOUNDATION 2505 N AVENUE

NATIONAL CITY, CA 91950

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 91-1839907 501(C)(3) 200.000 IN/A ISLAND CONSERVATION IGENERAL SUPPORT 100 SHAFFER ROAD LML SANTA CRUZ, CA 95060 20-2777557 501(C)(3) 100,000 N/A GENERAL SUPPORT

1 STREET EDUCATION FUND INC POBOX 66073

WASHINGTON, DC 20035

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance J STREET EDUCATION FUND 20-2777557 501(C)(3) 100.000 N/A IGENERAL SUPPORT

INC POBOX 66073 WASHINGTON, DC 20035						
JEWISH COMMUNITY	94-1156533	501(C)(3)	50,000		N/A	DONOR ADVISED FUND

FEDERATION 121 STEUART STREET SAN FRANCISCO, CA 94105

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 94-1156533 501(C)(3) 100.000 IN/A JEWISH VOCATIONAL JEWISH COMMUNITY FEDERATION SERVICES

121 STEUART STREET SAN FRANCISCO, CA 94105						
LEADERSHIP CONFERENCE EDUCATION FUND 1629 K STREET NW SUITE 1000	23-7026895	501(C)(3)	1,000,000		N/A	GENERAL SUPPORT

WASHINGTON, DC 20006

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance or government other) assistance 23-7026895 501(C)(3) 1.000.000 IN/A IGENERAL SUPPORT LEADERSHIP CONFERENCE EDUCATION FUND 1629 K STREET NW SUITE

1000 WASHINGTON, DC 20006						
LEADERSHIP CONFERENCE EDUCATION FUND 1629 K STREET NW SUITE	23-7026895	501(C)(3)	1,200,000		N/A	ALL VOTING IS LOCAL

1000

WASHINGTON, DC 20006

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 23-7026895 501(C)(3) 1.500.000 IN/A ALL VOTING IS LOCAL LEADERSHIP CONFERENCE EDUCATION FUND

1629 K STREET NW SUITE 1000 WASHINGTON, DC 20006						
LEARNING POLICY INSTITUTE 1530 PAGE MILL ROAD SUITE	47-2772048	501(C)(3)	1,500,000		N/A	GENERAL SUPPORT

200

PALO ALTO, CA 94304

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 47-2772048 501(C)(3) 1.000.000 IN/A IGENERAL SUPPORT LEARNING POLICY INSTITUTE 1530 PAGE MILL ROAD SUITE

1530 PAGE MILL ROAD SUITE
200
PALO ALTO, CA 94304

LEARNING POLICY INSTITUTE 47-2772048 501(C)(3) 1,500,000

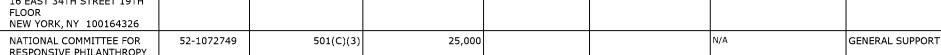
N/A GENERAL SUPPORT 1530 PAGE MILL ROAD SUITE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

200

PALO ALTO, CA 94304

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance MDRC 23-7379473 501(C)(3) 500.000 IN/A IGENERAL SUPPORT 16 EAST 34TH STREET 19TH



2001 S STREET NW SUITE 620 WASHINGTON, DC 20009

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government other) assistance NATIONAL PUBLIC EDUCATION 26-3015634 501(C)(3) 250,000 IN/A PARTNERSHIP FOR THE ELITTIDE OF LEADNING CLIDDODT FLIND

1900 L STREET NW SUITE 520 WASHINGTON, DC 20036						FOTORE OF LEARNING
NATIONAL PUBLIC EDUCATION	26-3015634	501(C)(3)	400,000		N/A	PARTNERSHIP FOR TH

SUPPORT FUND FUTURE OF LEARNING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

1900 L STREET NW SUITE 520 WASHINGTON, DC 20036

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 501(C)(3) 200.000 IN/A SOCIAL NEO PHILANTHROPY INC 13-3191113 45 WEST 36TH STREET TRANSFORMATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

5TH FL

WASHINGTON, DC 20036

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 51-0401308 501(C)(3) 250.000 IN/A OCEANA INC IGENERAL SUPPORT 1350 CONNECTICUT AVE NW 5TH FI

IN/A

IGENERAL SUPPORT

WASHINGTON, DC 20036

350.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

OPEN MARKETS INSTITUTE 1440 G STREET NW

WASHINGTON, DC 20005

82-2529375

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 94-2206497 501(C)(3) 1.000.000 IN/A FAITH IN ACTION IGENERAL SUPPORT 171 SANTA ROSA AVE

N/A

GENERAL SUPPORT

1,000,000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

OAKLAND, CA 94610

55 BROADWAY 23RD FLOOR NEW YORK, NY 10006 14-2007220

PROPUBLICA

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance PROPUBLICA 14-2007220 501(C)(3) 1.000.000 IN/A IGENERAL SUPPORT 55 BROADWAY 23RD FLOOR

N/A

GENERAL SUPPORT

1,000,000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

NEW YORK, NY 10006

55 BROADWAY 23RD FLOOR NEW YORK, NY 10006 14-2007220

PROPUBLICA

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government other) assistance PROTECT OUR DEFENDERS 45-4044997 501(C)(3) 25,000 IN/A IGENERAL SUPPORT

**IPROJECT** 

8000 WESTPARK DRIVE SUITE 410 MCLEAN, VA 22102						
RESOURCES LEGACY FUND	95-4703838	501(C)(3)	500,000		N/A	STUDENT DEBT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

555 CAPITAL MALL SUITE 675

SACRAMENTO, CA 95814

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 95-4703838 501(C)(3) 500.000 IN/A STUDENT DEBT RESOURCES LEGACY FUND PROJECT 95-2160097 501(C)(3) 8.997 IN/A LUNRESTRICTED ENDOWMENT

555 CAPITAL MALL SUITE 675 SACRAMENTO, CA 95814 SALK INSTITUTE FOR BIOLOGICAL STUDIES 10010 NORTH TORRY PINES

ROAD

LA JOLLA, CA 92037

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applicable grant cash non-cash assistance or assistance other) or government assistance SCHWAR CHARITARI E FUND 31-1640316 501(C)(3) 100.000 IN/A DONOR ADVISED FUND

211 MAIN STREET SAN FRANCISCO, CA 94105		552(5)(5)	200,000		,	
SIERRA CLUB FOUNDATION 85 SECOND STREET 2ND	94-6069890	501(C)(3)	1,000,000		N/A	BEYOND COAL CAMPAIGN

FLOOR

SAN FRANCISCO, CA 94105

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance SIERRA CLUB FOUNDATION 94-6069890 501(C)(3) 1.000.0001 N/A **ICLEAN ENERGY FOR ALL** 

CLINICAL EXCELLENCE

RESEARCH CENTER

85 SECOND STREET 2ND FLOOR SAN FRANCISCO, CA 94105		, , ,				
STANFORD UNIVERSITY	94-1156365	501(C)(3)	18.519		N/A	CLINICAL EXCELL

18.519

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

STANFORD, CA 94305

326 GALVEZ STREET

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 52-1184647 501(C)(3) 50,000 N/A NEW VOICES STUDENT PRESS LAW CENTER

THAT MAN MAY CEE INC	22 7120042	E01(C)(3)	F0 000		N/A	CENERAL CURRORT
1608 RHODE ISLAND AVE NW SUITE 211 WASHINGTON, DC 20036						ORGANIZING PROJE

SAN FRANCISCO, CA 94143

IGENERAL SUPPORT THAT MAN MAY SEE INC 23-7129943 501(C)(3) 50,0001 IN/A 10 KORET WAY BOX 0352

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 20-5197607 501(C)(3) 200.000 IN/A IGENERAL SUPPORT THE MANAGEMENT CENTER 1710 RHODE ISLAND AVENUE

NW SUITE 1100 WASHINGTON, DC 20036						
TRUMAN CENTER FOR	52-1080919	501(C)(3)	300,000		N/A	GENERAL SUPPORT

1250 I STREET NW SUITE 500 WASHINGTON, DC 20005

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 52-1080919 501(C)(3) 300.000 IN/A IGENERAL SUPPORT TRUMAN CENTER FOR NATIONAL POLICY 1250 I STREET NW SUITE 500 WASHINGTON, DC 20005 TURTLE ISLAND RESTORATION 91-1818080 501(C)(3) 250.000 IN/A IGENERAL SUPPORT

NETWORK POBOX 400

FOREST KNOLLS, CA 94933

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance or government other) assistance UNIVERSITY OF CALIFORNIA 94-2829914 501(C)(3) 1,100,000 IN/A SANDLER ASTHMA BASIC RESEARCH SAN FRANCISCO FOUNDATION

220 MONTGOMERY STREET

SAN FRANCISCO, CA 94104

5TH FLOOR

220 MONTGOMERY STREET 5TH FLOOR SAN FRANCISCO, CA 94104					CENTER
UNIVERSITY OF CALIFORNIA SAN FRANCISCO FOUNDATION	94-2829914	501(C)(3)	50,000		OSHER CENTER FOR INTEGRATIVE MEDICINE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance or government other) assistance UNIVERSITY OF CALIFORNIA 94-2829914 501(C)(3) 3,000,000 IN/A PROGRAM IN BREAKTHROUGH SAN FRANCISCO FOUNDATION

SAN FRANCISCO, CA 94104

220 MONTGOMERY STREET 5TH FLOOR SAN FRANCISCO, CA 94104					1	BIOMEDICAL RESEARCH (PBBR)
UNIVERSITY OF CALIFORNIA SAN FRANCISCO FOUNDATION 220 MONTGOMERY STREET 5TH FLOOR	94-2829914	501(C)(3)	730,000		I *	GLIOBLASTOMA PRECISION MEDICINE PROGRAM

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance 94-2829914 501(C)(3) 2.000.000 IN/A UNIVERSITY OF CALIFORNIA NEUROSCIENCES SAN FRANCISCO FOUNDATION BUILDING INITIATIVE 220 MONTGOMERY STREET 5TH FLOOR

220 MONTGOMERY STREET

STH FLOOR
SAN FRANCISCO, CA 94104

UNIVERSITY OF CALIFORNIA
SAN FRANCISCO FOUNDATION
220 MONTGOMERY STREET

PROGRAM

PRECISION MEDICINE
PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

5TH FLOOR

SAN FRANCISCO, CA 94104

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance 94-2829914 501(C)(3) 50.900 IN/A UNIVERSITY OF CALIFORNIA ADMINISTRATIVE SAN FRANCISCO FOUNDATION COSTS FOR THE ASTHMA RESEARCH 220 MONTGOMERY STREET 5TH FLOOR PROGRAM

SAN FRANCISCO, CA 94104 25,000 N/A UNIVERSITY OF CALIFORNIA 94-2829914 501(C)(3) SAN FRANCISCO FOUNDATION 220 MONTGOMERY STREET

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

SAN FRANCISCO, CA 94104

ADMINISTRATIVE COSTS FOR THE ASTHMA RESEARCH 5TH FLOOR PROGRAM

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 94-2829914 501(C)(3) 28.081 IN/A INSTITUTE FOR UNIVERSITY OF CALIFORNIA SAN FRANCISCO FOUNDATION NEURODEGENERATIVE DISEASES 220 MONTGOMERY STREET 5TH FLOOR

N/A

GENERAL SUPPORT

500,000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

SAN FRANCISCO, CA 94104

52-0880375

URBAN INSTITUTE

2100 M STREET NW WASHINGTON, DC 20037

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance VOTE SOLAR 46-4396728 501(C)(3) 250.000 IN/A IGENERAL SUPPORT 360 22ND STREET SUITE 730

VOTE SOLAR 46-4396728 501(C)(3) 250,000 N/A GENERAL SUPPORT OAKLAND, CA 94612

VOTE SOLAR 46-4396728 501(C)(3) 750,000 N/A GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

360 22ND STREET SUITE 730 OAKLAND, CA 94612

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 46-4396728 501(C)(3) 250.000 IN/A VOTE SOLAR IGENERAL SUPPORT 360 22ND STREET SUITE 730 OAKLAND, CA 94612

WASHINGTON CENTER FOR 47-4464400 501(C)(3) 1.000.000 N/A

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

GENERAL SUPPORT EOUITABLE GROWTH 1500 K STREET NW WASHINGTON, DC 20005

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 47-4464400 501(C)(3) 1.000.000 IN/A IGENERAL SUPPORT WASHINGTON CENTER FOR EQUITABLE GROWTH 1500 K STREET NW

IN/A

IGENERAL SUPPORT

1.000.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

WASHINGTON, DC 20005

WASHINGTON CENTER FOR EOUITABLE GROWTH

1500 K STREET NW WASHINGTON, DC 20005

47-4464400

(a) Name and address of (c) IRC section (d) Amount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant (b) EIN organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance

WILDCOAST 77-0536297 501(C)(3) 300,000 N/A GENERAL SUPPORT 925 SEACOAST DRIVE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

IMPERIAL BEACH, CA 91932

efil	e GRAPHIC pr	int - DO NOT PROCESS As Filed Data -		DLN: 934	9313	6031	670
Sch	edule J	Compensation Info	rmation	ОМ	B No	1545-0	0047
(For	n 990)	For certain Officers, Directors, Trustees, Ke					
		Compensated Employ  ▶ Complete if the organization answered "Yes"	ees on Form 990. Part IV.	line 23.	20	18	₹
		► Attach to Form 99	0.				
•	tment of the Treasury al Revenue Service	► Go to <u>www.irs.gov/Form990</u> for instructions	s and the latest inforn	nation.		o Pul	
	ne of the organiza	ition		Employer identificat			
SAN	DLER FOUNDATION			94-3147856			
Pa	rt I Questi	ons Regarding Compensation	1				
						Yes	No
1a		piate box(es) if the organization provided any of the following ection A, line 1a Complete Part III to provide any relevant inf					
	✓ First-class	or charter travel Housing allo	wance or residence for p	personal use			
		·	r business use of persor				
			cial club dues or initiatio				
	☐ Discretion	ary spending account $\square$ Personal ser	vices (e g , maid, chauf	reur, cner)			
b		tes in line 1a are checked, did the organization follow a writte Il of the expenses described above? If "No," complete Part III		ent or reimbursement	<b>1</b> b	Yes	
2		tion require substantiation prior to reimbursing or allowing exes, officers, including the CEO/Executive Director, regarding t		1-2	2	Yes	
	directors, truste	es, officers, including the CEO/Executive Director, regarding t	ne items checked in line	lar			
3		f any, of the following the filing organization used to establish		e			
	_	EO/Executive Director Check all that apply Do not check any d organization to establish compensation of the CEO/Executiv		n Part III			
	Componer	tion committee	Jaymant contract				
			loyment contract on survey or study				
			the board or compensat	tion committee			
4		did any person listed on Form 990, Part VII, Section A, line 1	·				
-	related organiza		,				
а	Receive a sever	ance payment or change-of-control payment?			4a		No
b	Participate in, o	receive payment from, a supplemental nonqualified retireme	nt plan?		4b		No
С		receive payment from, an equity-based compensation arrangement	•		4c		No
	If "Yes" to any o	f lines 4a-c, list the persons and provide the applicable amou	nts for each item in Part	III			
	Only 501(c)(3	), 501(c)(4), and 501(c)(29) organizations must compl	ete lines 5-9.				
5	For persons liste	d on Form 990, Part VII, Section A, line 1a, did the organizat					
	compensation c	ontingent on the revenues of					
а	The organization				5a		No
b	Any related orga	inization? 5a or 5b, describe in Part III			5b		No
6	•	d on Form 990, Part VII, Section A, line 1a, did the organizat	ion nav or accruo any				
0		ontingent on the net earnings of	on pay of accide any				
а	The organization	7			6a		No
b	Any related orga				6b		No
_	•	6a or 6b, describe in Part III					
7		d on Form 990, Part VII, Section A, line 1a, did the organizat escribed in lines 5 and 6? If "Yes," describe in Part III	ion provide any nonfixed	l	7		No
8	subject to the in	nts reported on Form 990, Part VII, paid or accured pursuant itial contract exception described in Regulations section 53 49		escribe			
	ın Part III				8		No
9	If "Yes" on line 53 4958-6(c)?	3, did the organization also follow the rebuttable presumption	procedure described in	Regulations section	9		
For I	Panerwork Redu	ction Act Notice, see the Instructions for Form 990.	Cat No. 5	0053T Schedule 1	(Form	990)	2018

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

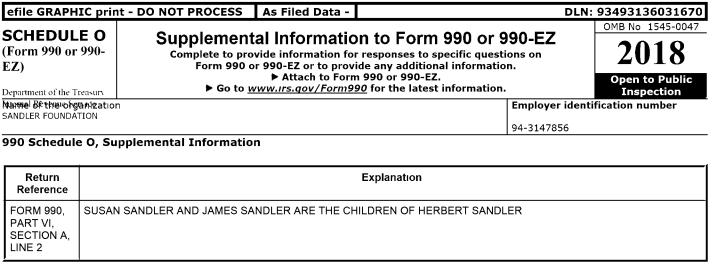
For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the

Instructions, on row (II) Denote. The sum of column	)o nc ıs (B	ot list any individuals that ()(i)-(iii) for each listed in	at are not listed on Form 99 ndividual must equal the to	90, Part VII otal amount of Form 990,	, Part VII, Section A, line	1a, applicable column (D)	) and (E) amounts for tha	at individual
(A) Name and Title			n of W-2 and/or 1099-MIS		(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column (B) reported as deferred on prior Form 990
1 STEVE DAETZ PRESIDENT/ASST SECRETA	(i)	480,854	. 0	366	57,000	25,102	563,322	0
	(ii)	0	0	0	0	0	0	0
2 JOY SISISKY TREASURER/SECRETARY	(i)		0	0	0	0	0	0
	(ii)	285,622	0	1,270	8,250	17,896	313,038	0
<b>3</b> SERGIO KNAEBEL GRANTS DIRECTOR	(i)		0	293	26,500	856	201,758	0
	(ii)		0	0	0	0	0	0
4 VIVIAN CHANG GRANTS DIRECTOR	(i)		0	0	19,688	26,774	173,488	0
	(ii)	0	0	0	0	0	0	0
					'			
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	=						Schedule	e 1 (Form 990) 2018

Schedule J (Form 990) 2018	Page <b>3</b>
Part III Supplemental Inform	nation
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

TOGETHER WITH APPROPRIATE DOCUMENTATION

Return Reference	Explanation
'	THE ORGANIZATION HAS FULL TIME EMPLOYEES AND COMPENSATES ONE OFFICER THE PRESIDENT'S COMPENSATION IS REVIEWED ANNUALLY BY THE
	GOVERNING BOARD OF DIRECTORS, ALONG WITH A MEMO SUMMARIZING SALARY COMPARABILITY DATA PROPOSED COMPENSATION ADJUSTMENTS FOR THE
'	PRESIDENT ARE DISCUSSED AND APPROVED BY THE INDEPENDENT GOVERNING BOARD OF DIRECTORS CERTAIN OFFICERS AND/OR DIRECTORS ARE ALSO
<i>'</i>	COMPENSATED BY A RELATED ORGANIZATION, THE JEWISH COMMUNITY FEDERATION OF SAN FRANCISCO, THE PENINSULA, MARIN AND SONOMA COUNTIES
	('JCF') JCF DOES A COMPENSATION SURVEY AND ANALYSIS FOR THE SENIOR LEVEL POSITIONS JCF LOOKS AT COMPENSATION THAT IS EQUITABLE INTERNALLY
<u>'</u>	AND EXTERNALLY FOR THESE POSITIONS THERE IS A PERIODIC REVIEW OF ALL SALARIES FROM AN INDEPENDENT PROFESSIONAL COMPENSATION
	ORGANIZATION THE REVIEW INCLUDES SIMILAR POSITIONS IN THE NON-PROFIT AND FOR-PROFIT SECTOR LOCALLY AND IS ADJUSTED NATIONALLY THE
'	COMPENSATION REVIEW ALSO ANALYZES COMPENSATION INFORMATION FROM OTHER FORM 990S FOR SIMILAR ORGANIZATIONS AS WELL AS MANY OTHER
<u>'</u>	SOURCES OF COMPENSATION DATA



Return Explanation
Reference

FORM 990,	THE FORM 990 IS PREPARED BASED ON AUDITED FINANCIAL STATEMENTS AND WITH THE ASSISTANCE OF
PART VI,	THE RELATED PARTY'S FINANCE AND ACCOUNTING STAFF. THE FINAL DRAFT OF THE 990 IS REVIEWED B
SECTION B,	Y THE TREASURER THE PRESIDENT AND/OR OTHER OFFICERS AND DIRECTORS RECEIVE THE FINAL VERSI
LINE 11B	ON OF THE FORM PRIOR TO FILING

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	THE ORGANIZATION REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES COMPLIANCE WITH ITS CONF LICT OF INTEREST POLICY ALL DIRECTORS AND OFFICERS CONFIRM EACH YEAR THAT THEY ARE NOT AW ARE OF ANY CONFLICTS OF INTEREST AS TO THEMSELVES OR OTHERS, AND THE ORGANIZATION MONITORS COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY THROUGHOUT THE YEAR THE SUPPORTED ORGANI ZATION REQUESTS COMPLETION OF AN ANNUAL DISCLOSURE FORM, ENSURES THAT ALL FORMS HAVE BEEN RECEIVED AND PREPARES A SUMMARY OF DISCLOSURES AND FORWARDS THE FORMS AND SUMMARY TO ITS LEGAL COUNSEL THE SUPPORTED ORGANIZATION'S CFO ALSO RECEIVES A COPY OF THE SUMMARY AND REVIEWS ALL FORMS AND IS RESPONSIBLE FOR ASSURING APPROPRIATE REPORTING TO THE EXTERNAL AUDIT ORS AND DISCLOSURE IN THE ANNUAL TAX FILINGS

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE ORGANIZATION HAS FULL TIME EMPLOYEES AND COMPENSATES ONE OFFICER THE PRESIDENT'S COMP ENSATION IS REVIEWED ANNUALLY BY THE GOVERNING BOARD OF DIRECTORS, ALONG WITH A MEMO SUMMA RIZING SALARY COMPARABILITY DATA PROPOSED COMPENSATION ADJUSTMENTS FOR THE PRESIDENT ARE DISCUSSED AND APPROVED BY THE INDEPENDENT GOVERNING BOARD OF DIRECTORS CERTAIN OFFICERS A ND/OR DIRECTORS ARE ALSO COMPENSATED BY A RELATED ORGANIZATION, THE JEWISH COMMUNITY FEDER ATION OF SAN FRANCISCO, THE PENINSULA, MARIN AND SONOMA COUNTIES ('JCF') JCF DOES A COMPE NSATION SURVEY AND ANALYSIS FOR THE SENIOR LEVEL POSITIONS JCF LOOKS AT COMPENSATION THAT IS EQUITABLE INTERNALLY AND EXTERNALLY FOR THESE POSITIONS THERE IS A PERIODIC REVIEW OF ALL SALARIES FROM AN INDEPENDENT PROFESSIONAL COMPENSATION ORGANIZATION THE REVIEW INCLU DES SIMILAR POSITIONS IN THE NON-PROFIT AND FOR-PROFIT SECTOR LOCALLY AND IS ADJUSTED NATI ONALLY THE COMPENSATION REVIEW ALSO ANALYZES COMPENSATION INFORMATION FROM OTHER FORM 990 S FOR SIMILAR ORGANIZATIONS AS WELL AS MANY OTHER SOURCES OF COMPENSATION DATA

Return Explanation
Reference

FORM 990, PART VI, SECTION C, LINE 19

990 Schedule O, Supplemental Information Return Explanation Reference FORM 990, GRANT REFUND 11,379 PART XI, LINE 9

Return Reference	Explanation
FORM 990 (VARIOUS)	DUE TO TAX SOFTWARE LIMITATIONS, CERTAIN QUESTIONS THAT SHOULD HAVE BEEN ANSWERED N/A WERE LEFT BLANK AS FOLLOWS 1) PART IV, QUESTION 20B, 24B, 24C, 24D, 35B 2) PART V, QUESTION 3 B, 4B, 5C, 6B, 7B, 7D, 7G, 7H, 8, 9A, 9B, 10A, 10B, 11A, 11B, 12A, 12B, 13A, 13B, 13C, 14B 3) PART VI, QUESTION 10B, 16B 4) PART XII, QUESTION 3B 5) SCHEDULE A PART IV QUESTION 3B, 3C, 4B, 4C, 5B, 5C, 10B 6) SCHEDULE J, QUESTION 9

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493136031670 OMB No 1545-0047 **SCHEDULE R Related Organizations and Unrelated Partnerships** 2018 (Form 990) ► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Open to Public Department of the Treasury Inspection Internal Revenue Service Name of the organization **Employer identification number** SANDLER FOUNDATION 94-3147856 Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I

(a)  Name, address, and EIN (if applicable) of disregarded entity		<b>(b)</b> Primary activ	vity	(c) Legal domic or foreign (	le (state	( <b>d)</b> Total inc	ome	<b>(e)</b> End-of-year a	ssets	<b>(f</b> ] Direct cor enti	ntrolling	
Part II Identification of Related Tax-Exempt Organization related tax-exempt organizations during the tax year.	ns Comple											
(a) Name, address, and EIN of related organization	Prim	(b) ary activity	Legal do or fore	(c) omicile (state gn country)	(d Exempt Co	de section	Public of (if secti	(e) charity status on 501(c)(3))	Dı	(f) rect controlling entity		g) 512(b) introlled iity?
(1) JEWISH COMMUNITY FEDERATION OF SF 121 STEUART STREET SAN FRANCISCO, CA 94105 94-1156533	STRENGTH	NTAIN AND EN JEWISH COMM AND LIFE		CA	501(C)(3)		LINE 7		N/A		Yes	No No
-												
For Paperwork Reduction Act Notice, see the Instructions for Form	990.		Ca	it No 50135	\				Sche	edule R (Form	990) 20	018

(a) Name, address, and EIN of related organization		<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant Income(related, unrelated, excluded from tax under sections 512- 514)	l, total incom		Disprop	h) ortionate itions?	(i) Code V-U amount in 20 of Schedule k (Form 106	oox ma pa	(j) neral or naging rtner?		itage
					314)			Yes	No	1	Ye	s No	1	
											_	+		
IV Identification of Related Organizated because it had one or more related or						ization ans	wered "Yes	" on Fo	orm 99	90, Part I	V, lın	e 34		_
		s a corporation	on or trus (c) egal micile or foreign	st during th	(d) controlling Typentity (C of	(e)	wered "Yes  (f) Share of total income	Share	(g) e of end- year assets	of- Pe	V, lin (h) rcentag	e	(i) Section 5 (13) continuentity	512(b trolled y?
because it had one or more related of  (a)  Name, address, and EIN of	erganizations treated as	s a corporation	on or trus (c) egal micile	st during th	(d) controlling Typentity (C of	(e) pe of entity orp, S corp,	(f) Share of total	Share	(g) e of end- year	of- Pe	(h)	e	Section 5 (13) cont entity	512(b trolled
because it had one or more related of  (a)  Name, address, and EIN of	erganizations treated as	s a corporation	on or trus (c) egal micile or foreign	st during th	(d) controlling Typentity (C of	(e) pe of entity orp, S corp,	(f) Share of total	Share	(g) e of end- year	of- Pe	(h)	e	Section 5 (13) cont entity	512(b trolled y?
because it had one or more related of  (a)  Name, address, and EIN of	erganizations treated as	s a corporation	on or trus (c) egal micile or foreign	st during th	(d) controlling Typentity (C of	(e) pe of entity orp, S corp,	(f) Share of total	Share	(g) e of end- year	of- Pe	(h)	e	Section 5 (13) cont entity	512(b trolled y?
because it had one or more related of  (a)  Name, address, and EIN of	erganizations treated as	s a corporation	on or trus (c) egal micile or foreign	st during th	(d) controlling Typentity (C of	(e) pe of entity orp, S corp,	(f) Share of total	Share	(g) e of end- year	of- Pe	(h)	e	Section 5 (13) cont entity	512(b trolled y?
because it had one or more related of  (a)  Name, address, and EIN of	erganizations treated as	s a corporation	on or trus (c) egal micile or foreign	st during th	(d) controlling Typentity (C of	(e) pe of entity orp, S corp,	(f) Share of total	Share	(g) e of end- year	of- Pe	(h)	e	Section 5 (13) cont entity	512(b trolled y?

(1)JEWISH COMMUNITY FEDERATION OF SAN FRANCISCO

(2)JEWISH COMMUNITY FEDERATION OF SAN FRANCISCO

(3)JEWISH COMMUNITY FEDERATION OF SAN FRANCISCO

Schedule R (Form 990) 2018		Pa	age <b>3</b>
Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.			
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity	12	1	No
<b>b</b> Gift, grant, or capital contribution to related organization(s)	11	Yes	
c Gift, grant, or capital contribution from related organization(s)	10	:	No
d Loans or loan guarantees to or for related organization(s)		i	No
e Loans or loan guarantees by related organization(s)	16	•	No
f Dividends from related organization(s)	11	F	No
g Sale of assets to related organization(s)	19	,	No
h Purchase of assets from related organization(s)	11	ı	No
i Exchange of assets with related organization(s)	1	i	No
j Lease of facilities, equipment, or other assets to related organization(s)	1	i	No
k Lease of facilities, equipment, or other assets from related organization(s)	11	(	No
l Performance of services or membership or fundraising solicitations for related organization(s)	11		No
m Performance of services or membership or fundraising solicitations by related organization(s)	11	n Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	11	n Yes	

f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	<b>1</b> g	<b>†</b>	No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	11		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	1 Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
o Sharing of paid employees with related organization(s)	10	<b>†</b>	No

<b>g</b> Sale of assets to related organization(s)				1g	No
<b>h</b> Purchase of assets from related organization(s)				1h	No
i Exchange of assets with related organization(s)			•	1i	No
${f j}$ Lease of facilities, equipment, or other assets to related organization(s)				1j	No
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s)				1k	No
<b>I</b> Performance of services or membership or fundraising solicitations for related organization(s)				11	No
$m{m}$ Performance of services or membership or fundraising solicitations by related organization(s)				1m Yes	
f n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n Yes	
o Sharing of paid employees with related organization(s)				10	No
p Reimbursement paid to related organization(s) for expenses				1p Yes	+
q Reimbursement paid by related organization(s) for expenses				<b>1</b> q	No
r Other transfer of cash or property to related organization(s)				1r	No
f s Other transfer of cash or property from related organization(s)				1s	No
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line	, including covered r	elationships and trar	nsaction thresholds		
(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	(c) Amount involved	(d) Method of determining am	nount involve	d

В

150,000

199,960

24,060

CASH VALUE

CASH VALUE

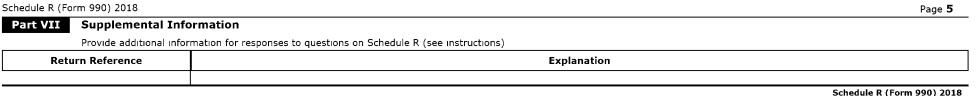
CASH VALUE

Schedule R (Form 990) 2018

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-	01	(e) re all partners section 501(c)(3) rganizations?	(f) Share of total Income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?	ate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(1) General o managin partner	g	<b>(k)</b> Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
													_
													_
	•								•	Schedul	e R (Form	1 99	0) 2018



# **Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

DLN: 93493132040391

_	990	Return of Organization Exempt From	Inc	ome Tax		OMB N	lo. 1545-004/
Form:	330	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code	e (exce	pt private found	ations)	2	019
_		▶ Do not enter social security numbers on this form as it ma	y be m	ade public.			<b>U L</b> >
Treasu	•	► Go to <u>www.irs.gov/Form990</u> for instructions and the I	atest i	nformation.			n to Public spection
	l Revenue So or the 20	ervice   19 calendar year, or tax year beginning 07-01-2019 ,and ending 06-30	0-2020				
	ck if applica	hle. C Name of organization			yer ident	ification	n number
	dress chang	SANDLER FOUNDATION e		94-31	47856		
	me change tial return	Doing business as					
	al return/term	inated					
	nended retu	121 STELLART STREET	te		one numb		
□ Ар	plication pe	nding		(415)	777-041	1	
		City or town, state or province, country, and ZIP or foreign postal code SAN FRANCISCO, CA 94105		C Cross	receipts \$	1.060.91	26.260
		<b>F</b> Name and address of principal officer:	H(2)				
		STEVE DAETZ	п(а)	Is this a group r subordinates?	eturn for		]Yes <b>☑</b> No
		121 STEUART STREET SAN FRANCISCO, CA 94105	H(b)	Are all subordina	ates		Yes $\square$ No
I Ta	x-exempt st	· ·		included?  If "No," attach a	list (se		
1 W	ebsite: ▶		H(c)	Group exemptio	•		ctions
	CDSITCIP	N/A					
<b>K</b> Forr	n of organiz	ation: ☑ Corporation ☐ Trust ☐ Association ☐ Other ►	<b>L</b> Year o	of formation: 1992	M Stat	e of lega	l domicile: CA
Pa		Summary					
<b>a</b> .		y describe the organization's mission or most significant activities: ORTS CHARITABLE, EDUCATIONAL, & RELIGIOUS PURPOSES OF JEWISH COMM	FEDER	ATION OF SF.			
nce							
E							
Governance	2 Chec	ck this box $\blacktriangleright \Box$ if the organization discontinued its operations or disposed of m	ore tha	n 25% of its net	assets.		
		ber of voting members of the governing body (Part VI, line 1a)			3		5
<b>න්</b> ග	<b>4</b> Num	ber of independent voting members of the governing body (Part VI, line 1b) $$ .			4		4
<b>⊈</b> e	<b>5</b> Tota	l number of individuals employed in calendar year 2019 (Part V, line 2a)			5		6
Activities &	6 Tota	I number of volunteers (estimate if necessary)			6		0
ď		I unrelated business revenue from Part VIII, column (C), line 12			78		0
	<b>b</b> Net	unrelated business taxable income from Form 990-T, line 39	<u></u>		7I	_	0
				Prior Year		Curre	ent Year
3		ributions and grants (Part VIII, line 1h)		100	,005		1,923,407
Ravenu	1 -	ram service revenue (Part VIII, line 2g)		22.042	0		0
ά.		stment income (Part VIII, column (A), lines 3, 4, and 7d )		32,943	0		251,247,837 0
		er revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) I revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		33,043			253,171,244
		nts and similar amounts paid (Part IX, column (A), lines 1–3)		63,076			85,334,172
		efits paid to or for members (Part IX, column (A), line 4)		03,070	0		05,334,172
(0		ries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		1,529			1,589,604
Expenses		essional fundraising fees (Part IX, column (A), line 11e)		1,323	0	-	0
D G		fundraising expenses (Part IX, column (D), line 25) ▶0					
Щ		er expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		1,307	7,781		1,286,179
		I expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		65,914	,094		88,209,955
	<b>19</b> Reve	enue less expenses. Subtract line 18 from line 12		-32,870	,258		164,961,289
≥ S			Beg	inning of Current	Year	End	l of Year
Net Assets or Fund Balances		1		A	422		033 === ===
Ass I Ba		l assets (Part X, line 16)		948,056			833,555,725
E E		I liabilities (Part X, line 26)	-	1,534			6,804,091
		assets or fund balances. Subtract line 21 from line 20		946,521	,985		826,751,634
		<b>Signature Block</b> of perjury, I declare that I have examined this return, including accompanying	schedul	les and statemen	ts, and t	o the h	est of mv
know	edge and	belief, it is true, correct, and complete. Declaration of preparer (other than offic					
any k	nowledge.						
	*	*****		2021-05-12			
c: -	<b>/</b> S	ignature of officer		Date			

HOLDEN LEE CFO - JCF Type or print name and title Print/Type preparer's name Preparer's signature Check | if Paid self-employed Firm's name Firm's EIN ▶ Preparer **Use Only** Firm's address 🟲 Phone no. ☐ Yes ☐ No

Sign Here

orm	990 (2019)				Page <b>2</b>
Pa	rt III Stateme	ent of Program Service A	ccomplishments		
	Check if S	Schedule O contains a response	or note to any line in this Part		🗆
1		he organization's mission:			
<b>ACTI</b>	VITIES FOR THE B			LIGIOUS PURPOSES BY CONDUCTING ( H COMMUNITY FEDERATION OF SAN FR	
2	Did the organizat	tion undertake any significant p	rogram services during the yea	r which were not listed on	
	the prior Form 99	90 or 990-EZ?			🗌 Yes 🗹 No
	If "Yes," describe	these new services on Schedu	le O.		
3	Did the organizat	tion cease conducting, or make	significant changes in how it co	onducts, any program	
	services?				🗌 Yes 🗹 No
	If "Yes," describe	these changes on Schedule O			
4	Section 501(c)(3		are required to report the amou	ree largest program services, as meast nt of grants and allocations to others, t	
4a	(Code: See Additional Data	) (Expenses \$	86,374,478 including grants of \$	85,334,172 ) (Revenue \$	)
4b	(Code:	) (Expenses \$	including grants of \$	) (Revenue \$	)
<b>4</b> c	(Code:	) (Expenses \$	including grants of \$	) (Revenue \$	)
4d		ervices (Describe in Schedule (	·		
	(Expenses \$		g grants of \$	) (Revenue \$	)
40	Total program	service expenses >	86 374 478		

Part IV Checklist of Required Schedules

Nο

Nο

Nο

Nο

17

18

19

20a

20b

21

Yes

Form **990** (2019)

			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 2	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 뉯	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? <i>If "Yes," complete Schedule C, Part I</i>	3		No
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		No
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? <i>If "Yes," complete Schedule D</i> ,Part   93.	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? <i>If "Yes," complete Schedule D,</i> 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
LO	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
L <b>1</b>	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or $X$ as applicable.			
	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	
	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
	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 2	11c		No
	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
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e		No
	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		No
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
	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	Yes	
L3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
L4a	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? If "Yes," complete Schedule F, Parts III and IV	16		No

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . . .

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions) . . . . .

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . .

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

17

18

19

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Par	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
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		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
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), 501(c)(4), and 501(c)(29) 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? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	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, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <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? <i>If "Yes," complete Schedule N, Part II</i>	32		No
	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	Yes	
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	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		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	
Pai	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u>. ;</u>		
1 -	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   1a   4		Yes	No
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		V	
	(gambling) winnings to prize winners?	1c	Yes	i

Pai	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
2a	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	6		
b	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	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority ove financial account in a foreign country (such as a bank account, securities account, or other financial account)?  • To "Year III archae the account of the foreign country of the fo	er, a <b>4a</b>		No
D	If "Yes," enter the name of the foreign country:  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	n <b>6a</b>		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts we not tax deductible?	ere <b>6b</b>		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and serprovided to the payor?	vices <b>7a</b>		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to Form 8282?	file 7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7</b> g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a For 1098-C?	m <b>7h</b>		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			
	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.			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	' 13a		
	which the organization is licensed to issue qualified health plans	_		
C 14a	Enter the amount of reserves on hand	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a 14b		INO
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or exc			
	parachute payment(s) during the year?	15		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . If "Yes," complete Form 4720, Schedule O.	16		No

	,			· age
Pa	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.  Check if Schedule O contains a response or note to any line in this Part VI	" resp	onse to	lines <b>V</b>
Se	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  5			
	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 4			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization'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 to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code		NI-
10-	Did the every institut have least shoutour burnshap as 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 activities of such chapters, affiliates,	104		NO
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
16a	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 or similar arrangement with a			
b	taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt	16a		No
	status with respect to such arrangements?	16b		
	ection C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed▶  CA			
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A 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.			
	Own website 🗹 Another's website 🗹 Upon request 🗌 Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:  NOTICE 121 STEUART STREET SAN FRANCISCO, CA 941051236 (415) 777-0411			
			orm QQ	n /201

Part VII

П

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. See instructions for the order in which to list the persons above.

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.											
<b>(A)</b> Name and title	(B) Average hours per week (list any hours for related	(	ne bo oth a direct	ox, u n of or/t	t che unles ficer rust	s pers and a ee)	son	(D) Reportable compensation from the organization (W-2/1099-	(E) Reportable compensation from related organizations (W-2/1099-	(F) Estimated amount of other compensation from the organization and	
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	MISC)	MISC)	related organizations	
(1) PHYLLIS COOK DIRECTOR	1.00	x						0	66,000	0	
(2) JAMES SANDLER DIRECTOR/VICE PRESIDENT	1.00	Х		Х				0	0	0	
(3) SUSAN SANDLER DIRECTOR/VICE PRESIDENT	20.00	х		х				0	0	0	
(4) DAVID AGGER DIRECTOR	1.00	Х						0	0	0	
(5) DAVID FOLKMAN DIRECTOR	1.00	Х						0	0	0	
(6) STEVE DAETZ PRESIDENT/ASST. SECRETA	40.00			х				520,344	0	88,217	
(7) JOY SISISKY TREASURER/SECRETARY	1.00 37.50			х				0	304,334	27,218	
(8) VIVIAN CHANG GRANTS DIRECTOR	40.00					Х		219,128	0	65,538	
(9) SERGIO KNAEBEL GRANTS DIRECTOR	32.00					х		200,960	0	31,049	
(10) JEANNETTE DEMESMIN-RODRIGUES EXECUTIVE ASSISTANT	40.00					X		138,818	0	24,826	
(11) SUSAN HYDE EXECUTIVE ASSISTANT	40.00					Х		137,818	0	25,149	
										Form <b>990</b> (2019)	

Part VII

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

(A) (B) (C) (D) (E) (F)

Page 8

	(A)	(B)	D1/11		(C)					(D)	(E)		(F)	
	Name and title	Average hours per week (list any hours	is b	ne bo	ox, u n of	ınles ficer	ss pers and a	son	comp	ortable ensation m the nization	Reportable compensation from related organizations		Estima amount o compens from t	f other sation
		for related organizations			<u> </u>			Ţ	(W-2	2/1099- ISC)	(W-2/1099- MISC)		organizati relate	on and
		below dotted	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compens employee	Former		150)	MISC)		organiza	
		iiie)	ual t	tiona		g G	(* 00 (* 00 (* 00)	7						
			nisti	<u>ਜ</u>		Ď	npe							
			ě.	ାଣ୍ଡ			nsated							
							<u>6</u>							
	Sub-Total		Δ.		•		<b>▶</b>  _							
_					Ŀ		<b>•</b>		1,	217,068	370,33	4		261,997
2	Total number of individuals (including of reportable compensation from the			e liste	ed al	bove	e) who	rec	eived mo	re than \$1	00,000			
													Yes	No
3	Did the organization list any <b>former</b> of line 1a? <i>If "Yes," complete Schedule J</i>			ee, ke •	ey e	mplo •	oyee, d	or hi	ghest cor	mpensated • •	employee on	3		No
4	For any individual listed on line 1a, is	the sum of repo	ortable o	comp	ensa	tion	n and d	ther	compen	sation fron	n the			140
	organization and related organizations individual	s greater than \$	150,00	0? <i>If</i>	"Yes	," co	omplet •	te Sc	chedule J	for such		4	Vaa	
5	Did any person listed on line 1a receiv	e or accrue cor	npensat	ion fr	om	anv	unrela	ated	organiza	tion or ind	ividual for	4	Yes	
	services rendered to the organization											5		No
Se	ection B. Independent Contract													
1	Complete this table for your five higher from the organization. Report comper											npens	sation	
	Name a	(A) and business addre	ess							Desc	(B) ription of services		(C Compen	

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

compensation from the organization  $\blacktriangleright$  0

		(2019)								Page <b>9</b>
Part	VIII				resno	onse or note to any	line in this Part VIII			$\square$
		Check if Schee	auic	o contains a	ГСЭРС	And the country	(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D)  Revenue  excluded from tax under sections
	1:	a Federated campa	igns	s	1a			revenue		512 - 514
nts ints		<b>b</b> Membership dues	_	.	1b	<u>                                     </u>				
3ra nou	١,	c Fundraising even			1c					
ts, (	١,	<b>d</b> Related organiza		Ŀ	1d					
Gif ila	١,	e Government grants		<u>.</u>	1e					
ns, Sim	1	f All other contributio	ns, g	ifts, grants,						
er ,		and similar amounts above	s not	included	<b>1</b> f	1,923,407				
ë ë	!	g Noncash contributio lines 1a - 1f:\$	ns in	cluded in	1g	1 922 858				
Contributions, Gifts, Grants and Other Similar Amounts		<b>h Total.</b> Add lines :	1a-1	L f	-9	1,922,858				
<u> </u>	┸	- I otali / (da ililes				Business Code	1,923,407		T	
	2a					Business code				1
<u>a</u>										
Ven	b									
⊕ 00										
rvic	C									
Program Service Revenue	d									
gran	١									
δ	e									
	f	All other program	serv	rice revenue.						
	⊢	Total. Add lines 2					1	_	1	
		Investment income similar amounts)			nds, i •	nterest, and other	21,708,13	7		21,708,137
	4	Income from invest	mer	nt of tax-exer	npt bo	ond proceeds				
	5	Royalties	_			•	·			
				(i) Rea	<u> </u>	(ii) Personal	-			
	6a	Gross rents	6a							
	b	Less: rental expenses	6b							
	С	Rental income	_							
	_ ا	or (loss)  Net rental income	6c				_			
	ľ	· Net rental income	. 01 1	(i) Securit		(ii) Other				
	7a	Gross amount	_				1			
		from sales of assets other	7a	1,046,2	04,725					
	h	than inventory  Less: cost or					-			
		other basis and sales expenses	7b	816,6	65,025	5				
		·	7c	220 5	20.700					
	l	Gain or (loss)  Net gain or (loss)		/-	39,700			0		229,539,700
	l	Gross income from fu								
nue		(not including \$ contributions reported		of line 1c).						
eve		See Part IV, line 18	٠		8a					
تر تر	l	Less: direct expen			8b	<u> </u>				
Other Revenue	۱ ۹	: Net income or (los	s) fr	om fundraisi	ng ev	ents 🕨	1			
	9a	Gross income from See <b>Part</b> IV, line 19	gam	ing activities.						
					9a		-			
	l	Less: direct expen : Net income or (los			9b activit	ies •				
		•	,	, <u>, , , , , , , , , , , , , , , , , , </u>						
	10	aGross sales of inve returns and allowa			10a					
	l b	Less: cost of good	s so	ld	10a		-			
		Net income or (los			nvent	ory ►	_			
		Miscellaneo	us R	evenue		Business Code				
	11	.a								
						•				
	b	,								
		,———								+
	`	•								
	6	All other revenue	_							+
	l	Total. Add lines 1				•				
	12	: <b>Total revenue.</b> S	ee ir	nstructions .			.=- :=:::	1		2-17:
						· · · · · · · · · · · · · · · · · · ·	253,171,24	4	0	0 251,247,837 Form <b>990</b> (2019)

Part IX Statement of Functional Expenses		All all a		(A)
Section 501(c)(3) and 501(c)(4) organizations must contains a response or note to an		_	ns must complete colu	ımn (A).
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C)  Management and general expenses	(D) Fundraising expenses
Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	85,334,172	85,334,172		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	622,904	498,323	124,581	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	755,857	419,795	336,062	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	95,391	62,946	32,445	
9 Other employee benefits	62,257	34,884	27,373	
<b>10</b> Payroll taxes	53,195	24,358	28,837	
<b>11</b> Fees for services (non-employees):				
a Management				
<b>b</b> Legal	1,642		1,642	
c Accounting	36,050		36,050	
<b>d</b> Lobbying				
e Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	91,272		91,272	
12 Advertising and promotion				
13 Office expenses	46,991		46,991	
<b>14</b> Information technology	54,508		54,508	
<b>15</b> Royalties				
<b>16</b> Occupancy	798,378		798,378	
<b>17</b> Travel	39,417		39,417	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings				
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
22 Depreciation, depletion, and amortization	13,511		13,511	
23 Insurance	4,410		4,410	
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 ADMINISTRATIVE FEES	200,000		200,000	
b				
c d				
d . All other expenses				
e All other expenses	99 300 055	96 274 470	1 925 477	
25 Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined	88,209,955	86,374,478	1,835,477	C
educational campaign and fundraising solicitation.  Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).				

Form 990 (2019)

21

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32

33

Liabilities 22

Fund Balances

Net Assets or

3,836,082

6.804.091

826,751,634

826,751,634

833,555,725

Form 990 (2019)

21

22

23

24 25

26

27

28

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31

32

33

1,534,438

946,521,985

946,521,985

948,056,423

Page 11

Check if Schedule O co	ontains a r	esponse o	or note	to any	line in	this	Part IX

	<b>(A)</b> Beginning of year		( <b>B)</b> End of year
Cash-non-interest-bearing	9,185,830	1	3,
Savings and temporary cash investments	2,348,887	2	748,

2	Savings and temporary cash investments	2,348,887	2	/48,/57,290
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	
5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
l	,, p			

	4	Accounts receivable, net				4	
	5	Loans and other payables to any current or forme key employee, creator or founder, substantial con entity or family member of any of these persons		5			
	6	Loans and other receivables from other disqualifies section $4958(f)(1)$ ), and persons described in section		6			
ts.	7	Notes and loans receivable, net		7			
e	8	Inventories for sale or use		8			
488	9	Prepaid expenses and deferred charges	deferred charges				4,914
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	974,417			

	6	Loans and other receivables from other disquali section 4958( $f$ )(1)), and persons described in se		6			
S	7	Notes and loans receivable, net				7	
sets	8	Inventories for sale or use		8			
Ass	9	Prepaid expenses and deferred charges	67,982	9	4,914		
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	974,417			
	ь	Less: accumulated depreciation	10b	835,065	152,863	<b>10</b> c	139,352
	11	Investments—publicly traded securities .	930,700,830	11	77,713,830		
	12	Investments—other securities. See Part IV, line	3,666,825	12	2,289,276		
	13	Investments—program-related. See Part IV, line		13			

ď	9	Prepaid expenses and deferred charges			67,982	9	4,914
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	974,417			
	b	Less: accumulated depreciation	10b	835,065	152,863	<b>10</b> c	139,352
	11	Investments—publicly traded securities .	930,700,830	11	77,713,830		
	12	12 Investments—other securities. See Part IV, line 11			3,666,825	12	2,289,276
	13	Investments—program-related. See Part IV, line		13			
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11			1,933,206	15	814,981
	16	Total assets. Add lines 1 through 15 (must equ	948,056,423	16	833,555,725		
	17	Accounts payable and accrued expenses			158,878	17	136,746
	18	Grants payable		1,375,560	18	6,667,345	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	

Escrow or custodial account liability. Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

Organizations that follow FASB ASC 958, check here ▶

Organizations that do not follow FASB ASC 958, check here ▶

Paid-in or capital surplus, or land, building or equipment fund .

Retained earnings, endowment, accumulated income, or other funds

or family member of any of these persons

Complete Part X of Schedule D

complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Net assets with donor restrictions

complete lines 29 through 33.

Total net assets or fund balances

and other liabilities not included on lines 17 - 24).

**Total liabilities.** Add lines 17 through 25 .

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity

Other liabilities (including federal income tax, payables to related third parties,

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3a

Nο

Form 990 (2019)

3h

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

#### **Additional Data**

Software ID:

THE FOUNDATION MADE GRANTS IN SUPPORT OF THE CHARITABLE, EDUCATIONAL, SCIENTIFIC OR RELIGIOUS PURPOSES OF THE JEWISH COMMUNITY FEDERATION OF

Software Version:

**EIN:** 94-3147856

Name: SANDLER FOUNDATION

Form 990, Part III, Line 4a:

Form 990 (2019)

SAN FRANCISCO, THE PENINSULA, MARIN AND SONOMA COUNTIES.

efile GRAPHIC print - DO NOT PROCESS			OT PROCESS	As Filed Data -	DLN: 93	DLN: 93493132040391			
SCI		ULE A		Public C	harity Status	and Dub	lic Sunna		OMB No. 1545-0047
	m 99		Coi	mplete if the org	ganization is a section 4947(a)(1) nonexer	on 501(c)(3) or npt charitable t	rganization or trust.	1	2019
		f the Treasury	•	Go to <u>www.irs.</u>	► Attach to Form 9 gov/Form990 for in			rmation.	Open to Public Inspection
Nam	e of th	<del>nie Service</del> <b>he organiza</b> UNDATION	tion					Employer identifica	<u>'</u>
								94-3147856	
	rt I				<b>s</b> (All organizations it is: (For lines 1 throu			ee instructions.	
1			•		ociation of churches d	-		<b>Δ</b> )(i).	
2		,		,	)(A)(ii). (Attach Sche				
3					ce organization descri	,		iii).	
4		·	esearch orga	·	d in conjunction with a			•	iter the hospital's
5		An organiza	ation operate	ed for the benefit lete Part II.)	of a college or univers	sity owned or ope	erated by a gove	ernmental unit describ	ed in <b>section 170</b>
6				•	governmental unit des	cribed in <b>section</b>	170(b)(1)(A	)(v).	
7				ormally receives a (vi). (Complete l	substantial part of its Part II.)	support from a o	governmental u	nit or from the genera	l public described in
8		A communi	ty trust desc	cribed in <b>section</b>	170(b)(1)(A)(vi). (	Complete Part II.	)		
9		An agriculti non-land gi	ural research ant college	n organization des of agriculture. Se	scribed in <b>170(b)(1)(</b> e instructions. Enter t	<b>A)(ix)</b> operated he name, city, ar	in conjunction of the c	with a land-grant colle ollege or university:	ege or university or a
LO		An organiza from activit investment	ation that no ies related t income and	ormally receives: ( to its exempt func unrelated busine	(1) more than 331/3% tions—subject to certa ss taxable income (les	of its support fro ain exceptions, a	om contribution nd (2) no more	s, membership fees, a than 331/3% of its su	pport from gross
11				509(a)(2). (Conzed and operated	exclusively to test for	public safety. Se	e section 509	(a)(4).	
12	<b>✓</b>	more public	ly supported	d organizations de	exclusively for the ber escribed in <b>section 50</b> the type of supporting	09(a)(1) or sect	ion 509(a)(2)	. See section 509(a	
а	<b>✓</b>	organizatio	n(s) the pow		ted, supervised, or co opoint or elect a major				
b		manageme	nt of the sup		rvised or controlled in tion vested in the sam				
C					pporting organization				ed with, its
d		Type III n	on-function integrated.	nally integrated The organization	ns). You must comp  A supporting organiz generally must satisfy IV, Sections A and	ation operated ir y a distribution re	connection wit	h its supported organ	` '
e		Check this	box if the or	ganization receive	ed a written determina	ation from the IR	S that it is a Ty	pe I, Type II, Type III	functionally
f	Enter	-		•	ntegrated supporting (	-		1	
g					pported organization(s				
		lame of supp organization		(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the orga in your governi		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
						Yes	No		
(A) JEWI: SF	SH COM	MMUNITY FEDE	RATION OF	941156533	7	Yes		50,000	C
[ct-	1		1					50,000	
Tota		work Reduc		tice, see the In	tructions for	Cat. No. 11285F	: 6	Schedule A (Form 99	

Sch	nedule A (Form 990 or 990-EZ) 2019						Page <b>2</b>
P	art II Support Schedule for	Organizations	Described in S	ections 170(b	)(1)(A)(iv) ar	nd 170(b)(1)(A	)(vi)
	(Complete only if you ch						under Part III.
	If the organization failed	I to qualify unde	r the tests listed	below, please	complete Part I	II.)	
	Section A. Public Support  Calendar year		I		I		
	(or fiscal year beginning in) ▶	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grant.")						
2	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						
4	<b>Total.</b> Add lines 1 through 3						
5	The portion of total contributions by						
	each person (other than a governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
6	shown on line 11, column (f) <b>Public support.</b> Subtract line 5 from						
	line 4.						
S	Section B. Total Support	1	T			, , , , , , , , , , , , , , , , , , ,	
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7							
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources.						
9							
_	activities, whether or not the						
	business is regularly carried on				1		
10	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI.).						
11	<del>_</del> _						
12	10 Gross receipts from related activities,	etc. (see instruction	ns)		<u> </u>	12	
	First five years. If the Form 990 is for						
13	_	=			-		_
_	check this box and stop here Section C. Computation of Public				<u> </u>		
	Public support percentage for 2019 (lin		_	column (f))		14	
	Public support percentage for 2019 (iii					14	
	a 33 1/3% support test—2019. If the						hov
102	and stop here. The organization qual						
ŀ	33 1/3% support test—2018. If th	ines as a publicly s le organization did	not check a box o	on line 13 or 16a.	and line 15 is 33 i		k this
I.	box and <b>stop here.</b> The organization						
17:	a 10%-facts-and-circumstances test	t— <b>2019.</b> If the or	ganization did not	check a box on lir	 ne 13, 16a, or 16b	, and line 14	
	is 10% or more, and if the organizatio	n meets the "facts	-and-circumstance	es" test, check thi	is box and <b>stop h</b> o	e <b>re.</b> Explain	
	in Part VI how the organization meets			-			
	organization						▶ 🗆
b	10%-facts-and-circumstances tes						
	15 is 10% or more, and if the organize Explain in Part VI how the organization						
	supported organization			-			▶□
18		on did not check a	box on line 13, 1	6a, 16b, 17a, or 1	17b, check this box	k and see	
	_						▶□
	instructions		<u> </u>		Schodu	le A (Form 990 o	r 990-F7) 2019

Р	art III Support Schedule for						
	(Complete only if you cl						er Part II. If
S	the organization fails to ection A. Public Support	quality under t	the tests listed t	pelow, please co	ompiete Part II.)		
30	Calendar year	( ) 2015	(1) 2016	( ) 2017	(1) 2010		(C) T
	(or fiscal year beginning in) ▶	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grants.") .						
2	Gross receipts from admissions,						
	merchandise sold or services						
	performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business						
4	under section 513  Tax revenues levied for the						
_	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to						
	the organization without charge						
6	<b>Total.</b> Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
D	Amounts included on lines 2 and 3 received from other than disqualified						
	persons that exceed the greater of						
	\$5,000 or 1% of the amount on line						
_	13 for the year. Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
	from line 6.)						
Se	ection B. Total Support						
	Calendar year	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
^	(or fiscal year beginning in) ► Amounts from line 6		· ,	. ,	, ,		
10a	Gross income from interest,						
LUG	dividends, payments received on						
	securities loans, rents, royalties and						
ь	income from similar sources Unrelated business taxable income						
D	(less section 511 taxes) from						
	businesses acquired after June 30,						
	1975.						
_ C	Add lines 10a and 10b.  Net income from unrelated business						
11	activities not included in line 10b,						
	whether or not the business is						
	regularly carried on.						
12	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c,						
14	11, and 12.) First five years. If the Form 990 is for	the organization	l 's first. second. th	l jird. fourth, or fift	l Lax vear as a sec	tion 501(c)(3) o	ganization.
	check this box and <b>stop here</b>						_
Se	ection C. Computation of Public S						· · · · · <u> </u>
15	Public support percentage for 2019 (lin			column (f))		15	
16	Public support percentage from 2018 S	16					
	ection D. Computation of Investr	nent Income	Percentage			i I	
17	Investment income percentage for 201			line 13, column (f	))	17	
18	Investment income percentage from 20	<b>018</b> Schedule A,	Part III, line 17 .			18	
	331/3% support tests-2019. If the	organization did r	not check the box	on line 14, and lir	ne 15 is more than		e 17 is not
	more than 33 1/3%, check this box and s						
	33 1/3% support tests—2018. If the						
	not more than 33 1/3%, check this box	and <b>stop here.</b>	The organization o	qualifies as a publ	icly supported orga	anization	▶ □
20	Private foundation. If the organization	n did not check a	box on line 14, 1	9a, or 19b, check	this box and see i	nstructions	. ▶□

Part IV Supporting Organizations (Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of

Page 4

No

No

No

No

No

9c

10a

10b

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019

10a

answer line 10b below.

the organization had excess business holdings).

Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.) Section A. All Supporting Organizations

Yes No Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.

1 Yes Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described

in section 509(a)(1) or (2). 2 No Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.

3a No Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination. 3b Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.

3с Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below. 4a Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or 4b

No supervised by or in connection with its supported organizations. Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. 4c Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported

organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by 5a No amendment to the organizing document). Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? 5b 5c Substitutions only. Was the substitution the result of an event beyond the organization's control?

Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations. (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing

6 organization's supported organizations? If "Yes," provide detail in Part VI. Yes

7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in

section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) . 7 No

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

8

complete Part I of Schedule L (Form 990 or 990-EZ).

Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as

8 defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

provide detail in Part VI.

Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

9a organization had an interest? If "Yes," provide detail in Part VI. 9b

	edule A (10/11) 530 d. 530 E2) 2213			rage 5		
.6	rt IV Supporting Organizations (continued)		V	NI-		
	No the constitution of the constitution from the following manager		Yes	No		
	Has the organization accepted a gift or contribution from any of the following persons?					
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		No		
	A family member of a person described in (a) above?	11b		No		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .	110		No		
	ection B. Type I Supporting Organizations		Yes	No		
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.					
2	Did the appropriation analysis for the boundit of any appropriate appropriate abbout the appropriate appropriate (a) that	1	Yes			
2	2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting					
	organization.	2		No		
S	ection C. Type II Supporting Organizations		<u> </u>	<u> </u>		
	,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,		Yes	No		
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of					
	each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1				
_						
	ection D. All Type III Supporting Organizations		Yes	No		
			res	NO		
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing					
	documents in effect on the date of notification, to the extent not previously provided?					
2	(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization					
	maintained a close and continuous working relationship with the supported organization(s).	2				
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the					
	organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	3				
S	ection E. Type III Functionally-Integrated Supporting Organizations		·			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct	ions):				
	The organization satisfied the Activities Test. Complete line 2 below.					
	b					
	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see	instru	ctions)			
2	Activities Test. Answer (a) and (b) below.		Yes	No		
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted					
	substantially all of its activities.					
	<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.					
2		2b				
3	Parent of Supported Organizations. <b>Answer (a) and (b) below.</b> a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of	3a				
	the supported organizations? <i>Provide details in Part VI.</i> b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its					
	supported organizations? If "Yes," describe in <b>Part VI.</b> the role played by the organization in this regard.	3h				

1	Type III Non-Functionally Integrated 509(a)(3) Supporting O  Check here if the organization satisfied the Integral Part Test as a qualifying true.			. Part VIV See
	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organization			
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	<b>1</b> b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in <b>Part VI</b> ). See instructions	
7	Total annual distributions. Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide	

_5_	Qualified set-aside amounts (prior IRS approval required)
6	Other distributions (describe in <b>Part VI</b> ). See instructions
7	Total annual distributions. Add lines 1 through 6.
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions
9	Distributable amount for 2019 from Section C, line 6
10	Line 8 amount divided by Line 9 amount
	Section F. Distribution Allocations (i) (ii) (iii)

7 Total annual distributions. Add lines 1 through 6.						
Distributions to attentive supported organizations to will details in <b>Part VI</b> ). See instructions	sive (provide					
9 Distributable amount for 2019 from Section C, line 6	9 Distributable amount for 2019 from Section C, line 6					
<b>10</b> Line 8 amount divided by Line 9 amount						
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019			
1 Distributable amount for 2019 from Section C, line 6						
2 Underdistributions, if any, for years prior to 2019						

8	Distributions to attentive supported organizations to whe details in <b>Part VI</b> ). See instructions			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in <b>Part VI</b> ). See instructions.			
3	Excess distributions carryover, if any, to 2019:			
а	From 2014			
b	From 2015			
С	From 2016			
	\ <u>-</u>			

10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014			
<b>b</b> From 2015			
c From 2016			
<b>d</b> From 2017			
e From 2018			
f Total of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
h Applied to 2019 distributable amount	_		
i Carryover from 2014 not applied (see			

Schedule A (Form 990 or 990-EZ) (2019)

instructions)

See instructions.

a Excess from 2015. . . . . **b** Excess from 2016. . . . . c Excess from 2017. . . . . d Excess from 2018. . . e Excess from 2019. . . . .

3j and 4c. 8 Breakdown of line 7:

\$

j Remainder. Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2019 from Section D, line 7:

a Applied to underdistributions of prior years b Applied to 2019 distributable amount c Remainder. Subtract lines 4a and 4b from 4. 5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI.

6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2020. Add lines

Schedule A (Form 990 or 990-EZ) 2019 Page 8 Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions). Facts And Circumstances Test 990 Schedule A, Supplemental Information Return Reference Explanation SCHEDULE A. PART IV. SECTION THE MISSION OF THE ORGANIZATION IS TO OPERATE EXCLUSIVELY FOR CHARITABLE, EDUCATIONAL OR R A, LINE 6 ELIGIOUS PURPOSES BY CONDUCTING OR SUPPORTING ACTIVITIES FOR THE BENEFIT OF, OR TO CARRY O UT THE PURPOSES OF THE SUPPORTED ORGANIZATION, THE JEWISH COMMUNITY FEDERATION OF SAN FRAN CISCO, THE PENINSULA, MARIN AND SONOMA COUNTIES. THE ORGANIZATION MAKES GRANTS PRINCIPALLY TO OTHER PUBLICLY SUPPORTED 501(C)(3) ORGANIZATIONS, WITH THE INTENDED PURPOSE OF ADVANCI NG THE MISSION OF THE SUPPORTED ORGANIZATION, WHICH IS TO ADDRESS THE PRESSING ISSUES FACI NG THE JEWISH COMMUNITY. PLEASE REFER TO SCHEDULE I. PART II FOR A LIST OF PUBLICLY SUPPOR

TED 501(C)(3) ORGANIZATIONS RECEIVING GRANTS FROM THE ORGANIZATION.

efile GRAPHIC print - DO NOT PROCESS **SCHEDULE D** 

As Filed Data -

DLN: 93493132040391

OMB No. 1545-0047

2019

## **Supplemental Financial Statements**

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

Attach to Form 990.

Department of the Treasury Internal Revenue Service

(Form 990)

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

		ne organization JNDATION			Embio	yer identification ni	umber
					94-314		
Pa	rt I	Organizations Maintaining Donor Advi			r Accou	unts.	
		Complete if the organization answered "Ye		· · · · · · · · · · · · · · · · · · ·	-	<b>NE L. L.</b> II.	
1	T-4-1		(a) Donor	advised funds	( [	) Funds and other ac	counts
		umber at end of year					
		ate value of contributions to (during year)					
		ate value of grants from (during year)					
1	Aggreg	ate value at end of year					
5		e organization inform all donors and donor adviso zation's property, subject to the organization's ex					es 🗌 No
5	charita	e organization inform all grantees, donors, and do ble purposes and not for the benefit of the donor benefit?	or donor advisor, o	r for any other purpose c		g impermissible	<b></b>
Par		Conservation Easements.				<u> </u>	es 📙 No
(:		Complete if the organization answered "Ye	s" on Form 990.	Part IV, line 7.			
L	Purpos	e(s) of conservation easements held by the organ					
	_	reservation of land for public use (e.g., recreation			historica	ally important land are	<b>a</b>
	_	rotection of natural habitat	Tor education)			, .	a
				☐ Preservation of a c	ertiriea r	nistoric structure	
		reservation of open space					
2		ete lines 2a through 2d if the organization held a ent on the last day of the tax year.	qualified conservation	on contribution in the for	m of a co	onservation Held at the End of t	he Year
а	Total n	umber of conservation easements			2a		
b	Total a	creage restricted by conservation easements			2b		
c	Numbe	r of conservation easements on a certified histori	c structure included	in (a)	2c		
d		r of conservation easements included in (c) acqui re listed in the National Register	red after 7/25/06, a	and not on a historic	2d		
3	Numbe tax yea	er of conservation easements modified, transferre ar ►	d, released, extingu	iished, or terminated by t	the orgai	nization during the	
ı	Numbe	er of states where property subject to conservation	n easement is locat	ed ▶			
5		he organization have a written policy regarding the forcement of the conservation easements it holds			of violation	ons, <b>Yes</b> [	□ No
5	Staff a	nd volunteer hours devoted to monitoring, inspec	ting, handling of vio	plations, and enforcing co	nservati	on easements during	the year
7	Amour ► \$	nt of expenses incurred in monitoring, inspecting,	handling of violation	ns, and enforcing conserv	/ation ea	sements during the y	ear
3	Does e	each conservation easement reported on line 2(d)	above satisfy the re	equirements of section 17	70(h)(4)	(B)(i)	
	and se	ction 170(h)(4)(B)(ii)?					□No
)	balanc	XIII, describe how the organization reports cons e sheet, and include, if applicable, the text of the ganization's accounting for conservation easemen	footnote to the org				
art		Organizations Maintaining Collections Complete if the organization answered "Ye	of Art, Historica	•	er Simi	ilar Assets.	
La	art, his	organization elected, as permitted under SFAS 11 storical treasures, or other similar assets held for e, in Part XIII, the text of the footnote to its finar	.6 (ASC 958), not to public exhibition, ed	report in its revenue sta ducation, or research in fo			ks of
b							
(i		nue included on Form 990, Part VIII, line 1				<b>▶</b> \$	
		included in Form 990, Part X					
2	If the	organization received or held works of art, historing amounts required to be reported under SFAS	cal treasures, or oth	er similar assets for finar		•	
а		ng amounts required to be reported under SFAS . Le included on Form 990, Part VIII, line 1	` '	-		<b>▶</b> \$	
		included in Form 990, Part X					
D	Assets	ork Peduction Act Notice, see the Instruction	no for Form 000	Cat Na	E2202D	Schodulo D /Farr	- 000) 201

Pai	t III	Organizations Maintaining C	ollections of Art,	Histor	ical Tr	easures,	or Other	Similar Ass	sets (contir	nued)	
3		ng the organization's acquisition, access ns (check all that apply):	ion, and other record	s, check	any of t	he followin	g that are a	significant us	e of its colle	ection	
а		Public exhibition		d		Loan or ex	change pro	grams			
b		Scholarly research		е		Other				,	
С		Preservation for future generations									
4		vide a description of the organization's of the care and a section is the care and a section of	collections and explain	n how th	ey furth	er the orga	nization's e	xempt purpos	e in		
5		ing the year, did the organization solicitets to be sold to raise funds rather than							☐ Yes	□ N	0
Pa	rt IV	Escrow and Custodial Arrange Complete if the organization an X, line 21.	g <b>ements.</b> swered "Yes" on Fo	orm 990	), Part	IV, line 9,	or reporte	ed an amour	nt on Form	990,	Part
1a		ne organization an agent, trustee, custo uded on Form 990, Part X?							☐ Yes	□ <b>N</b>	0
b	If "\	Yes," explain the arrangement in Part X	III and complete the	following	table:			An	nount		_
c		inning balance					1c				_
d	_	itions during the year					1d				_
							1e				_
e f		ributions during the year					1f				_
•		ing balance									_
2a		the organization include an amount on								∐ N	0
b	If "Y	(es," explain the arrangement in Part X	III. Check here if the	explanat	ion has	been provi	ded in Part	XIII			
Pa	art V										
		Complete if the organization an	swered "Yes" on Fo		), Part Prior year			(d) Three year	n book (a) E	0115 1400	re book
1 2	Regin	nning of year balance	(a) Current year	(6)	Prior year	(c) IW	o years back	(d) Three year	S Dack (e) F	our yea	IS DACK
	_	• ,									
		ibutions									
		nvestment earnings, gains, and losses									
		ts or scholarships									
е		r expenditures for facilities programs									
f	Admii	nistrative expenses									
g	End o	of year balance									
2 a		vide the estimated percentage of the curd designated or quasi-endowment	,	ce (line 1	g, colur	nn (a)) held	d as:				
b	Perr	manent endowment <b>&gt;</b>									
С	Tem	porarily restricted endowment <b>&gt;</b>									
	The	percentages on lines 2a, 2b, and 2c sh	ould equal 100%.								
3a		there endowment funds not in the poss	session of the organiz	ation tha	t are he	eld and adm	inistered fo	r the			
	-	anization by:							9 (1)	Yes	No
		unrelated organizations			•		•		3a(i)		
b		related organizations (es" on 3a(ii), are the related organizat		 don Sch	e e				3a(ii) 3b		
4		cribe in Part XIII the intended uses of t	•						30		
	rt VI			OWITTETIC	runus.						
ΓŒ	I C VI	Complete if the organization an		orm 990	). Part	IV. line 11	la. See Fo	rm 990. Parl	t X. line 10	).	
	Desc	ription of property (a) Cost or (invest	other basis (b) Co	st or othe	•		Accumulated			ok valu	e
1a	Land										
		ings									
		ehold improvements			53	2,572		532,572			0
		oment				3,755		302,493			31,262
						8,090		332,130			108,090
		r	t equal Form 990 Pa	rt X coli		·	) .	<b>&gt;</b>			139,352
100	ar Aut	a mies ta dirough te. (Column (a) mus	c cquai i oilli 330, Pa	i i A, COIL	ann ( <i>0)</i>	, iiie 10(C)	., • •	-			139,332

Part VII	Complete if the organization answered "Yes" on Form 990, I	Part IV	ne 11h	See Form 990 F	Part X line	12
	(a) Description of security or category (including name of security)	(b) Book value	11		d of valuatio	n:
	l derivatives					
( <b>2)</b> Closely- ( <b>3)</b> Other	held equity interests					
(A)						
В)						
C)						
D)						
E)						
F)						
G)						
H)						
- 「 <b>otal.</b> (Colum	n (b) must equal Form 990, Part X, col. (B) line 12.)					
Part VIII	Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, I	Part IV. I	ne 110	. See Form 990. I	Part X. line	13.
	(a) Description of investment			(b) Book value	(c) Meth	od of valuation: d-of-year market value
1)						
2)						
3)						
4)						
5)						
6)						
7)						
8)						
9)						
	n (b) must equal Form 990, Part X, col.(B) line 13.)		•			
Part IX	Other Assets.  Complete if the organization answered 'Yes' on Form 990, P	art IV, liı	ne 11d	. See Form 990, Par		
1)	(a) Description					<b>b)</b> Book value
2)					_	
3)						
4)						
5)						
6)						
7)					-	
8)						
9)					-+	
	mn (b) must equal Form 990, Part X, col.(B) line 15.)				<b>•</b>	
Part X	Other Liabilities.				<u>'</u>	/ line 2E
ι.	Complete if the organization answered 'Yes' on Form 990, P  (a) Description of liability		ie iie	or 111.5ee Form	990, Part <i>)</i>	(b) Book value
1) Federal	income taxes					
2)						1
3)						
4)						
5)						†
6)						
7)						+
(8)						
(9)						+
(10)						+
	n (b) must equal Form 990, Part X, col.(B) line 25.)			•		
•	or uncertain tax positions. In Part XIII, provide the text of the footnot		-	cion's financial stater		
organization	's liability for uncertain tax positions under FIN 48 (ASC 740). Check	nere if the	text of	tne tootnote has be	en provided	in Part XIII 📙

1

2

h

5

Part XIII

Return Reference

Schedule D (Form 990) 2019

-31.560.395

-284,731,639 253,171,244

253,171,244

88,209,955

88,209,955

88,209,955

Page 4

_						i !	l
е	Add lines 2a through 2d					2e	
3	Subtract line <b>2e</b> from line <b>1</b>					3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:						
а	Investment expenses not included on Form 990, Part VIII, line 7b .	4a					

Other (Describe in Part XIII.) 4b Add lines 4a and 4b . 4c Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) . . . . . . . 5

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Amounts included on line 1 but not on Form 990, Part VIII, line 12: Net unrealized gains (losses) on investments . . . .

Other (Describe in Part XIII.)

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. 1

2

Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities . . . . . а

Add lines 2a through 2d . .

Subtract line **2e** from line **1** . . . . . .

Amounts included on Form 990, Part IX, line 25, but not on line 1:

3

b

Supplemental Information

4

Investment expenses not included on Form 990, Part VIII, line 7b . . .

Add lines **4a** and **4b** . . . . . . . . . . .

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) . . . . . . .

XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

4b

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part

Explanation

2a

2h

2c

24

2a

2b

2c 2d -284,731,639

4c

1

2e 3

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019  Part XIII Supplemental Inform	Page <b>5</b>	
Return Reference	Explanation	
		Schedule D (Form 990) 2019

efile GRAPHIC print - DO NOT PROCESS As Filed Data 
Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I

(Form 990)

Department of the

Treasury

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

Governments and Individuals in the United States

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

Attach to Form 990.

► Go to <u>www.irs.gov/Form990</u> for the latest information.

OMB No. 1545-0047

2019

DLN: 93493132040391

Open to Public Inspection

						cation number
action on Grants	and Assistance				94-314/856	
		the grants or assistance	the grantoes' eligibility	for the grapts or assistance		
					e, and	☑ Yes ☐ No
•		-				
			ents. Complete if the o	rganization answered "Yes"	on Form 990, Part IV, line	21, for any recipient
(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
. , . ,	-					62
						nedule I (Form 990) 2019
	tintain records to sub to award the grants ganization's procedu  Assistance to Don than \$5,000. Part II  (b) EIN  cion 501(c)(3) and ger organizations liste	to award the grants or assistance?	intain records to substantiate the amount of the grants or assistance, to award the grants or assistance?	intain records to substantiate the amount of the grants or assistance, the grantees' eligibility to award the grants or assistance?	Intain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance to award the grants or assistance?  Janization's procedures for monitoring the use of grant funds in the United States.  Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" than \$5,000. Part II can be duplicated if additional space is needed.  (b) EIN (c) IRC section (if applicable) (d) Amount of cash grant assistance (e) Amount of non-cash assistance (book, FMV, appraisal, other) (c) The control of the con	Intain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and to award the grants or assistance?  Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line than \$5,000. Part II can be duplicated if additional space is needed.  (b) EIN (c) IRC section (if applicable) (d) Amount of cash assistance (e) Amount of fooh, EMV, appraisal, other)  (g) Description of non-cash assistance (e) Amount of the provided in the line 1 table (e) Amount of non-cash assistance (f) Amount of the provided in the line 1 table (e) Amount of non-cash assistance (f) Method of valuation (book, EMV, appraisal, other)  (g) Description of noncash assistance (f) Amount of the provided in the line 1 table (f) Amount of non-cash assistance (f) Method of valuation (f) Amount of the provided in the line 1 table (f) Amount of non-cash assistance (f) Method of valuation (f) Method of valuation (f) Method of valuation (f) Amount of non-cash assistance (f) Amount of non-cash assistance (f) Amount of non-cash assistance (f) Method of valuation (f) Method of valuation (f) Method of valuation (f) Amount of non-cash assistance (f) Amount of non-cash assistance (f) Amount of non-cash assistance (f) Method of valuation (f) Method o

(6)

Schedule I (Form 990) 2019

RETURNED TO THE ORGANIZATION. REPORTS ARE REQUESTED FROM TIME TO TIME AS APPROPRIATE.

WITH THE GRANT REQUEST AND BUDGET ON WHICH THE GRANT WAS BASED AND THAT ANY FUNDS NOT EXPENDED FOR THE STATED PURPOSE ARE TO BE

Schedule I (Form 990) 2019

Page 2

THE ORGANIZATION ENDEAVORS TO MONITOR ITS GRANTS TO ENSURE THAT SUCH GRANTS ARE USED FOR PROPER PURPOSES AND NOT OTHERWISE DIVERTED FROM THEIR INTENDED USE. THIS IS ACCOMPLISHED BY REQUESTING RECIPIENT ORGANIZATIONS TO AFFIRM THAT FUNDS MUST BE USED SOLELY IN ACCORDANCE

(7) Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. **Explanation** 

Return Reference

PART I, LINE 2:

## **Additional Data**

POLICY

1899 L STREET NW SUITE 200 WASHINGTON, DC 20036

Form 990,Schedule I, Part	II. Grants and	Name:	: : 94-3147856 :: SANDLER FOUNDAT	ic Governments.		
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant		(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN CIVIL LIBERTIES UNION 125 BROAD STREET NEW YORK, NY 100042400	13-3871360	501(C)(3)	2,000,000		N/A	GENERAL SUPPORT
AMERICAN CONSTITUTION SOCIETY FOR LAW AND	52-2313694	501(C)(3)	500,000		N/A	GENERAL SUPPORT

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 81-5294830 501(C)(3) 250.000 IN/A IGENERAL SUPPORT AMERICAN OVERSIGHT 1030 15TH STREET NW SUITE B255 WASHINGTON, DC 20005 27-2366780 501(C)(3) 300.000 IGENERAL SUPPORT

ARIZONA CENTER FOR **EMPOWERMENT** 

5716 N 19TH AVE PHOENIX, AZ 85015

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 45-0676449 501(C)(3) 100.000 IN/A CALIFORNIANS DEDICATED TO ICALIFORNIA DIGITAL EDUCATION FOUNDATION DIVIDE FUND

260 MAIN STREET SUITE 200 REDWOOD CITY, CA 94063 CAMPAIGN LEGAL CENTER 04-3608387 501(C)(3) 500.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

IGENERAL SUPPORT 1411 K STREET NW SUITE 1400 WASHINGTON, DC 20005

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other) 30-0126510 501(C)(3) 6.000.0001 IN/A IGENERAL SUPPORT CENTER FOR AMERICAN PROGRESS

1333 H STREET NW 10TH FLOOR WASHINGTON, DC 20005						
CENTER FOR BIOLOGICAL	85-0420285	501(C)(3)	800,000		N/A	CLIMATE LA

TUCSON, AZ 85702

\_AW DIVERSITY INSTITUTE POBOX 710

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other)

						I
CENTER FOR RESPONSIBLE LENDING PO BOX 3619 DURHAM, NC 277023619	74-3043913	501(C)(3)	3,000,000		N/A	GENERAL SUPPORT
CENTER ON BUDGET AND	52-1234565	501(C)(3)	2,000,000		N/A	STATE FISCAL EFFORTS

IAND GENERAL SUPPORT

CENTER ON BUDGET AND 52-1234565 POLICY PRIORITIES 820 FIRST STREET NE SUITE

WASHINGTON, DC 20002

510

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) CENTER ON BUDGET AND 52-1234565 E01/C)/3) 3 000 0001 STATE FISCAL FEFORTS

501(C)(3)

13-1760098

CITY COLLEGE OF NEW YORK

SHEPARD HALL ROOM 166 NEW YORK, NY 10031

CLIVILIK ON BODGLI AND	JZ 12J7J0J	1 301(0)(3)	3,000,000		1,,,,,	IDIVIE LIDOVE FLIONIS
POLICY PRIORITIES						
820 FIRST STREET NE SUITE						
510						
WASHINGTON, DC 20002						
4						

N/A

IGENERAL SUPPORT

25,000

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 81-3422012 501(C)(3) 500,000 N/A IGENERAL SUPPORT CIVIL RIGHTS CORP

910 17TH STREET WASHINGTON, DC 20006						
CLIMATE JOBS NEW YORK EDUCATION FUND INC	82-4972836	501(C)(3)	500,000		N/A	GENERAL SUPPORT

275 7TH AVENUE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

NEW YORK, NY 10001

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other) 13-3431076 501(C)(3) 50.000 N/A IGENERAL SUPPORT CONSULTATIVE GROUP ON DIOLOCICAL DIVERGITY

FLOOR

WASHINGTON, DC 20005

PRESIDIO BUILDING 1016 SAN FRANCISCO, CA 94129						
DEMOCRACY FORWARD FOUNDATION 1333 H STREET NW 10TH	82-1007988	501(C)(3)	2,500,000		N/A	GENERAL SUPPORT

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable (book, FMV, appraisal, non-cash assistance or assistance grant cash or government assistance other) EARTHHISTICE 04-1720465 E01/C)/2) a non nont IN/A IGENERAL SUPPORT

50 CALIFORNIA STREET SUITE 500 SAN FRANCISCO, CA 94111	94-1730403	301(0)(3)	2,000,000			GENERAL
EARTHJUSTICE	94-1730465	501(C)(3)	2,000,000		N/A	GAS, PO

SAN FRANCISCO, CA 94111

OWER AND 50 CALIFORNIA STREET SUITE PETROCHEMICALS 500

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable organization grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government AL SUPPORT

FAITH IN ACTION 171 SANTA ROSA AVE OAKLAND, CA 94610	94-2206497	501(C)(3)	10,000		N/A	GENERAL SUPPORT
FAITH IN ACTION	94-2206497	501(C)(3)	1,600,000		N/A	GENERAL SUPPORT

FAITH IN ACTION 171 SANTA ROSA AVE

OAKLAND, CA 94610

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other) FINS ATTACHED MARINE 59-6046500 501(C)(3) 100.000 N/A IN SUPPORT OF CREMA

1744 R STREET NW WASHINGTON, DC 20009

RESEARCH AND CONSERVATION 150 WEST UNIVERSITY BLVD MELBOURNE, FL 32901					
GERMAN MARSHALL FUND OF THE UNITED STATES	52-0954751	501(C)(3)	1,000,000		ALLIANCE FOR SECURING DEMOCRACY

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government assistance other) 36-4328006 501(C)(3) 250.000 IN/A BASELAB GRASSROOTS COLLABORATIVE 627 COUTH DEADBORN

STREET 3RD FLOOR FLOOR CHICAGO, IL 60637						
HOPEWELL FUND 1201 CONNECTICUT AVE NW	47-3681860	501(C)(3)	1,500,000		N/A	DEMOCRACY DOCKET

SUITE 300

WASHINGTON, DC 20036

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 13-2875808 501(C)(3) 2.000.000 IN/A IGENERAL SUPPORT HUMAN RIGHTS WATCH 350 FIFTH AVENUE 34TH FLOOR

NEW YORK, NY 101183299 INDIVISIBLE CIVIC 82-2355901 501(C)(3) 1.000.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

WASHINGTON, DC 20010

IGENERAL SUPPORT ENGAGEMENT INC POBOX 43884

(f) Method of valuation (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) INSTITUTE FOR ENERGY 45-4244605 501(0)(3) son nool GENERAL SLIPPORT

FOUNDATION 2505 N AVENUE

NATIONAL CITY, CA 91950

ECONOMICS AND FINANCIAL ANALYSIS 3430 ROCKY RIVER DRIVE CLEVELAND, OH 44111	43 4244003	301(0)(3)	500,000			GENERAL SOFFORT
INTERNATIONAL COMMUNITY	13-1624046	501(C)(3)	1,000,000		N/A	INTERNATIONAL FUND

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 91-1839907 501(C)(3) 150.000 N/A IGENERAL SUPPORT ISLAND CONSERVATION

SANTA CRUZ, CA 95060						
J STREET EDUCATION FUND INC	20-2777557	501(C)(3)	100,000		N/A	GENERAL SUPPORT

POBOX 66073

WASHINGTON, DC 20035

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government assistance other) JEWISH COMMUNITY 94-1156533 501(C)(3) 50.000 IN/A DONOR ADVISED FUND

FEDERATION 121 STEUART STREET SAN FRANCISCO, CA 94105					,	
KENTUCKY COALITION	31-1113237	501(C)(3)	250.000		N/A	BASELAB

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

PO BOX 1450 LONDON, KY 40743

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government assistance other) 23-7026895 501(C)(3) 2,000,000 N/A GENERAL SUPPORT LEADERSHIP CONFERENCE EDUCATION FUND

1629 K STREET NW SUITE 1000 WASHINGTON, DC 20006						
LEADERSHIP CONFERENCE EDUCATION FUND	23-7026895	501(C)(3)	3,000,000		N/A	ALL VOTI

WASHINGTON, DC 20006

TING IS LOCAL 1629 K STREET NW SUITE 1000

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) LEARNING POLICY INSTITUTE 47-2772048 501(C)(3) 3,800,000 N/A GENERAL SUPPORT

1530 PAGE MILL ROAD SUITE 200 PALO ALTO, CA 94304						
LUMINATE PROJECTS LIMITED 44 MONTGOMERY STREET	82-3941326	501(C)(3)	3,000,000		N/A	"RESET" PROJECT

THIRD FLOOR

SAN FRANCISCO, CA 94104

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable (book, FMV, appraisal, non-cash assistance or assistance grant cash or government assistance other) MDRC 23-7379473 501(C)(3) 250,000 N/A GENERAL SUPPORT

16 EAST 34TH STREET 19TH FLOOR NEW YORK, NY 100164326						
NATIONAL COMMITTEE FOR RESPONSIVE PHILANTHROPY	52-1072749	501(C)(3)	25,000		N/A	GENERAL SUPPORT

2001 S STREET NW SUITE 620 WASHINGTON, DC 20009

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, non-cash assistance organization if applicable grant cash or assistance or government assistance other) 26-3015634 501(C)(3) 400.000 NATIONAL PUBLIC EDUCATION PARTNERSHIP FOR THE IFUTURE OF LEARNING SUPPORT FUND 1900 L STREET NW SUITE 520 WASHINGTON, DC 20036

IN/A

ASIAN AMERICANS AND

PACIFIC ISLANDERS

CIVIC ENGAGEMENT

IFUND

500.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

13-3191113

NEO PHILANTHROPY INC.

45 WEST 36TH STREET

NEW YORK, NY 10018

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) NEO PHILANTHROPY INC 13-3191113 501(C)(3) 725.000 BASELAB 45 WEST 36TH STREET NEW YORK, NY 10018 NEW FLORIDA MAJORITY 45-3956785 501(C)(3) 650.000 N/A IGENERAL SUPPORT

EDUCATION FUND INC 10800 BISCAYNE BLVD SUITE

MIAMI, FL 33161

1050

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) NEW GEORGIA PROJECT INC 82-1348307 501(C)(3) 300.000 IGENERAL SUPPORT 165 COURTLAND ST SUITE A-231 ATLANTA, GA 30303

NEW VENTURE FUND 20-5806345 501(C)(3) 500.000 ACCOUNTABLE TECH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

WASHINGTON, DC 20036

1201 CONNECTICUT AVE NW SUITE 300

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 20-5806345 501(C)(3) 500.000 DEMAND JUSTICE NEW VENTURE FUND 1201 CONNECTICUT AVE NW SUITE 300 WASHINGTON, DC 20036

NEW VIRGINIA MAJORITY 27-1705920 501(C)(3) 250.000 BASELAB EDUCATION FUND

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

PO BOX 22063 ALEXANDRIA, VA 22304

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 27-1705920 501(C)(3) 450.000 IN/A IGENERAL SUPPORT NEW VIRGINIA MAJORITY EDUCATION FUND

PO BOX 22063 ALEXANDRIA, VA 22304 OCEANA INC 51-0401308 501(C)(3) 2.250.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

IGENERAL SUPPORT 1350 CONNECTICUT AVE NW 5TH FI WASHINGTON, DC 20036

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) **PROPUBLICA** 14-2007220 501(C)(3) 3.000.000 IGENERAL SUPPORT 55 BROADWAY 23RD FLOOR

NEW YORK, NY 10006

ROCKEFELLER FAMILY FUND 13-6257658 501(C)(3) 500,000

INC 475 RIVERSIDE DRIVE SUITE 900

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

NEW YORK, NY 10115

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 74-2244146 501(C)(3) 100.000 IN/A BUILDING ROCKY MOUNTAIN INSTITUTE 2490 JUNCTION PLACE SUITE DECARBONIZATION

2490 JUNCTION PLACE SUITE
200
BOULDER, CO 80301

ROCKY MOUNTAIN INSTITUTE 74-2244146 501(C)(3) 200,000

N/A GENERAL SUPPORT 2490 JUNCTION PLACE SUITE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

200

BOULDER, CO 80301

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other)

501(C)(3)

31-1640316

SCHWAB CHARITABLE FUND

SAN FRANCISCO, CA 94105

211 MAIN STREET

BALK INSTITUTE FOR BIOLOGICAL STUDIES 10010 NORTH TORRY PINES ROAD LA JOLLA, CA 92037	95-216009/	501(C)(3)	6,3//		N/A	ENDOWMENT
· · · · · · · · · · · · · · · · · · ·						

N/A

DONOR ADVISED FUND

100,000

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government CTERRA CLUB FOUNDATION 04 6060000 E01(C)(2) 1 000 000 NI/A DEVOND COM

326 GALVEZ STREET

STANFORD, CA 94305

85 SECOND STREET 2ND FLOOR SAN FRANCISCO, CA 94105	94-6069890	501(0)(3)	1,000,000		N/A	CAMPAIGN
STANFORD UNIVERSITY	94-1156365	501(C)(3)	7,470,727		N/A	CLINICAL EXCELLENCE

TRESEARCH CENTER

(f) Method of valuation (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other)

STUDENT PRESS LAW CENTER 1608 RHODE ISLAND AVE NW SUITE 211 WASHINGTON, DC 20036	52-1184647	501(C)(3)	50,000			NEW VOICES ORGANIZING PROJECT
TAKE ACTION MINNESOTA	41-1635130	501(C)(3)	250,000		N/A	BASELAB

WASHINGTON, DC 20036

TAKE ACTION MINNESOTA
EDUCATION FUND
705 RAYMOND AVENUE SUITE
100

ST PAUL, MN 55114

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government TEXAS ORGANIZING PROJECT 27-1481855 501(C)(3) 500,000 N/A IGENERAL SUPPORT

THAT MAN MAY CEE INC	22.7420042	E04(C)(2)	F0 000		NI/A	CENEDAL CURRERT
PO BOX 120296 SAN ANTONIO, TX 78212						
EDUCATION FUND						

SAN FRANCISCO, CA 94143

THAT MAN MAY SEE INC 23-7129943 501(C)(3)| 50,0001 TGENERAL SUPPORT 10 KORET WAY BOX 0352

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other)

501(C)(3)

51-0198509

TIDES FOUNDATION

SAN FRANCISCO, CA 94129

PO BOX 29198

THE MANAGEMENT CENTER	20-5197607	501(C)(3)	200,000		N/A	GENERAL SUPPORT
1710 RHODE ISLAND AVENUE						
NW SUITE						
1100						
WASHINGTON DC 20036						

250,000

N/A

ADVANCE NATIVE

IEDUCATION FUND

POLITICAL LEADERSHIP

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government E2 4000040 E04(6)(3) 200 000

89 SOUTH STREET SUITE 700

BOSTON, MA 02111

NATIONAL POLICY 1250 I STREET NW SUITE 500 WASHINGTON, DC 20005	52-1080919	501(C)(3)	300,000		N/A	GENERAL SUPPORT
TSNE MISSIONWORKS	04-2261109	501(C)(3)	10,000		N/A	BUILDING MOVEMENT

**IPROJECT** 

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) TURTLE ISLAND RESTORATION 91-1818080 501(C)(3) 250.000 IGENERAL SUPPORT NETWORK POBOX 400

IGENERAL SUPPORT

500.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

FOREST KNOLLS, CA 94933
UNITED FOR RESPECT
EDUCATION FUND

1133 BROADWAY STE 332 NEW YORK, NY 10010 13-3885314

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government assistance other) UNIVERSITY OF CALIFORNIA 94-2829914 501(C)(3) 14,681 IN/A INSTITUTE FOR SAN FRANCISCO FOUNDATION NEURODEGENERATIVE

5TH FLOOR

SAN FRANCISCO, CA 94104

220 MONTGOMERY STREET 5TH FLOOR SAN FRANCISCO, CA 94104					DISEASES
UNIVERSITY OF CALIFORNIA SAN FRANCISCO FOUNDATION 220 MONTGOMERY STREET	94-2829914	501(C)(3)	50,000		OSHER CENTER FOR INTEGRATIVE MEDICINE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance 94-2829914 501(C)(3) 1.100.000 IN/A UNIVERSITY OF CALIFORNIA ISANDLER ASTHMA SAN FRANCISCO FOUNDATION BASIC RESEARCH CENTER 220 MONTGOMERY STREET 5TH FLOOR

SAN FRANCISCO, CA 94104 501(C)(3) 2,000,000 UNIVERSITY OF CALIFORNIA 94-2829914 SAN FRANCISCO FOUNDATION 220 MONTGOMERY STREET 5TH FLOOR

SAN FRANCISCO, CA 94104

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

N/A

NEUROSCIENCES

BUILDING INITIATIVE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government assistance other) UNIVERSITY OF CALIFORNIA 94-2829914 501(C)(3) 3.000.0001 IN/A PROGRAM IN

5TH FLOOR

SAN FRANCISCO, CA 94104

SAN FRANCISCO FOUNDATION 220 MONTGOMERY STREET 5TH FLOOR SAN FRANCISCO, CA 94104			3,555,655		BREAKTHROUGH BIOMEDICAL RESEARCH (PBBR)
UNIVERSITY OF CALIFORNIA SAN FRANCISCO FOUNDATION 220 MONTGOMERY STREET	94-2829914	501(C)(3)	5,792,387		GLIOBLASTOMA PRECISION MEDICINE PROGRAM

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government 46-4396728 501(C)(3) 1.000.000 IN/A VOTE SOLAR IGENERAL SUPPORT 360 22ND STREET SUITE 730

360 22ND STREET SUITE 730 OAKLAND, CA 94612

WASHINGTON CENTER FOR 47-4464400 501(C)(3) 3,000,000

ROUITABLE GROWTH

GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

1500 K STREET NW WASHINGTON, DC 20005

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government WILDAID INC 20-3644441 501(C)(3) 200.000 IN/A IGENERAL SUPPORT

WILDAID INC 20-3644441 501(C)(3) 200,000 N/A GENERAL SUPPORT 333 PINE STREET STE 300 SAN FRANCISCO, CA 94104 N/A GENERAL SUPPORT VILLOCOAST 77-0536297 501(C)(3) 300,000 N/A GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

925 SEACOAST DRIVE IMPERIAL BEACH, CA 91932

efil	e GRAPHIC pi	rint - DO NOT PROCESS	As Filed Data	a -	DLN: 93	49313	32040	391
Sch	edule J	Co	mpensati	ion Information	01	MB No.	1545-0	0047
(Forr	n 990)	For certain Office		rustees, Key Employees, and Hig	hest			
		► Complete if the orga	Compensa anization answ	ited Employees rered "Yes" on Form 990, Part IV,	, line 23.	20		)
D			▶ Attach	to Form 990. instructions and the latest inform		Openi		
•	tment of the Treasury al Revenue Service	P do to <u>www.ms.gov</u>	7 <u>77 01111990</u> 101	mstructions and the latest mion		Insp	ectio	n
	me of the organization	ation			Employer identifica	tion nu	ımber	
					94-3147856			
Pa	rt I Questi	ons Regarding Compensat	ion				I	
<b>1</b> a				the following to or for a person liste y relevant information regarding the			Yes	No
		,	П	,				
	First-class or charter travel  Housing allowance or residence for personal use  Travel for companions  Payments for business use of personal residence							
	_	nification and gross-up payments		Health or social club dues or initiation				
	Discretion	nary spending account		Personal services (e.g., maid, chauf	feur, chef)			
b	If any of the ho	ves on Line 13 are sheeked, did t	he organization	follow a written policy regarding pay	ment or			
D				ve? If "No," complete Part III to expl		1b	Yes	
2				or allowing expenses incurred by all r, regarding the items checked on Lir	20.122	2	Yes	
	directors, truste	es, officers, including the CEO/E	xecutive Director	, regarding the items checked on th	le ia:			
3		if any, of the following the filing of EO/Executive Director. Check all		d to establish the compensation of the	ne			
				CEO/Executive Director, but explain i	n Part III.			
	Compens	ation committee		Written employment contract				
	☐ Independ	ent compensation consultant	<b>✓</b>	Compensation survey or study				
	☐ Form 990	of other organizations	<b>✓</b>	Approval by the board or compensa	tion committee			
4	During the year related organiza		90, Part VII, Se	ction A, line 1a, with respect to the f	iling organization or a			
а	Receive a sever	ance payment or change-of-cont	rol payment? .			4a		No
b	Participate in, o	r receive payment from, a supple	mental nonqual	ified retirement plan?		4b		No
С				nsation arrangement?		4c		No
	If "Yes" to any o	of lines 4a-c, list the persons and	provide the app	licable amounts for each item in Part	t III.			
	Only 501(c)(3	), 501(c)(4), and 501(c)(29)	organizations	must complete lines 5-9.				
5		ed on Form 990, Part VII, Sectior ontingent on the revenues of:		the organization pay or accrue any				
а	The organization	n?				5a		No
b		anization? 5a or 5b, describe in Part III.				5b		No
6		ed on Form 990, Part VII, Sectior ontingent on the net earnings of:		the organization pay or accrue any				
а	The organization	n?				6a		No
b						<b>6</b> b		No
-	•	6a or 6b, describe in Part III.	. A. D.,	ula a constituit de la	a .			
7				the organization provide any nonfixe rt III .     .     .     .     .     .     .		7		No
8	subject to the ir	nitial contract exception described	d in Regulations	red pursuant to a contract that was section 53.4958-4(a)(3)? If "Yes," do				
9	If "Yes" on line	8, did the organization also follov	v the rebuttable	presumption procedure described in	Regulations section	8		No
For F	<u>``</u>	ıction Act Notice, see the Inst			50053T Schedule 3	9 I (Forn	1 990)	2019

Part III Officers,	Dire	ctors, Trustees, Key	, Employees, and Hig	ghest Compensated	Employees. Use dup	licate copies if additior	nal space is needed.	
For each individual whose instructions, on row (ii). [ <b>Note.</b> The sum of column	o no	ot list any individuals that	are not listed on Form 99	90, Part VII.		_	•	it individual.
(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC  (i) Base (ii) Bonus & incentive compensation		C compensation (iii) Other reportable compensation	(C) Retirement and other deferred compensation	<b>(D)</b> Nontaxable benefits	<b>(E)</b> Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
1 STEVE DAETZ PRESIDENT/ASST. SECRETA	(i)	519,978	0	366	59,497	28,720	608,561	0
	(ii)	0	0	0	0	0	0	0
2 JOY SISISKY TREASURER/SECRETARY (i		0	0	0	0	0	0	0
	(ii)	303,431	0	903	8,400	18,818	331,552	0
3 VIVIAN CHANG GRANTS DIRECTOR	(i)	219,128	0	0	32,869	32,669	284,666	0
	(ii)	0	0	0	0	0	0	0
4 SERGIO KNAEBEL GRANTS DIRECTOR	(i)	200,667	0	293	30,077	972	232,009	0
	(ii)	0	0	0	0	0	0	0
5 JEANNETTE DEMESMIN-	(i)	138,465	0	353	13,977	10,849	163,644	0
RODRIGHES	(ii)	0	0	0	0	0	0	0
6 SUSAN HYDE EXECUTIVE ASSISTANT	(i)	137,596	0	222	14,308	10,841	162,967	0
	(ii)	0	0	0	0	0	0	0

Schedule J (Form 990) 2019	Page <b>3</b>					
Part IIII 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 ORGANIZATION HAS A WRITTEN EXPENSE REIMBURSEMENT POLICY THAT PERMITS REIMBURSEMENT OF AIR TRAVEL FOR FLIGHTS EXCEEDING A CERTAIN DURATION AT A CLASS OF SERVICE HIGHER THAN COACH CLASS TICKETS, SUBJECT TO AUTHORIZATION AND APPROVAL BY THE INDIVIDUAL'S MANAGER, TOGETHER WITH APPROPRIATE DOCUMENTATION					
PART I, LINE 3	SEE COMPENSATION POLICY DISCLOSURE ON SCHEDULE O					

Schedule 1 (Form 990) 2019

DLN: 93493132040391 SCHEDULE M OMB No. 1545-0047 **Noncash Contributions** (Form 990) 2019 ▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ▶ Attach to Form 990. ▶Go to www.irs.gov/Form990 for the latest information. Open to Public Department of the Treasury Internal Revenue Service Inspection Name of the organization **Employer identification number** SANDLER FOUNDATION 94-3147856 Part I **Types of Property** (a) (b) (c) (d) Check if Number of contributions or Noncash contribution Method of determining applicable items contributed amounts reported on noncash contribution amounts Form 990, Part VIII, line 1g 1 Art—Works of art . . Art-Historical treasures **3** Art—Fractional interests 4 Books and publications Clothing and household goods . . . . . Cars and other vehicles **7** Boats and planes . . . 8 Intellectual property . . . Securities—Publicly traded . Χ 1 1,922,858 MARKET VALUE 10 Securities—Closely held stock . 11 Securities—Partnership, LLC, or trust interests . . . . 12 Securities—Miscellaneous . . 13 Qualified conservation contribution—Historic structures . . . . Qualified conservation contribution—Other . . Real estate—Residential . Real estate—Commercial . Real estate—Other . . . 18 Collectibles . . . . 19 Food inventory . . . 20 Drugs and medical supplies . 21 Taxidermy . . . . . 22 Historical artifacts . 23 Scientific specimens . . 24 Archeological artifacts . . 25 Other ▶ ( \_\_\_ 26 Other ▶ ( \_\_\_\_\_\_) 27 Other ▶ ( \_\_\_\_\_\_) Number of Forms 8283 received by the organization during the tax year for contributions 29 for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt 30a Nο **b** If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 Yes 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a Nο **b** If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, Schedule M (Form 990) (2019) For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 51227J

Schedule M (Form 990) (2019)	Page <b>2</b>
	tion. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization
is reporting in Part I, colu complete this part for an	ımn (b), the number of contributions, the number of items received, or a combination of both. Also y additional information.
Return Reference	Explanation
	Schedule M (Form 990) (2019)

efile GRAPH	IC print - DO NOT PROCESS As Filed D	Data -	DLN:	93493132040391
SCHEDUL (Form 990 or EZ)	990- Complete to provide informa Form 990 or 990-EZ or to the Attach	mation to Form 990 or ation for responses to specific que to provide any additional informa to Form 990 or 990-EZ. <u>/Form990</u> for the latest informatio	stions on tion.	OMB No. 1545-0047  2019 Open to Public Inspection
Name Sthe of SANDLER FOUNDA 990 Schedul			Employer identi 94-3147856	fication number
Return Reference		Explanation		
FORM 990, PART VI, SECTION A, LINE 2	SUSAN SANDLER AND JAMES SANDLER ARE	SISTER AND BROTHER		

Return Explanation
Reference

FORM 990,	THE FORM 990 IS PREPARED BASED ON AUDITED FINANCIAL STATEMENTS AND WITH THE ASSISTANCE OF
PART VI,	THE RELATED PARTY'S FINANCE AND ACCOUNTING STAFF. THE FINAL DRAFT OF THE 990 IS REVIEWED B
SECTION B,	Y THE TREASURER. THE PRESIDENT AND/OR OTHER OFFICERS AND DIRECTORS RECEIVE THE FINAL VERSI
LINE 11B	ON OF THE FORM PRIOR TO FILING.

	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	THE ORGANIZATION REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES COMPLIANCE WITH ITS CONF LICT OF INTEREST POLICY. ALL DIRECTORS AND OFFICERS CONFIRM EACH YEAR THAT THEY ARE NOT AW ARE OF ANY CONFLICTS OF INTEREST AS TO THEMSELVES OR OTHERS, AND THE ORGANIZATION MONITORS COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY THROUGHOUT THE YEAR. THE SUPPORTED ORGANI ZATION REQUESTS COMPLETION OF AN ANNUAL DISCLOSURE FORM, ENSURES THAT ALL FORMS HAVE BEEN RECEIVED AND PREPARES A SUMMARY OF DISCLOSURES AND FORWARDS THE FORMS AND SUMMARY TO ITS LEGAL COUNSEL. THE SUPPORTED ORGANIZATION'S CFO ALSO RECEIVES A COPY OF THE SUMMARY AND REVIEWS ALL FORMS AND IS RESPONSIBLE FOR ASSURING APPROPRIATE REPORTING TO THE EXTERNAL AUDIT ORS AND DISCLOSURE IN THE ANNUAL TAX FILINGS.
r		

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE ORGANIZATION HAS FULL TIME EMPLOYEES AND COMPENSATES ONE OFFICER. THE PRESIDENT'S COMPENSATION IS REVIEWED ANNUALLY BY THE GOVERNING BOARD OF DIRECTORS, ALONG WITH A MEMO SUMMA RIZING SALARY COMPARABILITY DATA. PROPOSED COMPENSATION ADJUSTMENTS FOR THE PRESIDENT ARE DISCUSSED AND APPROVED BY THE INDEPENDENT GOVERNING BOARD OF DIRECTORS. CERTAIN OFFICERS A ND/OR DIRECTORS ARE ALSO COMPENSATED BY A RELATED ORGANIZATION, THE JEWISH COMMUNITY FEDER ATION OF SAN FRANCISCO, THE PENINSULA, MARIN AND SONOMA COUNTIES ('JCF'). JCF DOES A COMPE NSATION SURVEY AND ANALYSIS FOR THE SENIOR LEVEL POSITIONS. JCF LOOKS AT COMPENSATION THAT IS EQUITABLE INTERNALLY AND EXTERNALLY FOR THESE POSITIONS. THERE IS A PERIODIC REVIEW OF ALL SALARIES FROM AN INDEPENDENT PROFESSIONAL COMPENSATION ORGANIZATION. THE REVIEW INCLU DES SIMILAR POSITIONS IN THE NON-PROFIT AND FOR-PROFIT SECTOR LOCALLY AND IS ADJUSTED NATI ONALLY. THE COMPENSATION REVIEW ALSO ANALYZES COMPENSATION INFORMATION FROM OTHER FORM 990 S FOR SIMILAR ORGANIZATIONS AS WELL AS MANY OTHER SOURCES OF COMPENSATION DATA.

Return Explanation
Reference

FORM 990, PART VI, SECTION C, LINE 19

Return Reference	Explanation
FORM 990 (VARIOUS):	DUE TO TAX SOFTWARE LIMITATIONS, CERTAIN QUESTIONS THAT SHOULD HAVE BEEN ANSWERED N/A WERE LEFT BLANK AS FOLLOWS: 1) PART IV, QUESTION 20B, 24B, 24C, 24D, 35B 2) PART V, QUESTION 3 B, 4B, 5C, 6B, 7B, 7D, 7G, 7H, 8, 9A, 9B, 10A, 10B, 11A, 11B, 12A, 12B, 13A, 13B, 13C, 14B 3) PART VI, QUESTION 10B, 16B 4) PART XII, QUESTION 3B 5) SCHEDULE A PART IV QUESTION 3B, 3C, 4B, 4C, 5B, 5C, 10B 6) SCHEDULE J, QUESTION 9

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - SCHEDULE R | Related

(Form 990)

Department of the Treasury

### **Related Organizations and Unrelated Partnerships**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

► Go to <u>www.irs.gov/Form990</u> for instructions and the latest information.

2019

DLN: 93493132040391 OMB No. 1545-0047

> Open to Public Inspection

Internal Revenue Service **Employer identification number** Name of the organization SANDLER FOUNDATION 94-3147856 Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I (f) (b) (e) Name, address, and EIN (if applicable) of disregarded entity Legal domicile (state Total income Direct controlling End-of-year assets Primary activity or foreign country) entity Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. (d) (a) (b) (e) (g) Name, address, and EIN of related organization Primary activity Legal domicile (state Exempt Code section Public charity status Direct controlling Section 512(b) or foreign country) (if section 501(c)(3)) entity (13) controlled entity? Yes No (1) JEWISH COMMUNITY FEDERATION OF SF BUILD, MAINTAIN AND CA 501(C)(3) LINE 7 No 121 STEUART STREET STRENGTHEN JEWISH IDENTITY, COMM AND LIFE N/A SAN FRANCISCO, CA 94105 94-1156533 For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50135Y Schedule R (Form 990) 2019

Part III Identification of Related Organization one or more related organizations treated	ons Taxable as a P ed as a partnership o	<b>artnership.</b> during the ta	Comple x year.	te if the or	ganization	answered "	Yes" on Forr	n 990,	Part I	V, line 34,	becau	se it ha	ad
(a) Name, address, and EIN of related organization		<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	Predomina income(rela unrelated excluded freax unde sections 5:	ated, total incor d, rom er	f Share of end-of-year assets		n) rtionate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) Gener mana partn	alor Per ging ow	( <b>k)</b> rcentage ynership
					514)			Yes	No		Yes	No	
Part IV Identification of Related Organization because it had one or more related organization.	ons Taxable as a C anizations treated as	<b>orporation</b> a corporatio	<b>or Trus</b> n or tru	<b>t.</b> Complet st during t	e if the org he tax year	janization ar 	nswered "Ye	s" on F	orm 9	90, Part IV	, line	34	
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	Le don (state d	egal nicile or foreign ntry)	Direc		(e) Type of entity C corp, S corp, or trust)	<b>(f)</b> Share of total income		(g) of end- year assets	of- Percer owne	ntage	Section (13)	(i) on 512(b) controlled ntity?
			77									Tes	
				-						Calcadada D	<b>/</b> -	- 000)	

Schedule R (Form 990) 2019		Pa	ge <b>3</b>
Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.			
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		No
<b>b</b> Gift, grant, or capital contribution to related organization(s)	<b>1</b> b	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	<b>1</b> g		No
b. Downless of a safe from safe to describe the safe to the safe t	16		No

С	Girt, grant, or capital contribution from related organization(s)	1.0		NO
d	Loans or loan guarantees to or for related organization(s)	<b>1</b> d		No
e	Loans or loan guarantees by related organization(s)	1e		No
f	Dividends from related organization(s)	1f	ĺ	No
g	Sale of assets to related organization(s)	<b>1</b> g		No
h	Purchase of assets from related organization(s)	1h		No
i	Exchange of assets with related organization(s)	1i		No
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		No
		-	_	

U	Girl, grant, or capital contribution from related organization(s)	1-0		
d	Loans or loan guarantees to or for related organization(s)	1d		No
е	Loans or loan guarantees by related organization(s)	1e		No
f	Dividends from related organization(s)	1f		No
g	Sale of assets to related organization(s)	<b>1</b> g		No
h	Purchase of assets from related organization(s)	1h		No
i	Exchange of assets with related organization(s)	1i		No
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		No
ı	Performance of services or membership or fundraising solicitations for related organization(s)	11		No
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
0	Sharing of paid employees with related organization(s)	10		No

			-
Dividends from related organization(s)	<b>1</b> f		No
Sale of assets to related organization(s)	<b>1</b> g		No
Purchase of assets from related organization(s)	1h		No
Exchange of assets with related organization(s)	1i		No
Lease of facilities, equipment, or other assets to related organization(s)	1j		No
Lease of facilities, equipment, or other assets from related organization(s)	1k		No
Performance of services or membership or fundraising solicitations for related organization(s)	11		No
	1m	Yes	
	1n	Yes	
	10		No
Reimbursement paid to related organization(s) for expenses	<b>1</b> p	Yes	
	<b>1</b> q		No
Other transfer of cash or property to related organization(s)	1r		No
Other transfer of cash or property from related organization(s)	1s		No
	Sale of assets to related organization(s)	Sale of assets to related organization(s)	Sale of assets to related organization(s)

J Lease of facilities, equipment, or other assets to related organization(s)				1,		
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s)				1k		No
<b>I</b> Performance of services or membership or fundraising solicitations for related organization(s) $\dots$ $\dots$				11		No
$m{m}$ Performance of services or membership or fundraising solicitations by related organization(s)				1m	Yes	
f n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	Yes	
o Sharing of paid employees with related organization(s)				10		No
p Reimbursement paid to related organization(s) for expenses				<b>1</b> p	Yes	
<b>q</b> Reimbursement paid by related organization(s) for expenses				<b>1</b> q		No
r Other transfer of cash or property to related organization(s)				1r		No
f s Other transfer of cash or property from related organization(s)				1s		No
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this lin	e, including covered r	elationships and tra	nsaction thresholds.			
(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	(c) Amount involved	(d) Method of determining an	nount in	volved	
(1)JEWISH COMMUNITY FEDERATION OF SAN FRANCISCO	В	50,000	CASH VALUE			
(2)JEWISH COMMUNITY FEDERATION OF SAN FRANCISCO	М	200,000	CASH VALUE			
(3)JEWISH COMMUNITY FEDERATION OF SAN FRANCISCO	Р	44,604	CASH VALUE			

р	Reimbursement paid to related organization(s) for expenses				1p '	res es
q	Reimbursement paid by related organization(s) for expenses				<b>1</b> q	No
r	Other transfer of cash or property to related organization(s)				1r	No
	Other transfer of cash or property from related organization(s)				1s	No
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this lin	e, including covered i	elationships and tra	nsaction thresholds.		
	(a) Name of related organization	(b) Transaction	(c) Amount involved	(d) Method of determining ar	nount inv	olved
	· · · · · · · · · · · · · · · · · · ·	type (a-s)				
<b>(1)</b> JE	WISH COMMUNITY FEDERATION OF SAN FRANCISCO	type (a-s)	50,000	CASH VALUE		
			50,000	CASH VALUE		
<b>(2)</b> JE	WISH COMMUNITY FEDERATION OF SAN FRANCISCO	В	,			

Schedule R (Form 990) 2019

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

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

<b>(a)</b> Name, address, and EIN of entity	(a) Name, address, and EIN of entity  (b) Primary activity Legal domicile (state or foreign country) (related, unrelated, excluded from tax under sections 512-514)		section		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managing		(k) Percentage ownership	
			514)	Yes	No			Yes	No		Yes	No	
			1			ı				Schedul	e R (Form	990	0) 2019

Schedule R (Fo	Schedule R (Form 990) 2019					
Part VII	Supplemental Info	ormation				
Provide additional information for responses to questions on Schedule R. (see instructions).						
Return Reference		Explanation				

6/15/23, 1:58 PM IRS Full Filing

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ObjectId: 202320959349300902 - Submission: 2023-04-05

TIN: 94-3147856

Form **990** 

Department of the Treasury

#### **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.

► Go to <a href="https://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Internal	Revenue Service								
A F	or the 2021 c	alendar year, or tax year beginning 07-01-2021 , and endi	ng 06-30-202	2					
O Add	ck if applicable: dress change me change	C Name of organization SANDLER FOUNDATION			loyer identi 147856	fication number			
_	tial return	Doing business as							
_	al return/terminated nended return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telep	hone numbe	r			
	plication pending	121 STEUART STREET	,	(415	) 777-0411	L			
		City or town, state or province, country, and ZIP or foreign postal code SAN FRANCISCO, CA 94105		6.6		170 200 540			
		F Name and address of principal officer:	U/a		s receipts \$ 1				
		STEVE DAETZ	п(а	) Is this a group subordinates?	return for	□Yes ✓No			
		121 STEUART STREET SAN FRANCISCO, CA 94105	H(b)	) Are all subordi	nates				
I Tax	-exempt status:		] 527	included? If "No," attach	a list Soo	☐ Yes ☐No			
1 W	ebsite: N/A			Group exempti					
	obsiter 11,7	•							
K Forn	n of organization:	Corporation Trust Association Other	<b>L</b> Year	of formation: 1992	M State	e of legal domicile: CA			
Pa		mary scribe the organization's mission or most significant activities:							
œ		SCHARITABLE, EDUCATIONAL, & RELIGIOUS PURPOSES OF JEWIS	H COMM FEDER	RATION OF SF.					
et Assets or Expenses Revenue Activities & Governmence Revenue Activities & Governmence Revenue Activities & Governmence Revenue Reven	-								
	2 Check thi								
	3 Number	of voting members of the governing body (Part VI, line 1a)			3	5			
S		of independent voting members of the governing body (Part VI, line	,		4	4			
vitte		nber of individuals employed in calendar year 2021 (Part V, line 2a	•		5	5			
cti		nber of volunteers (estimate if necessary)			6	0			
٩		elated business revenue from Part VIII, column (C), line 12			7a	<b>+</b>			
	<b>b</b> Net unrei	lated business taxable income from Form 990-T, Part I, line 11 .		Duian Vaan	7b	1			
	• Contribut	cions and grants (Part VIII, line 1h)		Prior Year	0	Current Year			
9		service revenue (Part VIII, line 2g)			0	24,609,736			
νe	_	ent income (Part VIII, column (A), lines 3, 4, and 7d )	•	12 57	70,533	16,256,754			
ď		venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	·  -	12,37	0,555	10,230,734			
		enue—add lines 8 through 11 (must equal Part VIII, column (A), lin	e 12)	12,57	70,533	40,866,490			
		nd similar amounts paid (Part IX, column (A), lines 1–3)			34,232	65,137,473			
		paid to or for members (Part IX, column (A), line 4)		.,	0	0			
ç		other compensation, employee benefits (Part IX, column (A), lines		1,53	34,041	1,589,702			
ıse	<b>16a</b> Professio	onal fundraising fees (Part IX, column (A), line 11e)			0	)			
e d	<b>b</b> Total fundr	raising expenses (Part IX, column (D), line 25)							
ă	17 Other exp	penses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,54	12,693	1,233,437			
	18 Total exp	enses. Add lines 13-17 (must equal Part IX, column (A), line 25)		76,71	10,966	67,960,612			
	<b>19</b> Revenue	less expenses. Subtract line 18 from line 12		-64,14	10,433	-27,094,122			
Ces			Ве	ginning of Curren	t Year	End of Year			
sets	20 Total acc	ets (Part X, line 16)		750,97	76 876	672,162,748			
AB		ilities (Part X, line 26)	·		15,962	12,743,822			
E E		ts or fund balances. Subtract line 21 from line 20	· · ⊢	746,36		659,418,926			
		S. C. C. Said February Contract Mile 21 Holli Mile 20 1 1 1 1 1	-	7 40,50	-0/01	000,710,020			

Part II Signature Block

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

10/20,	1.50 1 101			ii to i dii i liilig		
	Sig	nature of officer			2023-04-04 Date	
Sign						
Here	DIC	IAN KATAOKA CONTROLLER be or print name and title				
	l iàl					
		Print/Type preparer's name	Preparer's signature	Date	Check if	PTIN
Paic					self-employed	
	oarer	Firm's name			Firm's EIN	
Use	Only	Firm's address			Phone no.	
					Thoric no.	
May t	he IRS disc	uss this return with the prep	arer shown above? (see instruction	ns)		. 🗆 Yes 🗆 No
For P	aperwork	Reduction Act Notice, see	the separate instructions.	Cat	t. No. 11282Y	Form <b>990</b> (2021)
			Page 2			
			, and the second second second second second second second second second second second second second second se			
Form	990 (2021)					Page <b>2</b>
Par	t III Sta	atement of Program Se	ervice Accomplishments			
	Che	eck if Schedule O contains a	response or note to any line in this	s Part III		
1		cribe the organization's miss				
THE F	OUNDATIO	N OPERATES EXCLUSIVELY F	OR CHARITABLE, EDUCATIONAL C	R RELIGIOUS PURPOSI	ES BY CONDUCTIN	NG OR SUPPORTING
ACTIV	ITIES FOR	THE BENEFIT OF, OR TO CA	RRY OUT THE PURPOSES OF THE J			
PENIN	ISULA, MAR	RIN AND SONOMA COUNTIES	S			
2	Did the org	ganization undertake any sig	nificant program services during th	ne year which were not	listed on	
	the prior F	orm 990 or 990-EZ?				🗆 Yes 🗸 No
	If "Yes," de	escribe these new services o	n Schedule O.			
3	Did the org	ganization cease conducting,	or make significant changes in ho	w it conducts, any prog	ıram	
	services?					. 🗌 Yes 🛂 No
	If "Yes," de	escribe these changes on Sci	nedule O.			
4		<u>-</u>	ervice accomplishments for each of	its three largest progr	am services, as m	easured by expenses
			izations are required to report the			
	and revenu	ue, if any, for each program	service reported.	-		
	(0.1	\ /= \ \	55.040.000		172 \ (2	
4a	(Code:	) (Expenses \$	66,242,708 including gran		173 ) (Revenue \$	)
			RT OF THE CHARITABLE, EDUCATIONAL, NSULA, MARIN AND SONOMA COUNTIES		S PURPOSES OF THE	JEWISH COMMUNITY
			,			
4b	(Code:	) (Expenses \$	including gran	nts of \$	) (Revenue \$	)
	(0000.	) (Expenses 4	medanig gran	.co o.	) (nevenue ¢	,
	-					
	-					
4c	(Code:	) (Expenses \$	including grar	its of \$	) (Revenue \$	)
						_
4d	Other pres	gram services (Describe in S	chedule O )			
	(Expenses	,	including grants of \$	) (Revenu	e \$	1
4-				) (Nevenu	- Ψ	,
4e	iotal pro	gram service expenses 🕨	66,242,708			

Form **990** (2021)

————— Page 3 —

Form 990 (2021) Page 3

Pa	rt 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	
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	3		No
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		No
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 Rev. Proc. 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			No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	6		
	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? <i>If "Yes,"</i> complete Schedule D, Part III S	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
LO	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10		No
l1	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X, as applicable.			
	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	
	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
	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
	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? <i>If "Yes," complete Schedule D, Part IX</i>	11d		No
е	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	
L2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
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	Yes	110
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	1.5		N1 -
142	Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		No No
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	1-70		140
~	business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	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? <i>If</i> "Yes," complete Schedule F, Parts II and IV	15		No
L6	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
L7	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? <i>If "Yes," complete Schedule G, Part I.</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		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes,"</i> 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		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
				- ( 1)

— Page 4 -

Form	990 (2021)			Page 4
Pai	t IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
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		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
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), 501(c)(4), and 501(c)(29) 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? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <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 ${\tt M}$	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		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? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulationssections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</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	Yes	
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	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		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 on Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	
Pa	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	• •	Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable   1a   4		1 63	140
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable . 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
				<del></del>

– Page 5 <del>–</del>

Form	990 (2021)			Page <b>5</b>
Pai	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and TaxStatements, filed for the calendar year ending with or within the year covered by this return			
b	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	
За	Did the organization have unrelated business gross income of $$1,000$ or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	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)?  If "Yes," enter the name of the foreign country:	4a		No
ь	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		<del>                                     </del>
	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		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	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		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		No

Part W. Governance, Management, and Disclosure, For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8 through 7b below, and for a "No" response to lines 8 through 7b below, and for a "No" response to lines 8 through 7b below, and for a "No" response to lines 8 through 7b below, and for a "No" response to lines 8 through 7b below, and for a "No" response to lines 8 through 7b below, and for a "No" response to the form? The second of the form of the	16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No
Form 990 (2021)  Part V	17	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
Form 990 (2021)  For 1990 (2021)  For 1990 (2021)  For 200 (2021)  For 200 (2021)  For 30 (2021)			F	orm <b>99</b>	<b>0</b> (2021)
Form 990 (2021)  For 1990 (2021)  For 1990 (2021)  For 200 (2021)  For 200 (2021)  For 30 (2021)		Page 6			
Furt Vinices 8.8, 96, or 100 hollow, describe the crizomstrances, processes, or changes in Schedule O. See instructions.  Section A. Governing Body and Management  1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.  b Enter the number of voting members included in line 1a, above, who are independent  2 Did any officer, director, trustee, or key employees to a management official or increase in the committee, explain in Schedule O.  b Enter the number of voting members included in line 1a, above, who are independent officer, director, trustees, or key employees to a management officer, director, trustees, or key employees to a management company or other person?  3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?  5 Did the organization have members as tockholders?  6 Did the organization have members or stockholders?  7a Did the organization have members or stockholders?  7b Did the organization have members stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  5 Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  8 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  8 Did the organization have members stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  9 Did		rage o			
Rines 88, 8b, or 10b Below, describe the circumstances, processes, or changes in Schedule O. See instructions:   Check   Schedule O. Countains a response or note to any line in this Part VI	Form	990 (2021)			Page <b>6</b>
Section A. Governing Body and Management   Yes   Name	Par	lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.	•		<b>✓</b>
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  2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee to a management company or other person?  3 Did the organization designate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?  5 Did the organization become aware during the year of a significant diversion of the organization's assets?  6 Did the organization have members or stockholders?  7 Did the organization have members or stockholders?  A rea my ognalization have members or stockholders?  A rea my ognalization have members or stockholders?  B Are any ognalization have members or stockholders?  A rea my ognalization have members or stockholders?  B Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  The governing body?  B Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  The governing body?  B Eaction B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)  Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)  10a Did the organization have a written conflict of interest policy? If "No," go to line 13 and branches to ensure their operations are consistent with the organization's exempt purposes?  10b Were officers, directors, or trustees, and	Se				
If there are material differences in voting rights among members of the governing body, or if the qoverning 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  2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?  3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?  4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  5 Did the organization become aware during the year of a significant diversion of the organization's assets?  6 N  7a Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  6 N  6 N  7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  9 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  10 Did the organization on the power of the governing body?  10 Did the organization is section of the governing body?  11 Did the organization have a written policies not required by the Internal Revenue Code.)  12 Personal of the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  12 Did the organization have a written policies and procedures governing the activities of such chapters, affiliates, an				Yes	No
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b Other officers or key employees of the organization		persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
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<b>p</b> if res, gig the organization follow a written policy or procedure requiring the organization to evaluate its participation I		taxable entity during the year?	16a		No
in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	b	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt	16b		
Section C. Disclosure  17 List the states with which a copy of this Form 990 is required to be filed.					

Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only)available for public inspection. Indicate how you made these available. Check all that apply.  □ Own website ☑ Another's website ☑ Upon request □ Other (explain in Schedule O)  19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.  20 State the name, address, and telephone number of the person who possesses the organization's books and records:  ▶ JEWISH COMMUNITY FEDERATION SAN FRANCISCO 121 STEUART STREET SAN FRANCISCO, CA 941051236 (415) 777-0411  Form 990 (2021)  Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors		
501(c)(3)s only)available for public inspection. Indicate how you made these available. Check all that apply.  ☐ Own website ☑ Another's website ☑ Upon request ☐ Other (explain in Schedule O)  19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.  20 State the name, address, and telephone number of the person who possesses the organization's books and records:  ☐ JEWISH COMMUNITY FEDERATION SAN FRANCISCO 121 STEUART STREET SAN FRANCISCO, CA 941051236 (415) 777-0411  Form 990  Page 7  Form 990 (2021)  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	/15/23	:58 PM IRS Full Filing
Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.  State the name, address, and telephone number of the person who possesses the organization's books and records:  JEWISH COMMUNITY FEDERATION SAN FRANCISCO 121 STEUART STREET SAN FRANCISCO, CA 941051236 (415) 777-0411  Form 990  Page 7  Form 990 (2021)  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	18	
policy, and financial statements available to the public during the tax year.  State the name, address, and telephone number of the person who possesses the organization's books and records:  ▶JEWISH COMMUNITY FEDERATION SAN FRANCISCO 121 STEUART STREET SAN FRANCISCO, CA 941051236 (415) 777-0411  Form 990  Page 7  Form 990 (2021)  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		Own website 🗹 Another's website 🔽 Upon request 🗀 Other (explain in Schedule O)
Page 7  Form 990 (2021)  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	19	
Page 7  Form 990 (2021)  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	20	
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		Form <b>990</b> (2021)
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		
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		Page 7
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors  Check if Schedule O contains a response or note to any line in this Part VII		rage /
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	Form	90 (2021)
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 year.  • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount	Par	
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 year.  • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount		Check if Schedule O contains a response or note to any line in this Part VII
year.  • List all of the organization's <b>current</b> officers, directors, trustees (whether individuals or organizations), regardless of amount	Se	tion A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
year.  • List all of the organization's <b>current</b> officers, directors, trustees (whether individuals or organizations), regardless of amount	<b>1a</b> Co	polete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax
		price this table for an persons required to be instead report compensation for the calculation year change main or maint the organization's tax
of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.		et all of the organization's current officers, directors, tructoes (whether individuals or organizations), regardless of amount
	_	st all of the organization's <b>current</b> officers, thestees (whether individuals of organizations), regardless of amount

- List all of the organization's current key employees, if any. See the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

(A)	(B)			(C	)			(D)	(E)	(F)
Name and title	Average hours per week (list any hours for related	than d	ne b	o no ox, u n of tor/t	t che unles ficer rust	ee)	son	Reportable compensation from the organization (W-2/1099-	Reportable compensation from related organizations	Estimated amount of other compensation from the organization and
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	MISC/1099- NEC)	(W-2/1099- MISC/1099- NEC)	related organizations
(1) JAMES SANDLER DIRECTOR/VICE PRESIDENT	1.00	Х		х				0	0	C
(2) SUSAN SANDLER DIRECTOR/VICE PRESIDENT	20.00	Х		х				0	0	C
(3) PHYLLIS COOK DIRECTOR	1.00	х						0	66,000	C
(4) DAVID AGGER DIRECTOR	1.00	х						0	0	C
(5) DAVID FOLKMAN DIRECTOR	1.00	х						0	0	C
(6) STEVE DAETZ PRESIDENT/ASST. SECRETA	40.00			х				538,061	0	91,757
(7) JOY SISISKY TREASURER/SECRETARY	37.50			х				0	318,111	26,846
(8) VIVIAN CHANG GRANTS DIRECTOR	40.00					х		228,625	0	54,273
(9) SERGIO KNAEBEL GRANTS DIRECTOR	32.00					х		212,411	0	32,407
(10) JEANNETTE DEMESMIN-RODRIGUES	40.00					х		129,532	0	35,101

IRS	Full	Fil	ind
1110	ı uıı		шк

EXECUTIVE ASSISTANT	1	1	ĺ	ĺ	1	ĺ	ĺ	1		
(11) SUSAN HYDE	40.00							127 122		22.271
EXECUTIVE ASSISTANT						Х		127,122	0	23,371
	•	•		-	•		-	•	•	Form <b>990</b> (2021)

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<b>(A)</b> Name and title	(B) Average hours per week (list any hours for related	than o	ne b	ox, u in off	t che inles ficer	and a	on	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of oth compensation from the organization as
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	MISC/1099-NEC)	MISC/1099-NEC)	related organizations
Sub-Total						•		,		

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization  $\blacktriangleright$  5

3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No

Yes No

iroin the organizatio	п. керс	(	A)	ear ending with or wi		(B)	(c)
		Name and bu	siness address		Des	cription of services	Compensation
Total number of indeper compensation from the			luding but not limite	ed to those listed above	ve) who received m	nore than \$100,000 of	f
·							Form <b>990</b> (2021)
				Page 0			
				Page 9 ————			
Form 990 (2021)							Page <b>9</b>
Part VIII Statemen			nonco or noto to any	y line in this Part VIII			
Check ii Sci	ledule	ocontains a res	porise or flote to arry	(A)	(B)	(c)	(D)
				Total revenue	Related or exempt	Unrelated business	Revenue excluded from
					function	revenue	tax under sections
Federated campaigns		1a		1	revenue		512 - 514
Contributions,							
Gifts, Grants, and Membership dues		1b					
OtherAmt <del>Similar</del>							
Arfio THE draising events .	•	1c					
<b>d</b> Related organizations		1d					
		. l .					
e Government grants (contr	ibutions	1e					
<b>f</b> All other contributions, gif and similar amounts not in above		1f					
24,609,736							
g Noncash contributions incl lines 1a - 1f:\$	luded in	1.					
,		1g					
			_				
h Total. Add lines 1a-1f	• •		24,000,730	5		<u> </u>	
2a			Business Code				
Program Service Revenue			-				
Reve							
95							
			-				
S							
and a							
			-				
f All other program s							
9 Total. Add lines 2				<u> </u>			
<b>3</b> Investment income similar amounts) .			nterest, and other	19,131,619			19,131,619
4 Income from investi	ment of	tax-exempt bo	ond proceeds				
<b>5</b> Royalties			▶				
	,	(i) Real	(ii) Personal				
<b>6a</b> Gross rents	6a						
<b>b</b> Less: rental	64			1			
expenses	6b			]			

Form 990 (2021)

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	or (loss)	6c							
	<b>d</b> Net rental inco	me or (	loss)						
			(i) Secur	ities	(ii) Other				
	<b>7a</b> Gross amount from sales of assets other than inventory	7a	134,	560,584	58,607				
	<b>b</b> Less: cost or other basis and sales expenses	7b	137,	414,264	79,792				
	c Gain or (loss)	7c	-2,	853,680	-21,185				
	<b>d</b> Net gain or (los	-				-2,874,865			-2,874,865
Revenue	Gross income from (not including \$ contributions repoi See Part IV, line 1  b Less: direct exp c Net income or (i	rted on I 18 • enses	of line 1c).	8a 8b	nts				
Other	Gross income fro See Part IV, line  b Less: direct exp c Net income or (	m gami 19 . enses	ng activities.	9a 9b					
	10aGross sales of ir returns and allo b Less: cost of go c Net income or (	nventor wances ods sol	ry, less	10a 10b					
	Miscellar			iiiveiitt	Business Code				
	11a	ileous i	cevenue		business code				
	<b>d</b> All other revenu			١.					
	e Total. Add lines	s 11a-1	1d						
	12 Total revenue.	. See in	structions .	•		40,866,490	0	C	16,256,754

Form **990** (2021)

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Page 10

Statement of Functional Expenses Part IX 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 (B) (C) (D) Do not include amounts reported on lines 6b, Fundraising Program service Management and 7b, 8b, 9b, and 10b of Part VIII. Total expenses expenses expenses general expenses 65,137,473 65,137,473  $\boldsymbol{1}\,$  Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . **2** Grants and other assistance to domestic individuals. See 3 Grants and other assistance to foreign organizations, foreign

556,252

445,002

111,250

5 Compensation of current officers, directors, trustees, and key Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . .

governments, and foreign individuals. See Part IV, lines 15

**4** Benefits paid to or for members . . . . . .

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7 Other salaries and wages	725,786	453,732	272,054	
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	161,374	117,265	44,109	
9 Other employee benefits	77,209	45,870	31,339	
<b>10</b> Payroll taxes	69,081	43,366	25,715	
11 Fees for services (non-employees):				
a Management				
<b>b</b> Legal	2,158		2,158	
c Accounting	40,230		40,230	
<b>d</b> Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	472,581		472,581	
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	110,864		110,864	
12 Advertising and promotion				
13 Office expenses	21,532		21,532	
14 Information technology	57,997		57,997	
15 Royalties				
<b>16</b> Occupancy	305,297		305,297	
<b>17</b> Travel	17,048		17,048	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings				
<b>20</b> Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,014		1,014	
23 Insurance	4,716		4,716	
Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
a ADMINISTRATIVE FEES	200,000		200,000	
b				
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	67,960,612	66,242,708	1,717,904	0
<b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here ► ☐ if following SOP 98-2 (ASC 958-720).				

Page 11 -

Form 990 (2021) Page **11** 

Part X	Ralan	ce Sheet

Check if Schedule O contains a response or note to any line in this Part IX . (B) End of year (A) Beginning of year 5,261,516 4,277,998 1 Cash-non-interest-bearing . . 145,039,889 2 10,023,742 2 Savings and temporary cash investments . 3 3 Pledges and grants receivable, net . Accounts receivable, net . 4 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)... 6 Notes and loans receivable, net . 7 ssets 8 Inventories for sale or use . . . 8 9,057 Prepaid expenses and deferred charges .

15/23	3, 1:58	8 PM		IRS Full Filing			
٧		Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	57,413			
	b	Less: accumulated depreciation	10b	11,813	126,405		45,600
	11	Investments—publicly traded securities .			599,499,676	11	656,414,379
	12	Investments—other securities. See Part IV, line	11 .		958,098	12	579,588
	13	Investments—program-related. See Part IV, line	11 .			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			82,235	15	790,759
	16	Total assets. Add lines 1 through 15 (must eq	ual line	33)	750,976,876	16	672,162,748
	17	Accounts payable and accrued expenses			134,269	17	162,129
	18	Grants payable			4,481,693	18	12,581,693
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
S	21	Escrow or custodial account liability. Complete F	Part IV	of Schedule D		21	
Liabilities	22	Loans and other payables to any current or form employee, creator or founder, substantial contri or family member of any of these persons .	butor, d	or 35% controlled entity		22	
	23	Secured mortgages and notes payable to unrela	ted thi	rd parties		23	_
	24	Unsecured notes and loans payable to unrelated	l third	parties		24	
	25	Other liabilities (including federal income tax, pand other liabilities not included on lines 17 - 24 Complete Part X of Schedule D	s to related third parties,		25		
	26	<b>Total liabilities.</b> Add lines 17 through 25 .			4,615,962	26	12,743,822
Fund Balances	27	Organizations that follow FASB ASC 958, cl complete lines 27, 28, 32, and 33. Net assets without donor restrictions	neck h	ere <b>&gt;                                  </b>	746,360,914	27	659,418,926
B	28	Net assets with donor restrictions				28	
or Fund	29	Organizations that do not follow FASB ASC complete lines 29 through 33.  Capital stock or trust principal, or current funds	•	check here  and		29	
	30	Paid-in or capital surplus, or land, building or ed	uipme	nt fund		30	
Assets	31	Retained earnings, endowment, accumulated in				31	
	32	Total net assets or fund balances			746,360,914	32	659,418,926
Net	33	Total liabilities and net assets/fund balances .			750,976,876	33	672.162.748
				<u> </u>	, ,		Form <b>990</b> (2021)
				— Page 12 ————			
Form	n 990	(2021)					Page <b>12</b>
Pa	art XI	Reconcilliation of Net Assets					

Check if Schedule O contains a response or note to any line in this Part XI. Total revenue (must equal Part VIII, column (A), line 12) . . 40,866,490 1 1 2 Total expenses (must equal Part IX, column (A), line 25) . 2 67,960,612 -27,094,122 Revenue less expenses. Subtract line 2 from line  $1 \ \ . \ \ \ .$ 3 3 746,360,914 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 4 Net unrealized gains (losses) on investments . 5 -59,847,866 5 Donated services and use of facilities . 6 6 7 Investment expenses . . 7 8 Other changes in net assets or fund balances (explain in Schedule O) . 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 659,418,926 Part XII **Financial Statements and Reporting** Check if Schedule O contains a response or note to any line in this Part XII . . . . . Yes No **1** Accounting method used to prepare the Form 990: ☐ Cash ✓ Accrual ☐ Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 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 reviewed on a

separate basis. consolidated basis. or both:

				ĺ		ĺ	
	☐ Separate basis	<ul><li>Consolidated basis</li></ul>	$\ \square$ Both consolidated and separate basis				
b	Were the organization's fir	nancial statements audited by	an independent accountant?	2b	Yes		
	If 'Yes,' check a box below consolidated basis, or both		cial statements for the year were audited on a separate basi	s,			
	☐ Separate basis	Consolidated basis	$\ \square$ Both consolidated and separate basis				
С			committee that assumes responsibility for oversight ments and selection of an independent accountant?	2c	Yes		
	If the organization change	ed either its oversight process	or selection process during the tax year, explain in Schedule	· O.			
3а	As a result of a federal aw Audit Act and OMB Circula		uired to undergo an audit or audits as set forth inthe Single	3a		No	
b			t or audits? If the organization did not undergo the required any steps taken to undergo such audits.	3b			
					orm <b>99</b>	<b>0</b> (2021)	
Form	990 (2021)						
Ad	Additional Data						

**Software ID:** 

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Section A. Public Support

ObjectId: 202320959349300902 - Submission: 2023-04-05

TIN: 94-3147856

OMB No. 1545-0047

#### **SCHEDULE A** (Form 990)

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.

► Go to <u>www.irs.gov/Form990</u> for instructions and the latest information.

**Open to Public** Inspection

FANDLER FOR PART I The organize 1	Reason for Public zation is not a private for A church, convention o A school described in s A hospital or a coopera A medical research orgname, city, and state:  An organization operate 170(b)(1)(A)(iv). (C A federal, state, or local	Indation because if churches, or associated for the benefit and the benefit of th	t is: (For lines 1 throu ociation of churches d )(A)(ii). (Attach Scho ce organization descri	igh 12, check of escribed in <b>sec</b> edule E (Form	only one box.) ction 170(b)(1)(		
The organize  1	A church, convention o A school described in s A hospital or a coopera A medical research org name, city, and state:  An organization operate 170(b)(1)(A)(iv). (C	Indation because if churches, or associated for the benefit and the benefit of th	t is: (For lines 1 throu ociation of churches d )(A)(ii). (Attach Scho ce organization descri	igh 12, check of escribed in <b>sec</b> edule E (Form	only one box.) ction 170(b)(1)(		
1	A church, convention of A school described in set A hospital or a cooperate A medical research organme, city, and state:  An organization operate 170(b)(1)(A)(iv). (Convention of the convention  f churches, or associated for the benefit edge.	ociation of churches d (A)(ii). (Attach School ce organization descri	escribed in <b>sec</b>	ction 170(b)(1)(	A)(i).		
2	A school described in s A hospital or a coopera A medical research org name, city, and state: An organization operate 170(b)(1)(A)(iv). (C	ection 170(b)(1 tive hospital servi- anization operated	<b>)(A)(ii).</b> (Attach Schece organization descri	edule E (Form		A)(I).	
3	A hospital or a coopera A medical research org name, city, and state: An organization operate 170(b)(1)(A)(iv). (C	tive hospital service anization operated to the benefit in the ben	ce organization descri	•	990).)		
4	A medical research org name, city, and state:  An organization operate 170(b)(1)(A)(iv). (C	anization operated	-	bed in <b>section</b>			
5	name, city, and state:  An organization operate  170(b)(1)(A)(iv). (C	ed for the benefit	l in conjunction with a			•	
6	<b>170(b)(1)(A)(iv).</b> (C	ed for the benefit		hospital desc	ribed in <b>section 1</b>	70(b)(1)(A)(iii). En	ter the hospital's
7	A federal, state, or loca	omplete Part II.)	of a college or univers	sity owned or o	perated by a gove	rnmental unit describ	ed in <b>section</b>
8		l government or g	jovernmental unit des	cribed in <b>secti</b>	on 170(b)(1)(A)	(v).	
9	An organization that no section 170(b)(1)(A)			support from	a governmental ur	nit or from the genera	I public described in
11	A community trust des	cribed in <b>section</b>	170(b)(1)(A)(vi). (	Complete Part	II.)		
11	An agricultural researcl non-land grant college						ge or university or a
12	An organization that no from activities related to investment income and 30, 1975. See <b>section</b>	to its exempt function in the control of the contro	tions—subject to certa ss taxable income (les	ain exceptions,	and (2) no more	than 33 1/3% of its su	pport from gross
a	An organization organiz	zed and operated	exclusively to test for	public safety. S	See <b>section 509(</b>	a)(4).	
b	An organization organizemore publicly supporte on lines 12a through 12	d organizations de	scribed in section 50	<b>9(a)(1)</b> or <b>se</b>	ection 509(a)(2)	. See section 509(a	
c	Type I. A supporting o organization(s) the pov complete Part IV, Se	rganization operat ver to regularly ap	upported organiza	tion(s), typically by g			
	Type II. A supporting ormanagement of the s Youmust complete P	organization super supporting organiz	ation vested in the sa				
<b>d</b>	Type III functionally organization(s) (see ins	integrated. A su	pporting organization			functionally integrate	ed with, itssupported
	Type III non-functionotfunctionally integrate (seeinstructions). You	ed. The organizati	ion generally must sat	tisfy adistributi	on requirement ar		
<b>e</b>	Check this box if the or integrated, or Type III	ganization receive	ed a written determina	ation from the		e I, Type II, Type III	functionally
<b>f</b> Enter	r the number of supporte	d organizations				<u>1</u>	
	ide the following informa						
(i) N	lame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))		ganization listed rning document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		
(A) JEWISH OF SF	COMMUNITY FEDERATION	941156533	7	Yes		58,229	C
Total	1					58,229	
	work Reduction Act No or 990-EZ.	tice, see the Ins	structions for	Cat. No. 1128	5F	Schedule A	A (Form 990) 2021
			Pag	e 2 ———			
			rug				
Schedule A	(Form 990) 2021						Daga 7
Part II	•	e for Organiza					Page <b>2</b>

If the organization failed to qualify under the tests listed below, please complete Part III.)

/15	5/23, 1:58 PM			IRS Full Filir	ng		
	alendar year	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	or fiscal year beginning in) Gifts, grants, contributions, and						
_	membership fees received. (Do not						
2	include any "unusual grant.") .   . 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						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6							
_	line 4.						
_	Section B. Total Support		T	1		1	
	Calendar year or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	(d) 2020	(e) 2021	(f) Total
	7 Amounts from line 4						
	<b>8</b> Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources						
	9 Net income from unrelated business						
	activities, whether or not the						
1	business is regularly carried on  Other income. Do not include gain or						
-	loss from the sale of capital assets						
	(Explain in Part VI.).						
1	1 Total support. Add lines 7 through 10						
1	Gross receipts from related activities, e	tc. (see instruction	ns)			12	1
1	<b>3 First 5 years.</b> If the Form 990 is for th	e organization's f	irst, second, third	l, fourth, or fifth	tax year as a sect	ion 501(c)(3) org	anization, check
	this box and <b>stop here</b>	-			•		,
-	Section C. Computation of Public						
1	D 11:			column (f))		14	
	5 Public support percentage for 2020 Sch		•			15	
	6a 33 1/3% support test—2021. If the o					_	is box
_	and <b>stop here.</b> The organization qualif						
	b 33 1/3% support test—2020. If the	organization did	not check a box o	n line 13 or 16a,	, and line 15 is 33	1/3% or more, ch	eck this
	box and <b>stop here.</b> The organization	qualifies as a pub	licly supported or	ganization			▶□
1	7a 10%-facts-and-circumstances test-	-2021. If the org	anization did not	check a box on	line 13, 16a, or 16	5b, and line 14 is	10% or more,
	and if the organization meets the "facts			=	· ·		_
	meets the "facts-and-circumstances" te						
	b 10%-facts-and-circumstances test more, and if the organization meets the						
	meets the "facts-and-circumstances" t		•				
1:	<b>Private foundation.</b> If the organization	n did not check a	box on line 13, 1	6a, 16b, 17a, or	17b, check this b	ox and see	
_	instructions						▶□
_						Schedule A	(Form 990) 2021
_			Page 3				
			<b>3</b> -				
_	chedule A (Form 990) 2021						
3	. ,				0( )(0)		Page <b>3</b>
	Part III Support Schedule fo (Complete only if you					led to qualify w	nder Part II If
	the organization fails t						idei Tait II. Ii
_	Section A. Public Support	, ,		, ,		,	
	Calendar year	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
(	or fiscal year beginning in)	(u) 2017	(5) 2010	(6) 2013	(4) 2020	(6) 2021	(i) rotar
	<ol> <li>Gifts, grants, contributions, and membership fees received. (Do not</li> </ol>		1				
	include any "unusual grants.") .		1				
	2 Gross receipts from admissions,		1				
	merchandise sold or services performed, or facilities furnished in		1				
	any activity that is related to the		1				
	organization's tax-exempt purpose						
	3 Gross receipts from activities that are			1			
	not an unrelated trade or business under section 513						
	not an unrelated trade or business under section 513 4 Tax revenues levied for the						
	not an unrelated trade or business under section 513						

checked box 12a or 12b in Part I, answer lines 4b and 4c below.

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b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supportedorganization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled orsupervised by or in connection with its supported organizations.	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support tothe foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b	4C		
Ja	and 5c below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by			
	amendment to the organizing document).	5a		No
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in			
	theorganization's organizing document?	5b		
C	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone otherthan (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of itssupported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filingorganization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .			
	mingorganization's supported organizations: It res, provide detail in Part VI.	6	Yes	
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		No
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes,"			110
•	complete Part I of Schedule L (Form 990).	8		No
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"	-		
	provide detail in <b>Part VI.</b>	9a		No
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	O.L.		<b>N</b> 1 -
С	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets	9b		No
	in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .	9c		No
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"			
	answer line 10b below.	10a		No
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determinewhether the organization had excess business holdings).			
	3 /	10b		
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	Schedule A	(Form	1 990)	2021
		(Form	1 990)	2021
	Schedule A  Page 5	(Form	1 990)	2021
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	dule A (Form 990) 2021	(Form		<b>2021</b> Page <b>5</b>
	Page 5 ———————————————————————————————————	(Form	F	Page <b>5</b>
Par	dule A (Form 990) 2021  t IV Supporting Organizations (continued)	(Form		
Par 11	dule A (Form 990) 2021  t IV Supporting Organizations (continued)  Has the organization accepted a gift or contribution from any of the following persons?	(Form	F	Page <b>5</b>
Par	dule A (Form 990) 2021 <b>TIV</b> Supporting Organizations (continued)  Has the organization accepted a gift or contribution from any of the following persons?  A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the		F	Page 5
Par 11	dule A (Form 990) 2021  t IV Supporting Organizations (continued)  Has the organization accepted a gift or contribution from any of the following persons?  A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	11a	F	Page <b>5</b>
Par 11 a	dule A (Form 990) 2021  t IV Supporting Organizations (continued)  Has the organization accepted a gift or contribution from any of the following persons?  A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?  A family member of a person described on 11a above?	11a 11b	F	No No No
Par 11 a	dule A (Form 990) 2021  **TV Supporting Organizations (continued)  Has the organization accepted a gift or contribution from any of the following persons?  A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?  A family member of a person described on 11a above?  A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part	11a	F	No
Par 11 a b c	dule A (Form 990) 2021  t IV Supporting Organizations (continued)  Has the organization accepted a gift or contribution from any of the following persons?  A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?  A family member of a person described on 11a above?	11a 11b	F	No No No
Par 11 a b c	dule A (Form 990) 2021  t IV Supporting Organizations (continued)  Has the organization accepted a gift or contribution from any of the following persons?  A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?  A family member of a person described on 11a above?  A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.	11a 11b	F	No No No
Par 11 a b c	Has the organization accepted a gift or contribution from any of the following persons?  A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?  A family member of a person described on 11a above?  A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.  Section B. Type I Supporting Organizations  Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or	11a 11b	Yes	No No No No
11 a b c	dule A (Form 990) 2021  **TIV Supporting Organizations (continued)  Has the organization accepted a gift or contribution from any of the following persons?  A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?  A family member of a person described on 11a above?  A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.  **Section B. Type I Supporting Organizations**  Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization's directors or trustees, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any,	11a 11b	Yes	No No No No
11 a b c	Has the organization accepted a gift or contribution from any of the following persons?  A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?  A family member of a person described on 11a above?  A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.  Section B. Type I Supporting Organizations  Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or	11a 11b	Yes	No No No No
11 a b c	dule A (Form 990) 2021  **TV Supporting Organizations (continued)  Has the organization accepted a gift or contribution from any of the following persons?  A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?  A family member of a person described on 11a above?  A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.  **Extion B. Type I Supporting Organizations**  Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.  Did the organization operate for the benefit of any supported organization other than the supported organization(s)	11a 11b 11c	Yes	No No No No
Par 111 a b c	dule A (Form 990) 2021  **TV** Supporting Organizations* (continued)  Has the organization accepted a gift or contribution from any of the following persons?  A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?  A family member of a person described on 11a above?  A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.  **Section B. Type I Supporting Organizations**  Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No." describe in Part VI how the supported organization's in Part VI how the supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.  Did the organization operate for the benefit of any supported organization other than the supported organization(s) thatoperated, supervised, or controlled the supporting organization?" "Yes," explain in Part VI how providing such	11a 11b 11c	Yes	No No No No
Par 111 a b c	dule A (Form 990) 2021  **TV Supporting Organizations (continued)  Has the organization accepted a gift or contribution from any of the following persons?  A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?  A family member of a person described on 11a above?  A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.  **Extion B. Type I Supporting Organizations**  Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.  Did the organization operate for the benefit of any supported organization other than the supported organization(s)	11a 11b 11c	Yes	No No No No
Par 111 a b c Sec 1	dule A (Form 990) 2021  **TV** Supporting Organizations (continued)  Has the organization accepted a gift or contribution from any of the following persons?  A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?  A family member of a person described on 11a above?  A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.  **ection B. Type I Supporting Organizations**  Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization's directors or trustees at all times during the tax year? If "No," acscribe in Part VI how the supported organization's eactivities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.  Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization (s) that operated, supervised or controlled the supporting organization(s) that operated, supervised or c	11a 11b 11c	Yes	No No No No
Par 111 a b c Sec 1	dule A (Form 990) 2021  **TV** Supporting Organizations (continued)  Has the organization accepted a gift or contribution from any of the following persons?  A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?  A family member of a person described on 11a above?  A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.  **Ection B. Type I Supporting Organizations**  Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in *Part VI* how the supported organization's effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.  Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised or controlled the benefit of the supported organization? Sthat operated, supervised or controlled the	11a 11b 11c	Yes	No No No No
Par 111 a b c Sec 1	dule A (Form 990) 2021  **TV** Supporting Organizations (continued)  Has the organization accepted a gift or contribution from any of the following persons?  A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?  A family member of a person described on 11a above?  A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.  **ection B. Type I Supporting Organizations**  Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization's directors or trustees at all times during the tax year? If "No," acscribe in Part VI how the supported organization's eactivities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.  Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization (s) that operated, supervised or controlled the supporting organization(s) that operated, supervised or c	11a 11b 11c	Yes	No No No No No
Par 111 a b c See 1	dule A (Form 990) 2021  **TIV Supporting Organizations (continued)  Has the organization accepted a gift or contribution from any of the following persons?  A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?  A family member of a person described on 11a above?  A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in *Part VI.*  **Dection B. Type I Supporting Organizations**  Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in *Part VI* how the supported organization's directors or trustees, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.  Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization.  Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised or controlled the supporting organization.  Did the organization operate for the benefit organization of the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.  Did the organization operate for the directors or trustees during the tax year also a majority of the directors or trustees of feach of the organization's supported organization(s)? If "No," describe in *Part VI* how control or management of*	11a 11b 11c	Yes	No No No No No
Par 111 a b c See 1	dule A (Form 990) 2021  **TIV Supporting Organizations (continued)  Has the organization accepted a gift or contribution from any of the following persons?  A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?  A family member of a person described on 11a above?  A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in *Part VI*.  **Rection B. Type I Supporting Organizations**  Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in *Part VI* how the supported organization's directors or trustees at all times during the tax year? If "No," describe in *Part VI* how the supported organization's directors or trustees were allocated among the supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.  Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization.  Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised or controlled the supporting organization.  Did the organization operate for the benefit organization of the supporting organization or controlled the supporting organization.  Did the organization operate for the supported organization(s) that operated, supervised or controlled the supporting organization.  Did the organization operate for the supported organization of the tax year also a majority of the directors or trustees of each of the organizati	11a 11b 11c	Yes	No No No No No
Par 111 a b c See 1	dule A (Form 990) 2021  **TIV Supporting Organizations (continued)  Has the organization accepted a gift or contribution from any of the following persons?  A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?  A family member of a person described on 11a above?  A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in *Part VI.*  **Dection B. Type I Supporting Organizations**  Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in *Part VI* how the supported organization's directors or trustees, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.  Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization.  Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised or controlled the supporting organization.  Did the organization operate for the benefit organization of the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.  Did the organization operate for the directors or trustees during the tax year also a majority of the directors or trustees of feach of the organization's supported organization(s)? If "No," describe in *Part VI* how control or management of*	11a 11b 11c	Yes	No No No No No

Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organizations tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing						
	documents in effect on the date of notification, to the extent not previously provided?					
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).					
3	Purposes of the veletionship described in line 2 should did the expanization's support	ad ara	nizations have a significant	2		
3	By reason of the relationship described in line 2 above, did the organization's supported voice in the organization's investment policies and in directing the use of the organization during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported	tion's i	ncome or assets at all times	3		
S	Section E. Type III Functionally-Integrated Supporting Organizations					1
1	Check the box next to the method that the organization used to satisfy the Integral Pa	art Tes	t during the year (see instructi	ions):		
	<b>a</b> The organization satisfied the Activities Test. Complete <b>line 2</b> below.					
	$oldsymbol{b}$ The organization is the parent of each of its supported organizations. Complete	e line :	<b>3</b> below.			
	<b>c</b> The organization supported a governmental entity. Describe in <b>Part VI</b> how yo	ou supp	ported a government entity (see	instru	ctions)	
2	Activities Test. Answer lines 2a and 2b below.				Yes	No
	<b>a</b> Did substantially all of the organization's activities during the tax year directly further supported organization(s) to which the organization was responsive? If "Yes," then in <b>organizations and explain</b> how these activities directly furthered their exempt purp responsive to those supported organizations, and how the organization determined th substantially all of its activities.	Part V	<b>I identify those supported</b> now the organization was	2a		
	<b>b</b> Did the activities described on line 2a, above constitute activities that, but for the orgof the organization's supported organization(s) would have been engaged in? If "Yes," the organization's position that its supported organization(s) would have engaged in t	" expla	in in <b>Part VI</b> the reasons for	Za		
_	organization's involvement.			2b		
3	Parent of Supported Organizations. <b>Answer lines 3a and 3b below.</b>	•	l'oratione de la company			
	a Did the organization have the power to regularly appoint or elect a majority of the offithe supported organizations? If "Yes" or "No", provide details in Part VI.	icers, c	directors, or trustees of each of	3a		
	<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in <b>Part VI.</b></i> the role played by the organization in this regard.					
	supported organizations? If "Yes," describe in <b>Part VI.</b> the role played by the organization	acion n	n this regard.	I		
	supported organizations? If "Yes," describe in <b>Part VI.</b> the role played by the organiza		Schedule A	3b (Forn	n 990)	2021
Sch	Page 6 ———————————————————————————————————		Schedule A			2021 Page 6
	Page 6		Schedule A			
	Page 6  redule A (Form 990) 2021  art V Type III Non-Functionally Integrated 509(a)(3) Supporting O  Check here if the organization satisfied the Integral Part Test as a qualifying tru	<b>Prgani</b> Ist on N	Schedule A  zations  Nov. 20, 1970 (explain in Part V	(Forn		
Pa	redule A (Form 990) 2021  art V Type III Non-Functionally Integrated 509(a)(3) Supporting O	<b>Prgani</b> Ist on N	Schedule A  zations  Nov. 20, 1970 (explain in Part V  must complete Sections A through	(Form	<b>e</b>	Page <b>6</b>
Pa	Page 6  redule A (Form 990) 2021  art V Type III Non-Functionally Integrated 509(a)(3) Supporting O  Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organization Section A - Adjusted Net Income	<b>Prgani</b> Ist on N	Schedule A  zations  Nov. 20, 1970 (explain in Part V nust complete Sections A through	(Form	e	Page <b>6</b>
1 1	Page 6  redule A (Form 990) 2021  art V Type III Non-Functionally Integrated 509(a)(3) Supporting O  Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organization A - Adjusted Net Income  Net short-term capital gain	<b>Prgani</b> est on Nations r	Schedule A  zations  Nov. 20, 1970 (explain in Part V nust complete Sections A through	(Form	<b>e</b>	Page <b>6</b>
1 1	Page 6  Redule A (Form 990) 2021  art V Type III Non-Functionally Integrated 509(a)(3) Supporting O  Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations.  Section A - Adjusted Net Income  Net short-term capital gain  Recoveries of prior-year distributions	Prgani ast on Nations r	Schedule A  zations  Nov. 20, 1970 (explain in Part V nust complete Sections A through	(Form	<b>e</b>	Page <b>6</b>
1 1 2	Page 6  Redule A (Form 990) 2021  art V Type III Non-Functionally Integrated 509(a)(3) Supporting O  Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations. Section A - Adjusted Net Income  Net short-term capital gain  Recoveries of prior-year distributions  Other gross income (see instructions)	Organi est on Nations r	Schedule A  zations  Nov. 20, 1970 (explain in Part V nust complete Sections A through	(Form	<b>e</b>	Page <b>6</b>
1 1 2	Page 6  redule A (Form 990) 2021  art V Type III Non-Functionally Integrated 509(a)(3) Supporting O  Check here if the organization satisfied the Integral Part Test as a qualifying tru instructions. All other Type III non-functionally integrated supporting organizations. Section A - Adjusted Net Income  Net short-term capital gain  Recoveries of prior-year distributions  Other gross income (see instructions)  Add lines 1 through 3	Prganist on Nations r	Schedule A  zations  Nov. 20, 1970 (explain in Part V nust complete Sections A through	(Form	<b>e</b>	Page <b>6</b>
1 1 2 3	Page 6  redule A (Form 990) 2021  art V Type III Non-Functionally Integrated 509(a)(3) Supporting O  Check here if the organization satisfied the Integral Part Test as a qualifying true instructions. All other Type III non-functionally integrated supporting organizations.  Section A - Adjusted Net Income  Net short-term capital gain Recoveries of prior-year distributions Other gross income (see instructions) Add lines 1 through 3 Depreciation and depletion	Prgani est on Nations r	Schedule A  zations  Nov. 20, 1970 (explain in Part V nust complete Sections A through	(Form	<b>e</b>	Page <b>6</b>
1 1 2 3 4 5	Page 6  Redule A (Form 990) 2021  art V Type III Non-Functionally Integrated 509(a)(3) Supporting O  Check here if the organization satisfied the Integral Part Test as a qualifying true instructions. All other Type III non-functionally integrated supporting organizations.  Section A - Adjusted Net Income  Net short-term capital gain  Recoveries of prior-year distributions  Other gross income (see instructions)  Add lines 1 through 3  Depreciation and depletion  Portion of operating expenses paid or incurred forproduction or collection of gross income or formanagement, conservation, or maintenance of propertyheld for production of income (see instructions)	organi est on Nations r	Schedule A  zations  Nov. 20, 1970 (explain in Part V nust complete Sections A through	(Form	<b>e</b>	Page <b>6</b>
1 1 2 3 4 5	Page 6  Redule A (Form 990) 2021  art V Type III Non-Functionally Integrated 509(a)(3) Supporting O  Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations.  Section A - Adjusted Net Income  Net short-term capital gain  Recoveries of prior-year distributions  Other gross income (see instructions)  Add lines 1 through 3  Depreciation and depletion  Portion of operating expenses paid or incurred forproduction or collection of gross income or formanagement, conservation, or maintenance of propertyheld for production of income (see instructions)  Other expenses (see instructions)	Prganiast on Nations r	Schedule A  zations  Nov. 20, 1970 (explain in Part V nust complete Sections A through	(Form	<b>e</b>	Page <b>6</b>
1 1 2 3 4 5 6	Page 6  Redule A (Form 990) 2021  art V Type III Non-Functionally Integrated 509(a)(3) Supporting O  Check here if the organization satisfied the Integral Part Test as a qualifying true instructions. All other Type III non-functionally integrated supporting organizations.  Section A - Adjusted Net Income  Net short-term capital gain Recoveries of prior-year distributions Other gross income (see instructions) Add lines 1 through 3 Depreciation and depletion Portion of operating expenses paid or incurred forproduction or collection of gross income or formanagement, conservation, or maintenance of propertyheld for production of income (see instructions) Other expenses (see instructions)	1 2 3 4 5 6	Schedule A  Zations  Nov. 20, 1970 (explain in Part V must complete Sections A through (A) Prior Year	(Forn	<b>e</b>	Page <b>6</b>
1 1 2 3 4 5 6	Page 6  Redule A (Form 990) 2021  art V Type III Non-Functionally Integrated 509(a)(3) Supporting O  Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizates  Section A - Adjusted Net Income  Net short-term capital gain  Recoveries of prior-year distributions  Other gross income (see instructions)  Add lines 1 through 3  Depreciation and depletion  Portion of operating expenses paid or incurred forproduction or collection of gross income or formanagement, conservation, or maintenance of propertyheld for production of income (see instructions)  Other expenses (see instructions)  Adjusted Net Income (subtract lines 5, 6 and 7 fromline 4)  Section B - Minimum Asset Amount	1 2 3 4 5 6	Schedule A  Zations  Nov. 20, 1970 (explain in Part V must complete Sections A through (A) Prior Year	(Forn	e rent Yea onal)	Page <b>6</b>
1 1 2 3 4 5 6	Page 6  Redule A (Form 990) 2021  art V Type III Non-Functionally Integrated 509(a)(3) Supporting O  Check here if the organization satisfied the Integral Part Test as a qualifying true instructions. All other Type III non-functionally integrated supporting organizated Section A - Adjusted Net Income  Net short-term capital gain  Recoveries of prior-year distributions  Other gross income (see instructions)  Add lines 1 through 3  Depreciation and depletion  Portion of operating expenses paid or incurred forproduction or collection of gross income or formanagement, conservation, or maintenance of propertyheld for production of income (see instructions)  Other expenses (see instructions)  Adjusted Net Income (subtract lines 5, 6 and 7 fromline 4)  Section B - Minimum Asset Amount  Aggregate fair market value of all non-exempt-use assets (see instructions for short	Prganist on Nations r	Schedule A  Zations  Nov. 20, 1970 (explain in Part V must complete Sections A through (A) Prior Year	(Forn	e rent Yea onal)	Page <b>6</b>
1 1 2 3 4 5 6	redule A (Form 990) 2021  art V Type III Non-Functionally Integrated 509(a)(3) Supporting O  Check here if the organization satisfied the Integral Part Test as a qualifying tru instructions. All other Type III non-functionally integrated supporting organizations. All other Type III non-functionally integrated supporting organizations. Section A - Adjusted Net Income  Net short-term capital gain Recoveries of prior-year distributions Other gross income (see instructions) Add lines 1 through 3 Depreciation and depletion Portion of operating expenses paid or incurred forproduction or collection of gross income or formanagement, conservation, or maintenance of propertyheld for production of income (see instructions) Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6 and 7 fromline 4) Section B - Minimum Asset Amount Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1 2 3 4 5 6 7 8	Schedule A  Zations  Nov. 20, 1970 (explain in Part V must complete Sections A through (A) Prior Year	(Forn	e rent Yea onal)	Page <b>6</b>
1 1 2 3 4 5 6	redule A (Form 990) 2021  art V Type III Non-Functionally Integrated 509(a)(3) Supporting O  Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations. All other Type III non-functionally integrated supporting organizations. Section A - Adjusted Net Income  Net short-term capital gain Recoveries of prior-year distributions Other gross income (see instructions) Add lines 1 through 3 Depreciation and depletion Portion of operating expenses paid or incurred forproduction or collection of gross income or formanagement, conservation, or maintenance of propertyheld for production of income (see instructions) Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6 and 7 fromline 4)  Section B - Minimum Asset Amount Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): Average monthly value of securities	1 2 3 4 5 6 7 8 1 1 a	Schedule A  Zations  Nov. 20, 1970 (explain in Part V must complete Sections A through (A) Prior Year	(Forn	e rent Yea onal)	Page <b>6</b>
1 1 2 3 4 5 6	edule A (Form 990) 2021  art V Type III Non-Functionally Integrated 509(a)(3) Supporting O  Check here if the organization satisfied the Integral Part Test as a qualifying tru instructions. All other Type III non-functionally integrated supporting organizations. Section A - Adjusted Net Income  Net short-term capital gain  Recoveries of prior-year distributions  Other gross income (see instructions)  Add lines 1 through 3  Depreciation and depletion  Portion of operating expenses paid or incurred forproduction or collection of gross income or formanagement, conservation, or maintenance of propertyheld for production of income (see instructions)  Other expenses (see instructions)  Adjusted Net Income (subtract lines 5, 6 and 7 fromline 4)  Section B - Minimum Asset Amount  Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):  a Average monthly value of securities  b Average monthly cash balances	1 2 3 4 5 6 7 8 1 1a 1b	Schedule A  Zations  Nov. 20, 1970 (explain in Part V must complete Sections A through (A) Prior Year	(Forn	e rent Yea onal)	Page <b>6</b>
1 1 2 3 4 5 6	edule A (Form 990) 2021  art V Type III Non-Functionally Integrated 509(a)(3) Supporting O  Check here if the organization satisfied the Integral Part Test as a qualifying tru instructions. All other Type III non-functionally integrated supporting organizates.  Section A - Adjusted Net Income  Net short-term capital gain  Recoveries of prior-year distributions  Other gross income (see instructions)  Add lines 1 through 3  Depreciation and depletion  Portion of operating expenses paid or incurred forproduction or collection of gross income or formanagement, conservation, or maintenance of propertyheld for production of income (see instructions)  Other expenses (see instructions)  Adjusted Net Income (subtract lines 5, 6 and 7 fromline 4)  Section B - Minimum Asset Amount  Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):  A Average monthly value of securities  b Average monthly cash balances  c Fair market value of other non-exempt-use assets	1 2 3 4 5 6 7 8 1 1a 1b 1c	Schedule A  Zations  Nov. 20, 1970 (explain in Part V must complete Sections A through (A) Prior Year	(Forn	e rent Yea onal)	Page <b>6</b>
1 1 2 3 4 5 6	redule A (Form 990) 2021  art V Type III Non-Functionally Integrated 509(a)(3) Supporting O  Check here if the organization satisfied the Integral Part Test as a qualifying tru instructions. All other Type III non-functionally integrated supporting organizations. Section A - Adjusted Net Income  Net short-term capital gain Recoveries of prior-year distributions Other gross income (see instructions) Add lines 1 through 3 Depreciation and depletion Portion of operating expenses paid or incurred forproduction or collection of gross income or formanagement, conservation, or maintenance of propertyheld for production of income (see instructions) Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6 and 7 fromline 4) Section B - Minimum Asset Amount Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): Average monthly value of securities Average monthly cash balances Fair market value of other non-exempt-use assets Total (add lines 1a, 1b, and 1c) Biscount claimed for blockage or other factors (explain in detail in Part VI):	1 2 3 4 5 6 7 8 1 1a 1b 1c	Schedule A  Zations  Nov. 20, 1970 (explain in Part V must complete Sections A through (A) Prior Year	(Forn	e rent Yea onal)	Page <b>6</b>
1 1 2 3 4 5 6	redule A (Form 990) 2021  art V Type III Non-Functionally Integrated 509(a)(3) Supporting O  Check here if the organization satisfied the Integral Part Test as a qualifying tru instructions. All other Type III non-functionally integrated supporting organizations. All other Type III non-functionally integrated supporting organizations.  Section A - Adjusted Net Income  Net short-term capital gain Recoveries of prior-year distributions Other gross income (see instructions) Add lines 1 through 3 Depreciation and depletion Portion of operating expenses paid or incurred forproduction or collection of gross income or formanagement, conservation, or maintenance of propertyheld for production of income (see instructions)  Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6 and 7 fromline 4)  Section B - Minimum Asset Amount  Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):  A Average monthly value of securities  Average monthly cash balances  Fair market value of other non-exempt-use assets  d Total (add lines 1a, 1b, and 1c)  Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt use assets	1 2 3 4 5 6 7 8 1 1a 1b 1c 1d	Schedule A  Zations  Nov. 20, 1970 (explain in Part V must complete Sections A through (A) Prior Year	(Forn	e rent Yea onal)	Page <b>6</b>

			i i
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
	Section C - Distributable Amount		Current Year
1	Adjusted net income for prior year (from Section A,line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B,line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	Check here if the current year is the organization's first as a non-functionally-in instructions)	ntegrat	ed Type III supporting organization (see
			Schedule A (Form 990) 2021

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Schedule A (Form 990) 2021

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)				
Section D - Distributions		Current Year		
Amounts paid to supported organizations to accomplish exempt purposes	1			
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2			
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3			
4 Amounts paid to acquire exempt-use assets	4			
5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5			
6 Other distributions (describe in Part VI). See instructions	6			
7 Total annual distributions. Add lines 1 through 6.	7			
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions	8			
9 Distributable amount for 2021 from Section C, line 6	9			
10 Line 8 amount divided by Line 9 amount	10			

10 Line 8 amount divided by Line 9 amount		10	
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2021:			
<b>a</b> From 2016			
<b>b</b> From 2017			
<b>c</b> From 2018			
<b>d</b> From 2019			
<b>e</b> From 2020			
f Total of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2021 distributable amount			
<ul> <li>Carryover from 2016 not applied (see instructions)</li> </ul>			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2021 from Section D, line 7:			
a Applied to underdistributions of prior years			
<b>b</b> Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2021. Subtract			

Page 7

lines 3h and 4b from line 1. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2022.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
<b>b</b> Excess from 2018			
<b>c</b> Excess from 2019			
<b>d</b> Excess from 2020			
e Excess from 2021			
	•	Scl	nedule A (Form 990) (2021)

– Page 8 *–* 

Schedule A (Form 990) 2021

Page 8

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions) instructions).

Facts And Circumstances Test	

Return Reference	Explanation
LINE 6	THE MISSION OF THE ORGANIZATION IS TO OPERATE EXCLUSIVELY FOR CHARITABLE, EDUCATIONAL OR RELIGIOUS PURPOSES BY CONDUCTING OR SUPPORTING ACTIVITIES FOR THE BENEFIT OF, OR TO CARRY OUT THE PURPOSES OF THE SUPPORTED ORGANIZATION, THE JEWISH COMMUNITY FEDERATION OF SAN FRANCISCO, THE PENINSULA, MARIN AND SONOMA COUNTIES. THE ORGANIZATION MAKES GRANTS PRINCIPALLY TO OTHER PUBLICLY SUPPORTED 501(C)(3) ORGANIZATIONS, WITH THE INTENDED PURPOSE OF ADVANCING THE MISSION OF THE SUPPORTED ORGANIZATION, WHICH IS TO ADDRESS THE PRESSING ISSUES FACING THE JEWISH COMMUNITY. PLEASE REFER TO SCHEDULE I, PART II FOR A LIST OF PUBLICLY SUPPORTED 501(C)(3) ORGANIZATIONS RECEIVING GRANTS FROM THE ORGANIZATION.

Schedule A (Form 990) 2021

**Additional Data** 

**Return to Form** 

Software ID: **Software Version:** 

efile Public Visual Render	ObjectId: 202320959349300902 -	Cubmicaion, 2022 04 05	TIN: 04 2447050
Schedule B		e of Contributors	TIN: 94-3147856  OMB No. 1545-0047
(Form 990) Department of the Treasury Internal Revenue Service	Attach to Fo	orm 990, 990-EZ, or 990-PF. Form990 for the latest information.	2021
Name of the organization SANDLER FOUNDATION			Employer identification number
Organization type (check	one):		94-3147856
Filers of:	Section:		
Form 990 or 990-EZ			
7 51111 555 51 555 22	☐ 501(c)( ) (enter number) org		
	☐ 4947(a)(1) nonexempt charita	ble trust <b>not</b> treated as a private four	ndation
	☐ 527 political organization		
Form 990-PF	501(c)(3) exempt private foun	dation	
	4947(a)(1) nonexempt charita	ble trust treated as a private foundati	on
	☐ 501(c)(3) taxable private foun	dation	
under sections 509( received from any of 990, Part VIII, line 1  For an organization during the year, total purposes, or for the  For an organization during the year, con If this box is checked purpose. Don't com	described in section 501(c)(7), (8), or a contributions of more than \$1,000 e prevention of cruelty to children or ar described in section 501(c)(7), (8), or a contribution of cruelty to children or ar described in section 501(c)(7), (8), or tributions exclusively for religious, children or ar and the contributions exclusively for religious, children or ar and the contributions exclusively for religious, children or and the contributions exclusively for religious, children or and the contributions exclusively for religious, children or and the contributions exclusively for religious, children or and the contributions exclusively for religious, children or and the contributions exclusively for religious, children or and the contributions exclusively for religious, children or and the contribution of the contribution	ed Schedule A (Form 990 or 990-EZ) contributions of the greater of (1) \$5,0 ste Parts I and II.  (10) filing Form 990 or 990-EZ that recomplete Parts I, II, and III.  (10) filing Form 990 or 990-EZ that recomplete Parts I, II, and III.  (10) filing Form 990 or 990-EZ that recomplete Parts I, II, and III.  (10) filing Form 990 or 990-EZ that recomplete etc., purposes, but no such contact were received during the year for a peral Rule applies to this organization	, Part II, line 13, 16a, or 16b, and that 00 or (2) 2% of the amount on (i) Form received from any one contributor, entific, literary, or educational received from any one contributor, contributions totaled more than \$1,000. In exclusively religious, charitable, etc., because it received nonexclusively
Caution: An organization the 990-EZ, or 990-PF), but it ror on its Form 990PF, Part 990-EZ, or 990-PF).	nat isn't covered by the General Rule nust answer "No" on Part IV, line 2, o I, line 2, to certify that it doesn't meet	and/or the Special Rules doesn't file of the file of the file of the file of the filing requirements of Schedule B	Schedule B (Form 990, ne H of its Form 990-EZ (Form 990,
For Paperwork Reduction Act I for Form 990, 990-EZ, or 990-PI		Cat. No. 30613X	Schedule B (Form 990) (2021)
		Page 2	
Schedule B (Form 990) (20	21)		Page <b>2</b>
Name of organization SANDLER FOUNDATION			ployer identification number 3147856

Contributo	s		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED			Person
		\$ RESTRICTED	Payroll
	·	\$ RESTRICTED	Noncash
	,		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-		\$	Payroll
		<del></del>	Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-		_	Payroll
			Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-			Payroll
			Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-			Payroll
			Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-			Payroll
		\$_	Noncash
			(Complete Part II for noncash contributions.)
			Schedule B (Form 990) (2021)
	Page 3 ———		
Schedule B	(Form 990) (2021)		Page 3
Name of org	anization	Employer identification	
		94-3147856	
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.	(a)	T
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(-)		(-)	
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate)	(d) Date received

Part I		r p		(See in	nstructions)	
-					\$	
(a) No. from Part I	(b) Description of noncash	property give	n		(c) or estimate) estructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash	property give	n		(c) or estimate) estructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash	property give	n		(c) or estimate) estructions)	(d) Date received
· (a)					\$ (c)	
(a) No. from Part I	(b) Description of noncash	property give	n 		or estimate) estructions)	(d) Date received
		Р	°age 4			Schedule B (Form 990) (2021)
Name of or	B (Form 990) (2021) rganization FOUNDATION				Employer iden	Page 4
Part III	Exclusively religious, charitable, etc., control than \$1,000 for the year from any one control organizations completing Part III, enter the year. (Enter this information once. See inst Use duplicate copies of Part III if additional sp	ributor. Completotal of exclustructions.) ►	lete columns (a) th s <i>ively</i> religious, ch \$	rough (e) a	nd the following	line entry. For
(a) No. from Part I	(b) Purpose of gift		(c) Use of gift		(d) Descrip	otion of how gift is held
-	Transferee's name, address, and Z	(e ZIP 4	r) Transfer of gift F	Relationship	o of transferor to	transferee
(a) No. from Part I	(b) Purpose of gift		(c) Use of gift		(d) Descrip	otion of how gift is held
- -	Transferee's name, address, and Z	(e ZIP 4	r) Transfer of gift F	Relationship	o of transferor to	transferee
(a) No. from Part I	(b) Purpose of gift	(	(c) Use of gift		(d) Descrip	otion of how gift is held
-	Transferee's name, address, and 2	(e	) Transfer of gift F	Relationship	o of transferor to	transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
- =			) Transfer of gift	
	Transferee's name, address, and Z			o of transferor to transferee
			L-	Schedule B (Form 990) (2021)
Addition	al Data			Return to Form

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ObjectId: 202320959349300902 - Submission: 2023-04-05

TIN: 94-3147856

OMB No. 1545-0047

**Open to Public** 

# **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

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

**Supplemental Financial Statements** 

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

Name of the orga SANDLER FOUNDATION			En	nployer identificatio	n number
PAINDLEK FOUNDATIO	ZIN		94	-3147856	
	nizations Maintaining Donor Advi lete if the organization answered "Ye			ccounts.	
_		(a) Donor advised funds		(b) Funds and othe	r accounts
Total number a	at end of year				
Aggregate valu	ue of contributions to (during year)				
Aggregate valu	ue of grants from (during year)				
Aggregate valu	ue at end of year				
	ization inform all donors and donor adviso property, subject to the organization's ex			d funds are the	Yes No
charitable pur	ization inform all grantees, donors, and do poses and not for the benefit of the donor t?	or donor advisor, or for any other	purpose confe		Yes O No
	ervation Easements. lete if the organization answered "Ye	s" on Form 990, Part IV, line 7			
	conservation easements held by the orga				
☐ Preserva	ation of land for public use (e.g., recreation	or education)	tion of an histo	orically important land	area
Protection	on of natural habitat	,		ied historic structure	
			tion of a certifi	ieu mstoric structure	
	ation of open space				
	s 2a through 2d if the organization held a the last day of the tax year.	qualified conservation contribution	in the form of	Held at the End	of the Year
Total number	of conservation easements			<u> </u>	or the real
Total acreage	restricted by conservation easements		2b		
_	nservation easements on a certified histori				
Number of cor	nservation easements included in (c) acquid in the National Register	• •			
Number of coltax year	nservation easements modified, transferre	d, released, extinguished, or termi	inated by the c	organization during the	2
Number of sta	ates where property subject to conservation	n easement is located 🕨			
Does the orga	inization have a written policy regarding th	ne periodic monitoring, inspection,	handling of vio	olations,	
	ent of the conservation easements it holds		3	Yes	□ No
Staff and volu	inteer hours devoted to monitoring, inspec	cting, handling of violations, and er	nforcing conser		
Amount of exp	penses incurred in monitoring, inspecting,	handling of violations, and enforci	ng conservatio	on easements during th	ne year
	nservation easement reported on line 2(d)			)(4)(B)(i)	□ No
balance sheet	lescribe how the organization reports cons , and include, if applicable, the text of the	footnote to the organization's final		statement, and	_ <b>140</b>
art III Orga	on's accounting for conservation easemen  nizations Maintaining Collections  lote if the expaniantion answered "Vo	of Art, Historical Treasures		Similar Assets.	
	lete if the organization answered "Ye ation elected, as permitted under FASB AS			d halance sheet works	of art.
historical trea	sures, or other similar assets held for pub text of the footnote to its financial statem	lic exhibition, education, or researc			
historical trea	ation elected, as permitted under FASB AS sures, or other similar assets held for pub unts relating to these items:				
	uded on Form 990, Part VIII, line 1			. ▶\$	
	ed in Form 990, Part X			·	
If the organiza	ation received or held works of art, historiounts required to be reported under FASB	cal treasures, or other similar asse		· · · · · · · · · · · · · · · · · · ·	
_	ded on Form 990, Part VIII, line 1	<b>-</b>		▶\$	
	ed in Form 990. Part X			-	

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Sche	edule D	(Form 990) 2021									Page
Par	t III	Organizations Maintaining Col	lections of Art,	Histor	ical T	reas	ures, or	r Othe	er Similar As	sets (c	
3		the organization's acquisition, accession (check all that apply):									
а		Public exhibition		d		Loai	n or excha	ange pi	rograms		
b		Scholarly research		е		Oth	er				
С		Preservation for future generations									
4	Provi Part 2	de a description of the organization's col	lections and explair	n how th	ey furth	ner th	ne organiz	ation's	exempt purpos	e in	
5		g the year, did the organization solicit or s to be sold to raise funds rather than to								☐ Yes	s 🗆 No
Pa	rt IV	<b>Escrow and Custodial Arrange</b> Complete if the organization answ line 21.		orm 990	), Part	IV, I	ine 9, or	repor	ted an amour	nt on Fo	orm 990, Part X
1a		e organization an agent, trustee, custodi ded on Form 990, Part X?								☐ Yes	s 🗆 No
b	If "Ye	es," explain the arrangement in Part XIII	and complete the f	following	table:				Ar	mount	
c	Begir	nning balance					•	1c			
d	Addit	ions during the year					[	1d			
e	Distri	butions during the year						1e			
f	Endir	ng balance						1f			
2a	Did tl	ne organization include an amount on Fo	rm 990, Part X, line	e 21, for	escrow	or c	ustodialad	ccount	liability?	☐ Yes	s 🗆 No
b	If "Ye	es," explain the arrangement in Part XIII	Check here if the	explanat	ion has	beer	n provided	d in Par	t XIII		
Pa	rt V	Endowment Funds.		· · · · · · · · · · · · · · · · · · ·							
		Complete if the organization answ							LOT	1	( ) 5
1a	Region	ing of year balance	(a) Current year	(b)	Prior yea	ır	(c) Two y	ears bad	ck (d) Three yea	rs back	(e) Four years back
	_	outions								-	
		vestment earnings, gains, and losses									
		or scholarships									
		expenditures for facilities								-	
Ū		ograms									
f	Admin	istrative expenses									
g	End of	year balance									
2 a		de the estimated percentage of the curred designated or quasi-endowment	ent year end balanc	ce (line 1	g, colu	mn (a	a)) held a	s:	·		
ь	Perm	anent endowment 🕨									
c	Term	endowment ►									
	The p	percentages on lines 2a, 2b, and 2c shou	ld equal 100%.								
3а		here endowment funds not in the posses nization by:	sion of the organiza	ation tha	it are h	eld a	nd admini	istered	for the		Yes No
	<b>(i)</b> U	nrelated organizations									(i)
		Related organizations									(ii)
ь 4		es" on 3a(ii), are the related organization ribe in Part XIII the intended uses of the	•			? .				3	b
				owinent	Turius.						
Pd	rt VI	Land, Buildings, and Equipment Complete if the organization answ		orm 990	), Part	IV. I	ine 11a.	See F	orm 990. Part	t X. line	e 10.
	Descri	ption of property (a) Cost or oth (investme	ner basis (b) Co	st or othe					d depreciation		Book value
1a	Land						1				
b	Buildin	gs					1				
		nold improvements					1				
d	Equipn	nent			1	11,813	3		11,813		(
					4	15,600	)				45,600
		lines 1a through 1e. (Column (d) must e	equal Form 990, Pa	rt X, colu	ımn (B	), line	e 10(c).)		<b>•</b>		45,600

Schedule D (Form 990) 2021

Page 3 -

Schedule D (Form 990) 2021				Page <b>3</b>
Part VII Investments - Other Securities.  Complete if the organization answered "Yes" on Form 9	90 Part IV	line 11h See Fo	m 990 Part Y	line 12
(a) Description of security or category (including name of security)	(b) Book value	Cos	(c) Method of va t or end-of-year r	luation:
(1) Financial derivatives				
(2) Closely-held equity interests	·			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	•			
Part VIII Investments - Program Related.  Complete if the organization answered 'Yes' on Form 9	90 Part IV	line 11c See Fo	rm 990 Part X	line 13
(a) Description of investment	50, Tare 1 <b>v</b> ,	(b) Book value	(c) Meth	od of valuation: of-year market value
(1)			COSt Of Ella C	year market value
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)	٠			
Part IX Other Assets.  Complete if the organization answered 'Yes' on Form 99	90, Part IV,	line 11d. See Fo	m 990, Part X <u>,</u>	
(a) Description				(b) Book value
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)				

	Yes' on Form 990, Part IV, line 11e or 11f.See For ) Description of liability	iiii 990, i a	(b) Book value
<u> </u>	Description of hability		(b) Book value
leral income taxes			
Column (b) must equal Form 990, Part X, col.(B) line 25.)		<b>*</b>	
	the text of the footnote to the organization's financial s	tatements th	at reports the
			D (Form 990) 202
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	i Form 990, Part I, line 18.)	5	
•			
le the descriptions required for Part II, lines 3, 5, a	d 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Paete this part to provide any additional information.	art V, line 4;	Part X, line 2; Part XI
La ana Fo, ana rait Air, ilies za alla Fo. Also Colli			
Return Reference	Explanation		
	Column (b) must equal Form 990, Part X, col.(B) line 25.) illity for uncertain tax positions. In Part XIII, provide ration's liability for uncertain tax positions under FIN  Ille D (Form 990) 2021  XI Reconciliation of Revenue per Audit Complete if the organization answered foral revenue, gains, and other support per audited for Amounts included on line 1 but not on Form 990, Part Net unrealized gains (losses) on investments  Donated services and use of facilities Recoveries of prior year grants  Other (Describe in Part XIII.)  Add lines 2a through 2d  Complete if the organization answered to the complete in Part XIII.)  Amounts included on Form 990, Part VIII, line 12, but investment expenses not included on Form 990, Part Other (Describe in Part XIII.)  Add lines 4a and 4b  Complete if the organization answered Coral expenses and losses per audited financial states Amounts included on line 1 but not on Form 990, Part Coral expenses and use of facilities  Amounts included on line 1 but not on Form 990, Part Coral expenses and use of facilities  Orior year adjustments  Other (Describe in Part XIII.)  Add lines 2a through 2d  Complete if the organization answered foral expenses and use of facilities  Orior year adjustments  Other (Describe in Part XIII.)  Add lines 2a through 2d  Complete in Part XIII.)  Add lines 2a through 2d  Complete in Part XIII.)  Amounts included on Form 990, Part IX, line 25, but investment expenses not included on Form 990, Part Other (Describe in Part XIII.)  Amounts included on Form 990, Part IX, line 25, but investment expenses not included on Form 990, Part IX, line 25, but investment expenses not included on Form 990, Part IX, line 25, but investment expenses not included on Form 990, Part IX, line 25, but investment expenses not included on Form 990, Part IX, line 25, but investment expenses not included on Form 990, Part IX, line 25, but investment expenses. Add lines 3 and 4c. (This must equal XIII Supplemental Information	Column (b) must equal form 990, Part X, col.(8) line 25.  Illily for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial station's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has attion's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has attion's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the ext of the footnote has attion's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has attion's liability for uncertainty and the sevenue per Audited Financial Statements With Revenue per Complete if the organization answered 'Yes' on Form 990, Part IV, line 12.  Yet unrealized gains (losses) on investments 2a 2a 2b 2b 2b 2b 2b 2b 2b 2b 2b 2b 2b 2b 2b	Column (b) must equal Form 990, Part X, col.(B) line 25.)    Column (b) must equal Form 990, Part X, col.(B) line 25.)    Column (b) must equal Form 990, Part X, col.(B) line 25.)    Column (b) must equal Form 990, Part X, col.(B) line 25.)    Column (b) must equal Form 990, Part X, col.(B) line 25.)    Page 4

JUNKELATED BUSINESS INCOME TAX, IT IS SUBJECT TO INCOME TAXATION.

Schedule D (Form 990) 2021

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ObjectId: 202320959349300902 - Submission: 2023-04-05

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

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

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

Attach to Form 990.

Department of the Treasury Internal Revenue Service

► Go to <u>www.irs.gov/Form990</u> for the latest information.

Name of the organization SANDLER FOUNDATION

#### Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" o that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	
(1) AMALGAMATED FOUNDATION 1825 K STREET NW WASHINGTON, DC 20006	82-1517696	501(C)(3)	175,000	0		N
(2) AMALGAMATED FOUNDATION 1825 K STREET NW WASHINGTON, DC 20006	82-1517696	501(C)(3)	1,000,000	0		N
(3) AMERICAN CIVIL LIBERTIES UNION 125 BROAD STREET NEW YORK, NY 100042400	13-3871360	501(C)(3)	2,000,000	0		N
(4) AMERICAN CONSTITUTION SOCIETY FOR LAW AND POLICY 1899 L STREET NW SUITE 200 WASHINGTON, DC 20036	52-2313694	501(C)(3)	500,000	0		N
(5) AMERICAN ECONOMIC LIBERTIES PROJECT 1150 CONNECTICUTT AVE NW WASHINGTON, DC 20036	84-3989657	501(C)(3)	500,000	0		N
(6) AMERICAN OVERSIGHT 1030 15TH STREET NW SUITE B255 WASHINGTON, DC 20005	81-5294830	501(C)(3)	250,000	0		N
(7) ARIZONA CENTER FOR EMPOWERMENT 5716 N 19TH AVE PHOENIX, AZ 85015	27-2366780	501(C)(3)	500,000	0		N
(8) CAMPAIGN LEGAL CENTER 1411 K STREET NW SUITE 1400 WASHINGTON, DC 20005	04-3608387	501(C)(3)	1,250,000	0		N
(9) CAROLINA FEDERATION FUND PO BOX 61113 DURHAM, NC 27715	84-2537864	501(C)(3)	400,000	0		N
(10) CENTER FOR AMERICAN PROGRESS 1333 H STREET NW 10TH FLOOR WASHINGTON, DC 20005	30-0126510	501(C)(3)	4,000,000	0		N
(11) CENTER FOR RESPONSIBLE LENDING PO BOX 3619 DURHAM, NC 277023619	74-3043913	501(C)(3)	2,750,000	0		N
(12) CENTER ON BUDGET AND POLICY PRIORITIES 820 FIRST STREET NE SUITE 510 WASHINGTON, DC 20002	52-1234565	501(C)(3)	5,000,000	0		N
(13) CIVIL RIGHTS CORP 910 17TH STREET WASHINGTON. DC 20006	81-3422012	501(C)(3)	500,000	0	2568 V Amz Crodo 2	N

	Í	1	J		1
(14) CLIMATE JOBS NATIONAL RESOURCE CENTER 350 W 31ST STREET NEW YORK, NY 10001	82-3708923	501(C)(3)	500,000	0	N
(15) CONSULTATIVE GROUP ON BIOLOGICAL DIVERSITY PRESIDIO BUILDING 1016 SAN FRANCISCO, CA 94129	13-3431076	501(C)(3)	25,000	0	N
(16) DEMOCRACY FORWARD FOUNDATION 1333 H STREET NW 10TH FLOOR WASHINGTON, DC 20005	82-1007988	501(C)(3)	2,500,000	0	N
(17) EARTHJUSTICE 50 CALIFORNIA STREET SUITE 500 SAN FRANCISCO, CA 94111	94-1730465	501(C)(3)	2,000,000	0	N
(18) FAITH IN ACTION 171 SANTA ROSA AVE OAKLAND, CA 94610	94-2206497	501(C)(3)	500,000	0	N
(19) FINS ATTACHED MARINE RESEARCH AND CONSERVATION 150 WEST UNIVERSITY BLVD MELBOURNE, FL 32901	59-6046500	501(C)(3)	100,000	0	N
(20) NEW FLORIDA MAJORITY EDUCATION FUND 10800 BISCAYNE BLVD STE 1050 MIAMI, FL 33161	45-3956785	501(C)(3)	500,000	0	N
(21) FUND FOR A BETTER FUTURE 555 CAPITAL MALL STE 1095 SACRAMENTO, CA 95814	81-2319758	501(C)(3)	1,500,000	0	N
(22) GERMAN MARSHALL FUND OF THE UNITED STATES 1744 R STREET NW WASHINGTON, DC 20009	52-0954751	501(C)(3)	500,000	0	N
(23) HOPEWELL FUND 1201 CONNECTICUT AVE NW SUITE 300 WASHINGTON, DC 20036	47-3681860	501(C)(3)	1,500,000	0	N
(24) HUMAN RIGHTS WATCH 350 FIFTH AVENUE 34TH FLOOR NEW YORK, NY 101183299	13-2875808	501(C)(3)	2,000,000	0	N
(25) INSTITUTE FOR ENERGY ECONOMICS AND FINANCIAL ANALYSIS 3430 ROCKY RIVER DRIVE CLEVELAND, OH 44111	45-4244605	501(C)(3)	500,000	0	N
(26) INTERNATIONAL COMMUNITY FOUNDATION 2505 N AVENUE NATIONAL CITY, CA 91950	13-1624046	501(C)(3)	1,271,000	0	N
(27) ISLAND CONSERVATION 100 SHAFFER ROAD LML SANTA CRUZ, CA 95060	91-1839907	501(C)(3)	150,000	0	N
(28) JEWISH COMMUNITY FEDERATION 121 STEUART STREET SAN FRANCISCO, CA 94105	94-1156533	501(C)(3)	0	8,229	FMV N
(29) JEWISH COMMUNITY FEDERATION 121 STEUART STREET SAN FRANCISCO, CA 94105	94-1156533	501(C)(3)	50,000	0	N
(30) JUSTFUNDUS 340 S LEMON AVE WALNUT, CA 91789	85-3759949	501(C)(3)	350,000	0	N
(31) LEADERSHIP CONFERENCE EDUCATION FUND 1629 K STREET NW SUITE 1000 WASHINGTON, DC 20006	23-7026895	501(C)(3)	1,000,000	0	N
(32) LEARNING POLICY INSTITUTE 1530 PAGE MILL ROAD SUITE 200	47-2772048	501(C)(3)	3,500,000	0	N

	i	i e	3	,	1
PALO ALTO, CA 94304 (33) LUMINATE PROJECTS	82-3941326	501(C)(3)	5,000,000	0	N
LIMITED  44 MONTGOMERY STREET THIRD FLOOR SAN FRANCISCO, CA 94104	02 3341320	301(0)(3)	3,000,000	0	
(34) NEW GEORGIA PROJECT INC 165 COURTLAND ST SUITE A- 231	82-1348307	501(C)(3)	400,000	0	N
ATLANTA, GA 30303  (35) NEW VENTURE FUND 1201 CONNECTICUT AVE NW SUITE 300 WASHINGTON, DC 20036	20-5806345	501(C)(3)	1,400,000	0	N
(36) NEW VIRGINIA MAJORITY EDUCATION FUND PO BOX 22063 ALEXANDRIA, VA 22304	27-1705920	501(C)(3)	500,000	0	N
(37) PICO CALIFORNIA 200 FRANKLIN STREET 3RD FLOOR OAKLAND, CA 94612	87-2249221	501(C)(3)	500,000	0	N
(38) OCEANA INC 1350 CONNECTICUT AVE NW 5TH FL WASHINGTON, DC 20036	51-0401308	501(C)(3)	2,000,000	0	N
(39) ONE ARIZONA 345 E PALM LANE PHOENIX, AZ 85004	37-1782220	501(C)(3)	400,000	0	N
(40) ONE ARIZONA 345 E PALM LANE PHOENIX, AZ 85004	37-1782220	501(C)(3)	600,000	0	N
(41) PROPUBLICA 55 BROADWAY 23RD FLOOR NEW YORK, NY 10006	14-2007220	501(C)(3)	1,000,000	0	N
(42) RED WINE AND BLUE EDUCATION FUND 64 MILLS GAP ROAD APT 429 ASHEVILLE, NC 28803	87-1115877	501(C)(3)	650,000	0	N
(43) RESOURCES LEGACY FUND 555 CAPITAL MALL STE 675 SACRAMENTO, CA 95814	95-4703838	501(C)(3)	500,000	0	N
(44) ROCKEFELLER FAMILY FUND INC 475 RIVERSIDE DRIVE SUITE 900 NEW YORK, NY 10115	13-6257658	501(C)(3)	400,000	0	N
(45) SCHWAB CHARITABLE FUND 211 MAIN STREET SAN FRANCISCO, CA 94105	31-1640316	501(C)(3)	100,000	0	N
(46) SIERRA CLUB FOUNDATION 85 SECOND STREET 2ND FLOOR SAN FRANCISCO, CA 94105	94-6069890	501(C)(3)	1,000,000	0	N
(47) SIERRA CLUB FOUNDATION 85 SECOND STREET 2ND FLOOR SAN FRANCISCO, CA 94105	94-6069890	501(C)(3)	1,000,000	0	N
(48) TEXAS ORGANIZING PROJECT EDUCATION FUND PO BOX 120296 SAN ANTONIO, TX 78212	27-1481855	501(C)(3)	400,000	0	N
(49) THE EQUITY ALLIANCE PO BOX 331821 NASHVILLE, TN 37203	81-5394158	501(C)(3)	200,000	0	N
(50) TIDES FOUNDATION PO BOX 29198 SAN FRANCISCO, CA 94129	51-0198509	501(C)(3)	350,000	0	N
(51) TIDES FOUNDATION PO BOX 29198 SAN FRANCISCO, CA 94129	51-0198509	501(C)(3)	500,000	0	N
(52) TRUMAN CENTER FOR	52-1080919	501(C)(3)	250,000	0	N

15/23, 1.56 PIVI			IKS Full Filling		
1250 I STREET NW SUITE 500 WASHINGTON, DC 20005					
(53) TURTLE ISLAND RESTORATION NETWORK POBOX 400 FOREST KNOLLS, CA 94933	91-1818080	501(C)(3)	250,000	0	N
(54) UNITED FOR RESPECT EDUCATION FUND 1133 BROADWAY STE 332 NEW YORK, NY 10010	13-3885314	501(C)(3)	500,000	0	N
(55) UNIVERSITY OF CALIFORNIA SAN FRANCISCO FOUNDATION 220 MONTGOMERY STREET 5TH FLOOR SAN FRANCISCO, CA 94104	94-2829914	501(C)(3)	50,000	0	N
(56) UNIVERSITY OF CALIFORNIA SAN FRANCISCO FOUNDATION 220 MONTGOMERY STREET 5TH FLOOR SAN FRANCISCO, CA 94104	94-2829914	501(C)(3)	50,000	0	N
(57) UNIVERSITY OF CALIFORNIA SAN FRANCISCO FOUNDATION 220 MONTGOMERY STREET 5TH FLOOR SAN FRANCISCO, CA 94104	94-2829914	501(C)(3)	825,000	0	N
(58) UNIVERSITY OF CALIFORNIA SAN FRANCISCO FOUNDATION 220 MONTGOMERY STREET 5TH FLOOR SAN FRANCISCO, CA 94104	94-2829914	501(C)(3)	1,283,244	0	N
(59) UNIVERSITY OF CALIFORNIA SAN FRANCISCO FOUNDATION 220 MONTGOMERY STREET 5TH FLOOR SAN FRANCISCO, CA 94104	94-2829914	501(C)(3)	2,000,000	0	N
(60) UNIVERSITY OF CALIFORNIA SAN FRANCISCO FOUNDATION 220 MONTGOMERY STREET 5TH FLOOR SAN FRANCISCO, CA 94104	94-2829914	501(C)(3)	3,000,000	0	N
(61) VOTE SOLAR 360 22ND STREET SUITE 730 OAKLAND, CA 94612	46-4396728	501(C)(3)	750,000	0	N
(62) WASHINGTON CENTER FOR EQUITABLE GROWTH 1500 K STREET NW WASHINGTON, DC 20005	47-4464400	501(C)(3)	1,500,000	0	N
(63) WILDAID INC 333 PINE STREET STE 300 SAN FRANCISCO, CA 94104	20-3644441	501(C)(3)	200,000	0	N
(64) WILDCOAST 925 SEACOAST DRIVE IMPERIAL BEACH, CA 91932	77-0536297	501(C)(3)	300,000	0	N
2 Enter total number of section	n 501(c)(3) and gover	nment organizations	listed in the line 1 table .		

Enter total number of other organizations listed in the line 1 table . . . . . . . . . Cat. No. 50055P

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

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Schedule I	(Form	990)	202
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**Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance		<b>(b)</b> Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	d of valuation (bo appraisal, other)
(1)					
(2)					
(3)					

(4)						
(5)						
(6)						
(7)						
Part IV Supplemental	Information. Provide the inf	formation required in Part I, li	ne 2; Part III, column (b); and	any other add		
Return Reference	Explanation					
PART I, LINE 2:  THE ORGANIZATION ENDEAVORS TO MONITOR ITS GRANTS TO ENSURE THAT SUCH GRANTS ARE USED FOR PROPE THEIR INTENDED USE. THIS IS ACCOMPLISHED BY REQUESTING RECIPIENT ORGANIZATIONS TO AFFIRM THAT FUNDED ORGANIZATION. REPORTS ARE REQUESTED FROM TIME TO TIME AS APPROPRIATE.						

# **Additional Data**

**Software ID: Software Version:** 

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ObjectId: 202320959349300902 - Submission: 2023-04-05

TIN: 94-3147856

#### Schedule J

(Form 990)

# **Compensation Information**

OMB No. 1545-0047

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

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

**Open to Public** 

Department of the Treasury Internal Revenue Service

Name of the organization

▶ Go to <u>www.irs.gov/Form990</u> for instructions and the latest information.

Inspection

**Employer identification number** 

SAIN	DLLK FC	JUNION		94-3147856			
Pa	rt I	Questions Regarding Compensation		<u> </u>			
						Yes	No
1a	Check 990, I	t the appropiate box(es) if the organization provided a Part VII, Section A, line 1a. Complete Part III to provic	ny of le an	the following to or for a person listed on Form y relevant information regarding these items.			
	$\checkmark$	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		of the boxes on Line 1a are checked, did the organiza ursement or provision of all of the expenses described			1b	Yes	
2		ne organization require substantiation prior to reimburs ors, trustees, officers, including the CEO/Executive Dir			2	Yes	
3	organ	ate which, if any, of the following the filing organization ization's CEO/Executive Director. Check all that apply. by a related organization to establish compensation of	Do n	ot check any boxes for methods			
		Compensation committee		Written employment contract			
		Independent compensation consultant	<u></u>	Compensation survey or study			
		Form 990 of other organizations	<b>✓</b>	Approval by the board or compensation committee			
4		g the year, did any person listed on Form 990, Part VII d organization:	I, Sed	tion A, line 1a, with respect to the filing organization or a			
а	Recei	ve a severance payment or change-of-control payment	t?.		4a		No
b	Partic	ipate in, or receive payment from, a supplemental nor	nquali	ified retirement plan?	4b		No
c	Partic	ipate in, or receive payment from, an equity-based co	mper	sation arrangement?	4c		No
	If "Ye	s" to any of lines 4a-c, list the persons and provide the	е арр	licable amounts for each item in Part III.			
	Only	501(c)(3), 501(c)(4), and 501(c)(29) organizati	ions	must complete lines 5-9.			
5		ersons listed on Form 990, Part VII, Section A, line 1a, ensation contingent on the revenues of:	did t	the organization pay or accrue any			
а	The o	rganization?			5a		No
b		elated organization?. s," on line 5a or 5b, describe in Part III.			5b		No
6		ersons listed on Form 990, Part VII, Section A, line 1a, ensation contingent on the net earnings of:	did t	the organization pay or accrue any			
а	The o	rganization?			6a		No
b		elated organization?			6b		No
	-	s," on line 6a or 6b, describe in Part III.					
7		ersons listed on Form 990, Part VII, Section A, line 1a, ents not described in lines 5 and 6? If "Yes," describe			7		No
8	subje	any amounts reported on Form 990, Part VII, paid or ct to the initial contract exception described in Regulat t III	ions	section 53.4958-4(a)(3)? If "Yes," describe	8		No
9		s" on line 8, did the organization also follow the rebutt 58-6(c)?.		presumption procedure described in Regulations section	9		140
For F		vork Reduction Act Notice, see the Instructions for				990)	202

Schedule J (Form 990) 2021

Page 2

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional addit For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organization instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII. Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (I

15/23, 1:58 PM	IF	S Full Filing			
(A) Name and Title		(B) Breakdown	(C) Retiremen and other		
1 STEVE DAETZ		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	deferred compensation
1 STEVE DAETZ PRESIDENT/ASST. SECRETA	(i)	537,494	0	567	60,100
	(ii)	0		0	0
2 JOY SISISKY TREASURER/SECRETARY	(i)	0	0	0	0
	(ii)	316,998	0	1,113	8,700
3 VIVIAN CHANG GRANTS DIRECTOR	(i)	225,673	0	2,952	34,696
	(ii)	0	0	0	0
4 SERGIO KNAEBEL GRANTS DIRECTOR	(i)	211,847	0	564	31,773
	(ii)	0	0	0	0
5 JEANNETTE DEMESMIN-RODRIGUES EXECUTIVE ASSISTANT	(i)	129,183	0	349	18,803
	(ii)	0	0	0	0
<b>6</b> SUSAN HYDE EXECUTIVE ASSISTANT	(i)	126,783	0	339	13,743
	(ii)	0	0	0	0

----- Page 3 ---

Schedule J (Form 990) 2021

## Part III Supplemental Information

Provide the information, explanation, or	descriptions required for Part 1, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part 11. Also complete
Return Reference	Explanation
,	THE ORGANIZATION HAS A WRITTEN EXPENSE REIMBURSEMENT POLICY THAT PERMITS REIMBURSEMENT OF AID DURATION AT A CLASS OF SERVICE HIGHER THAN COACH CLASS TICKETS, SUBJECT TO AUTHORIZATION AND A TOGETHER WITH APPROPRIATE DOCUMENTATION
PART I, LINE 3	SEE COMPENSATION POLICY DISCLOSURE ON SCHEDULE O

#### Software ID: **Software Version:**

## ↑ Back to Top

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ObjectId: 202320959349300902 - Submission: 2023-04-05

TIN: 94-3147856

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Go to <u>www.irs.gov/Form990</u> for the latest information.

OMB No. 1545-0047

**Open to Public** Inspection

Name of the organization SANDLER FOUNDATION

**Employer identification number** 

	94-3147856
Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	SUSAN SANDLER AND JAMES SANDLER ARE SISTER AND BROTHER
FORM 990, PART VI, SECTION B, LINE 11B	THE FORM 990 IS PREPARED BASED ON AUDITED FINANCIAL STATEMENTS AND WITH THE ASSISTANCE OF THE RELATED PARTY'S FINANCE AND ACCOUNTING STAFF. THE FINAL DRAFT OF THE 990 IS REVIEWED BY THE TREASURER. THE PRESIDENT AND/OR OTHER OFFICERS AND DIRECTORS RECEIVE THE FINAL VERSION OF THE FORM PRIOR TO FILING.
FORM 990, PART VI, SECTION B, LINE 12C	THE ORGANIZATION REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES COMPLIANCE WITH ITS CONFLICT OF INTEREST POLICY. ALL DIRECTORS AND OFFICERS CONFIRM EACH YEAR THAT THEY ARE NOT AWARE OF ANY CONFLICTS OF INTEREST AS TO THEMSELVES OR OTHERS, AND THE ORGANIZATION MONITORS COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY THROUGHOUT THE YEAR. THE SUPPORTED ORGANIZATION REQUESTS COMPLETION OF AN ANNUAL DISCLOSURE FORM, ENSURES THAT ALL FORMS HAVE BEEN RECEIVED AND PREPARES A SUMMARY OF DISCLOSURES AND FORWARDS THE FORMS AND SUMMARY TO ITS LEGAL COUNSEL. THE SUPPORTED ORGANIZATION'S CFO ALSO RECEIVES A COPY OF THE SUMMARY AND REVIEWS ALL FORMS AND IS RESPONSIBLE FOR ASSURING APPROPRIATE REPORTING TO THE EXTERNAL AUDITORS AND DISCLOSURE IN THE ANNUAL TAX FILINGS.
FORM 990, PART VI, SECTION B, LINE 15	THE ORGANIZATION HAS FULL TIME EMPLOYEES AND COMPENSATES ONE OFFICER. THE PRESIDENT'S COMPENSATION IS REVIEWED ANNUALLY BY THE GOVERNING BOARD OF DIRECTORS, ALONG WITH A MEMO SUMMARIZING SALARY COMPARABILITY DATA. PROPOSED COMPENSATION ADJUSTMENTS FOR THE PRESIDENT ARE DISCUSSED AND APPROVED BY THE INDEPENDENT GOVERNING BOARD OF DIRECTORS. CERTAIN OFFICERS AND/OR DIRECTORS ARE ALSO COMPENSATED BY A RELATED ORGANIZATION, THE JEWISH COMMUNITY FEDERATION OF SAN FRANCISCO, THE PENINSULA, MARIN AND SONOMA COUNTIES ('JCF'). JCF DOES A COMPENSATION SURVEY AND ANALYSIS FOR THE SENIOR LEVEL POSITIONS. JCF LOOKS AT COMPENSATION THAT IS EQUITABLE INTERNALLY AND EXTERNALLY FOR THESE POSITIONS. THERE IS A PERIODIC REVIEW OF ALL SALARIES FROM AN INDEPENDENT PROFESSIONAL COMPENSATION ORGANIZATION. THE REVIEW INCLUDES SIMILAR POSITIONS IN THE NON-PROFIT AND FOR-PROFIT SECTOR LOCALLY AND IS ADJUSTED NATIONALLY. THE COMPENSATION REVIEW ALSO ANALYZES COMPENSATION INFORMATION FROM OTHER FORM 990S FOR SIMILAR ORGANIZATIONS AS WELL AS MANY OTHER SOURCES OF COMPENSATION DATA.
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION IS A PART OF THE JEWISH COMMUNITY FEDERATION, A RELATED PARTY, THAT MAKES ITS CONSOLIDATED AUDITED FINANCIAL STATEMENTS AND FORM 990 FOR THE MOST RECENT THREE YEARS AND CONFLICT OF INTEREST POLICY AVAILABLE TO THE PUBLIC UPON REQUEST.
FORM 990 (VARIOUS):	DUE TO TAX SOFTWARE LIMITATIONS, CERTAIN QUESTIONS THAT SHOULD HAVE BEEN ANSWERED N/A WERE LEFT BLANK AS FOLLOWS: 1) PART IV, QUESTION 20B, 24B, 24C, 24D, 35B 2) PART V, QUESTION 3B, 4B, 5C, 6B, 7B, 7D, 7G, 7H, 8, 9A, 9B, 10A, 10B, 11A, 11B, 12A, 12B, 13A, 13B, 13C, 14B 3) PART VI, QUESTION 10B, 16B 4) PART XII, QUESTION 3B 5) SCHEDULE A PART IV QUESTION 3B, 3C, 4B, 4C, 5B, 5C, 10B 6) SCHEDULE J, QUESTION 9

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

Cat. No. 51056K

Schedule O (Form 990) 2021

**Additional Data** 

**Return to Form** 

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ObjectId: 202320959349300902 - Submission: 2023-04-05

# **SCHEDULE R** (Form 990)

# **Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or

▶ Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information. Department of the Treasury Internal Revenue Service Name of the organization Emp SANDLER FOUNDATION 94-3 Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I (b) (c) (d) Name, address, and EIN (if applicable) of disregarded entity Primary activity Legal domicile (state Total income or foreign country) Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part I related tax-exempt organizations during the tax year. (c) Legal domicile (state (a)
Name, address, and EIN of related organization (b) Primary activity Exempt Code section Public or foreign country) (if secti (1)JEWISH COMMUNITY FEDERATION OF SF BUILD, MAINTAIN AND CA 501(C)(3) LINE 7 121 STEUART STREET STRENGTHEN JEWISH IDENTITY, COMM AND LIFE SAN FRANCISCO, CA 94105 94-1156533 Cat. No. 50135Y For Paperwork Reduction Act Notice, see the Instructions for Form 990. Page 2 -Schedule R (Form 990) 2021

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Fo one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	<b>(h</b> Dispropri allocati	tic
							Yes	
								_

Schedule R (Form 990) 2021

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IN Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities ( was not a related organization. See instructions regarding exclusion for certain investment partnerships.

<b>(a)</b> Name, address, and EIN of entity	<b>(b)</b> Primary activity	(b) (c) imary Legal domicile (state or foreign country)	cile income e or (related, ign unrelated, try) excluded from tax under sections 512-	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	<b>(h)</b> Disproprt allocatio
			514)	Yes	No			Yes

				Page 5 -		ı		1	1	1	
Schedule R (Fo	orm 990) 2021			. 450 0							
Part VII	Supplemental 1	Information									
	Provide additional i	information for respon	ses to questi	ons on Sche	edule R. See in	structions	•				
Ret	urn Reference						Ex	cplanation	1		
		•									
											-
Addition	ial Data										

Coffuers ID.

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ObjectId: 202241319349306374 - Submission: 2022-05-11

TIN: 94-3147856

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. ▶ Go to <a href="https://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information. OMB No. 1545-0047

Inspection

	the 2020 e	landar vaar ar tay vaar basinning 07 01 2020 and anding 06 3	20.2021			
		alendar year, or tax year beginning 07-01-2020 , and ending 06-3  C Name of organization	0-2021	D. Farantaria	:	· · · · · · · · · · · · · · · · · · ·
_	ck if applicable:	SANDLER FOUNDATION		D Employer	identir	ication number
	dress change me change			94-31478	56	
_	tial return	Doing business as				
	al return/terminated					
☐ Am	nended return	Number and street (or P.O. box if mail is not delivered to street address) Room/si	uite	E Telephone r	number	
О Ар	plication pending	121 STEUART STREET		(415) 777	7-0411	
		City or town, state or province, country, and ZIP or foreign postal code				
		SAN FRANCISCO, CA 94105		<b>G</b> Gross recei	ipts \$ 16	55,357,819
		F Name and address of principal officer:	H(a) Is this	a group retui	rn for	
		STEVE DAETZ 121 STEUART STREET		linates?		□Yes <a>✓</a> No
		SAN FRANCISCO, CA 94105	H(b) Are all include	subordinates	5	☐ Yes ☐No
I Tax	c-exempt status:	✓ 501(c)(3) □ 501(c) ( ) ◀ (insert no.) □ 4947(a)(1) or □ 527		" attach a list	t. (see	instructions)
J W	ebsite:▶ N/A		H(c) Group	exemption nu	umber	<b>&gt;</b>
<b>K</b> Forn	n of organization:	✓ Corporation ☐ Trust ☐ Association ☐ Other ►	L Year of format	ion: 1992 M	1 State	of legal domicile: CA
Pa	art   Sumi	•				
		cribe the organization's mission or most significant activities: CHARITABLE, EDUCATIONAL, & RELIGIOUS PURPOSES OF JEWISH COMN	4 FEDERATION (	OF SF.		
e Se		, ,				
na	-					
Ver.	2 Check thi	- h h ()				
Activities & Governance		of voting members of the governing body (Part VI, line 1a)			3	5
×ĕ	4 Number o	of independent voting members of the governing body (Part VI, line 1b)			4	4
les		nber of individuals employed in calendar year 2020 (Part V, line 2a)			5	5
M		nber of volunteers (estimate if necessary)			6	0
Acı		elated business revenue from Part VIII, column (C), line 12			7a	0
		ated business taxable income from Form 990-T, line 39			7b	0
		, , , , , , , , , , , , , , , , , , , ,	Prio	r Year		Current Year
	8 Contribut	ions and grants (Part VIII, line 1h)		1,923,40	7	0
욢		service revenue (Part VIII, line 2g)			0	0
Revenue	_	nt income (Part VIII, column (A), lines 3, 4, and 7d )		251,247,83	7	12,570,533
ď		enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		231/2 17/03	0	12,37 0,333
		enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		253,171,24	4	12,570,533
		nd similar amounts paid (Part IX, column (A), lines 1–3 )		85,334,17		73,634,232
		paid to or for members (Part IX, column (A), line 4)			0	73,034,232
	·	other compensation, employee benefits (Part IX, column (A), lines 5–10)		1,589,60		1,534,041
Ses	·	nal fundraising fees (Part IX, column (A), line 11e)			0	1,554,041
8					U	
Expenses		aising expenses (Part IX, column (D), line 25) 0		1 206 17	0	1 542 602
	·	penses (Part IX, column (A), lines 11a–11d, 11f–24e)		1,286,17	+	1,542,693
	1	enses. Add lines 13–17 (must equal Part IX, column (A), line 25)		88,209,95	_	76,710,966
, ω	19 Kevenue	less expenses. Subtract line 18 from line 12	Dacii	164,961,28	_	-64,140,433
Net Assets or Fund Balances			Beginning o	of Current Yea	ır	End of Year
set	20 Total asse	ets (Part X, line 16)		833,555,72	5	750,976,876
d B		lities (Part X, line 26)		6,804,09		4,615,962
E S		s or fund balances. Subtract line 21 from line 20		826,751,63	_	746,360,914
			ı	, - ,		- / /

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



Signature Block

Sign	Signature of officer Date											
Here	DIN	IAN KATAOKA CONTROLLER be or print name and title										
Paic		Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	ΓΙΝ						
	arer	Firm's name		l	Firm's EIN							
Use	Only	Firm's address			Phone no.							
May tl	ne IRS disc	uss this return with the preparer	shown above? (see instructions)			☐ Yes ☐ No						
For P	aperwork	Reduction Act Notice, see the	separate instructions.	Cat	t. No. 11282Y	Form <b>990</b> (2020						
			Page 2									
Form	990 (2020)					Page 2						
Par		atement of Program Service	<u>-</u>									
1		cribe the organization's mission:	onse or note to any line in this Par	t III								
<b>ACTIV</b>	ITIES FOR		CHARITABLE, EDUCATIONAL OR REDUT THE PURPOSES OF THE JEWIS									
2	the prior F	ganization undertake any significa orm 990 or 990-EZ?	ant program services during the ye	ear which were not	listed on	☐ Yes ☑ No						
3	Did the or services?	ganization cease conducting, or m	nake significant changes in how it o	conducts, any prog	gram 	☐ Yes <a>V</a> No						
4	Describe t Section 50	he organization's program service	accomplishments for each of its tons are required to report the amo									
4a		) (Expenses \$ ATION MADE GRANTS IN SUPPORT OF N OF SAN FRANCISCO, THE PENINSULA	74,712,472 including grants of THE CHARITABLE, EDUCATIONAL, SCIEI A, MARIN AND SONOMA COUNTIES.		232 ) (Revenue \$ S PURPOSES OF THE JE	) EWISH COMMUNITY						
4b	(Code:	) (Expenses \$	including grants of	\$	) (Revenue \$	)						
4c	(Code:	) (Expenses \$	including grants of	\$	) (Revenue \$	)						
4d	Other prog	gram services (Describe in Schedu \$ incl	ule O.) uding grants of \$	) (Revenu	e \$	)						
4e	Total pro	gram service expenses	74,712,472									

Form **990** (2020)

Form 990 (2020) Page 3

————— Page 3 —

Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		No
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? <i>If "Yes,"</i> complete Schedule D, Part III 2	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, VIII, VIII, IX, or X as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. S	11a	Yes	
	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
	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
	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
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
	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	
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
	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	Yes	
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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	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? If "Yes," complete Schedule F, Parts III and IV	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? <i>If "Yes," complete Schedule G, Part I</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		No
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		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	

Form **990** (2020)

Form 990 (2020) Page 4

Par	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
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		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I </i>	25a		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? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III </i>	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, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <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		No
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 Regulationssections 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	Yes	
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 $2 \cdot \cdot \cdot$	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	
Pai	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 5			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Yes	. (2222
		F	orm <b>99</b> 0	<b>0</b> (2020)

orm	990 (2020)			Page
Par	statements Regarding Other IRS Filings and Tax Compliance (continued)			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and TaxStatements, filed for the calendar year ending with or within the year covered by this return			
b	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	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	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)?  If "Yes," enter the name of the foreign country:	4a		No
D	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		No

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16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No
		F	orm <b>99</b>	<b>0</b> (2020
	Page 6 ————			
orm	990 (2020)			Page
	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "Ne 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.	-		lines
Se	Check if Schedule O contains a response or note to any line in this Part VI	• •		✓
30	Ston 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			
	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 4			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? $\cdot$	4		No
5	Did the organization become aware during the year of a significant diversion of the organization'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 to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code		N
100	Did the organization have local chapters, branches, or affiliates?	10a	Yes	No No
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	10a		INO
	and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the	10b		
114	form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could giverise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes,"describe in</i>	42-	V	
13	Schedule O how this was done	12c	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	14	103	
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt			
	status with respect to such arrangements?	16b		
	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► CA			
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A 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.			
	☐ Own website ✓ Another's website ✓ Upon request ☐ Other (explain in Schedule O)			

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Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

State the name, address, and telephone number of the person who possesses the organization's books and records: ▶JEWISH COMMUNITY FEDERATION SAN FRANCISCO 121 STEUART STREET SAN FRANCISCO, CA 941051236 (415) 777-0411

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Form 990 (2	2020)	Page <b>7</b>
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	. $\square$
Section	A Officers Directors Trustees Key Employees and Highest Compensated Employees	

ction 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. See instructions for the order in which to list the persons above.

Check this box if neither the organization no	r any related o	ganiza	tion c	omp	ens	ated a	ny c	urrent officer, direc	ctor, or trustee.	
(A) Name and title	(B) Average hours per week (list any polytod	than o	one booth a direct	ox, ι n of	t che unles ficer	and a	son	compensation from the organization (W-2/1099-	Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099- MISC)	(W-2/1099- MISC)	organization and related organizations
(1) JAMES SANDLER	1.00	Х		х				0	0	0
DIRECTOR/VICE PRESIDENT										
(2) SUSAN SANDLER	20.00	x		x				0	0	0
DIRECTOR/VICE PRESIDENT		^		Х				U	U	0
(3) PHYLLIS COOK	1.00	.,								
DIRECTOR	10.00	Х						0	66,000	0
(4) DAVID AGGER	1.00									
DIRECTOR	•••••	Х						0	0	0
(5) DAVID FOLKMAN	1.00									
DIRECTOR		Х						0	0	0
(6) STEVE DAETZ	40.00									
PRESIDENT/ASST. SECRETA	•••••			Х				520,410	0	88,748
(7) JOY SISISKY	1.00									
TREASURER/SECRETARY	37.50			Х				0	298,861	38,352
(8) VIVIAN CHANG	40.00									_
GRANTS DIRECTOR	•••••					Х		217,835	0	53,099
(9) SERGIO KNAEBEL	32.00					V		200 702	0	21.602
GRANTS DIRECTOR						Х		200,703	0	31,693
(10) JEANNETTE DEMESMIN-RODRIGUES	40.00					X		125,977	0	24,920
EXECUTIVE ASSISTANT						^		123,377		24,320
(11) SUSAN HYDE	40.00					х		123,618	0	23,262
	 /202244242	 	1	ا دا	O F.	I	ا ا 	125,010		_!

XECUTIVE ASS	SISTANT														
							+ +								
													I	orm <b>99</b>	<b>0</b> (2020
															•
				— I	Page	8 9									
rm 990 (20	20)														Page 8
	Section A. Officers, Dire	ctors, Trustee:	s, Key	Emp	loye	ees,	and	Higl	nest	Compensat	ted Emp	oloyees (	contii	nued)	r age v
		1 (-)	T												
	(A) Name and title	( <b>B</b> ) Average	Posit	ion (d	( <b>C</b> ) o not		eck m	nore		<b>(D)</b> Reportable	Re	<b>(E)</b> eportable		( <b>F</b> ) Estima	) ated
		hours per week (list	than	one both a	ox, ι	unle	ss per	rson	С	ompensation from the		npensation m related		mount o	
		any hours	13	direct				u		ganization (W-	organ	izations (V	V-	from	the
		for related organizations	악호	=	₽	즇	몆픐	Fo	2,	/1099-MISC)	2/10	099-MISC)	0	rganizati relat	
		below dotted line)	die die	stita	Officer	y er	thes sed	Former						organiza	ations
		inie)	Individual to or director	eti on		nplo	/ee 0	~							
			Individual trustee or director	Institutional Trustee		Key employee	ğ								
			999	rust		*	ens								
				æ			Highest compensated employee								
				+-	_		-	+					_		
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b Sub-Tota		Dowt VIII Cook!					, ,								
	m continuation sheets to				•		<b>*</b>			1,188,543		364,861	L		260,074
•	umber of individuals (including				ed a	bove		o rec	eived	more than \$	100,000		1		
	rtable compensation from th			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		2011	.,	0 . 00			200,000				
														Yes	No
	organization list any forme			tee, k	ey ei	mplo	oyee,	or hi	ghes	t compensated	d employ	ee on			
line 1a	? If "Yes," complete Schedule	J for such indivi	dual .	•	-	•			•			-	3		No
	individual listed on line 1a,										mthe	ļ			
	ration and related organization	ons greater than s	\$150,00	ງ0? <i>If</i> •       •	"Yes	5," C	omple -	ete So	ched	ule J for such			_	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
			•	•	•	•	•	•	•			• •	4	Yes	
	person listed on line 1a rec	olug or		+1				late 2		niantian - :	المانينة	Fo			

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

(A) Name and business addres	SS		Descrip	(B) tion of services	(C) Compensation
2 Total number of independent contractors (including but i	not limited to those listed at	bove) who red	ceived more	than \$100,000	of
compensation from the organization ▶ 0					Form <b>990</b> (2020)
					,
	Page 9				
Form 990 (2020)					Page <b>9</b>
Part VIII Statement of Revenue					
Check if Schedule Ocontains a response or no			<u> </u>		🗆
	( <b>A</b> ) Total revenue	(B) Relate exem funct rever	d or opt on	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
derated campaigns 1a	l .	Tever	ue		312 - 314
step of the state					
embership dues 1b					
Indraising events 1c					
indraising events 1c					
Tu					
ilated organizations  1d  vernment grants (contributions)  1e  other contributions, gifts, grants,					
and similar amounts not included					
above 1f					
g Noncash contributions included in lines 1a - 1f:\$					
1					
h Tabel Add Co. of 46					
h Total. Add lines 1a-1f	C-4-	1	1		
2a	ss Code				
2					
9:					
Program Service Revenue					
S 1					
. ogra					
f All other program service revenue.					
<b>9 Total.</b> Add lines 2a–2f <b>b</b>	[]	<u> </u>			1
<b>3</b> Investment income (including dividends, interest, and similar amounts)	12,467,06	59			12,467,069
4 Income from investment of tax-exempt bond proceed	ls 🕨				
<b>5</b> Royalties	<b>•</b>				
(i) Real (ii) Per	rsonal				
6a Gross rents 6a					
b Less: rental expenses 6b					
c Rental income					
or (loss) 6c					
<b>d</b> Net rental income or (loss)	•				

Form 990 (2020)

Statement of Functional Expenses

**7** Other salaries and wages . . . . .

8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . .

Ta Gross amount from sales of the inventory business of the inventory business and sales expenses c Gain or (loss)   To Less: cost or of sales and sales expenses contributions reported on line Lc).  See Part IV, line 18	2	3, 1:59 PM						IRS Fu	ll Filing		
from sales of assets other than inventory  b Less: cost or other basis and sale sepenses  c Gain or (loss)  d Net gain or (loss)  see Part IV, line 18  d Less: direct expenses  d Net income or (loss) from fundraising events  c Net income or (loss) from gaming activities  d Net income or (loss)  d Net gain o					(i) Securi	ities	(ii) Other				
other basis and sales expenses  c Gain or (loss)  7c		from sal assets o	es of ther	7a	152,8	390,750					
d Net gain or (loss)		other ba	isis and	7b	152,7	787,286					
3 Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18		<b>c</b> Gain or	(loss)	7c	1	103,464					
ontributions reported on line 1c).  See Part IV, line 18		<b>d</b> Net ga	ain or (loss)	•				103,464			103,464
Gross income from gaming activities. See Part IV, line 19	Dovonito .	Gross in (not included contribution See Particular but Less: d	tions reported t IV, line 18	d on li	of ine 1c).	$\vdash$					
Gross income from gaming activities. See Part IV, line 19	ĝ	<b>c</b> Net inc	ome or (los	s) fro	om fundraisir	ng event	:s <b>.</b>				
returns and allowances 10a	C	Gross in See Pa <b>b</b> Less: d	rt IV, line 19 lirect expen	ses		9b	•				
c Net income or (loss) from sales of inventory .  Miscellaneous Revenue Business Code  11a  b  c  d All other revenue  e Total. Add lines 11a–11d  12 Total revenue. See instructions		returns	and allowa	inces							
Miscellaneous Revenue  Business Code  to  d All other revenue  e Total. Add lines 11a-11d  12 Total revenue. See instructions		<b>b</b> Less: c	ost of good	s solo	t	10b					
b  c  d All other revenue  e Total. Add lines 11a-11d  12 Total revenue. See instructions		c Net inc	•			nventory		1			
d All other revenue		11a	Miscellaneo	ous R	evenue		Business Code				
d All other revenue											
e Total. Add lines 11a-11d											
12 Total revenue. See instructions		<b>d</b> All other	er revenue								
		e Total.	Add lines 1	1a-1	1d						
		12 Total ı	<b>revenue.</b> S	ee in:	structions .	<u>.</u>	• • •	12,570,533	0	C	12,570,533

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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  $\,$  . (B) (C) (D) 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 73,634,232 73,634,232 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . 2 Grants and other assistance to domestic individuals. See Part IV, line 22 . 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 **4** Benefits paid to or for members . 523,974 5 Compensation of current officers, directors, trustees, and key 654,968 130,994 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . . . . . . . .

686,218

93,258

435,136

65,271

251,082

27,987

		9	_	
9 Other employee benefits	54,305	28,910	25,395	
O Payroll taxes	45,292	24,949	20,343	
Fees for services (non-employees):				
a Management				
<b>b</b> Legal				
c Accounting	38,354		38,354	
<b>d</b> Lobbying				
e Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	301,661		301,661	
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	93,838		93,838	
2 Advertising and promotion				
3 Office expenses	46,632		46,632	
4 Information technology	56,526		56,526	
<b>5</b> Royalties				
6 Occupancy	788,268		788,268	
<b>7</b> Travel				
8 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
9 Conferences, conventions, and meetings	3		3	
<b>0</b> Interest				
1 Payments to affiliates				
2 Depreciation, depletion, and amortization	12,946		12,946	
3 Insurance	4,465		4,465	
4 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 ADMINISTRATIVE FEES	200,000		200,000	
b				
С				
d				
e All other expenses				
<b>Total functional expenses.</b> Add lines 1 through 24e	76,710,966	74,712,472	1,998,494	0
<b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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Part X	Balance Sheet	
rail A	Daialice Sileet	

Check if Schedule O contains a response or note to any line in this Part IX (A) Beginning of year (B) End of year 3,836,082 1 5,261,516 1 Cash-non-interest-bearing . . . . Savings and temporary cash investments . 748,757,290 2 145,039,889 Pledges and grants receivable, net . 3 4 Accounts receivable, net . . Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)... 6 Notes and loans receivable, net . 7 Assets 8 Inventories for sale or use . 4,914 9,057 Prepaid expenses and deferred charges . 9 Land, buildings, and equipment: cost or other 10a 10a 974,417 basis. Complete Part VI of Schedule D 10h 848 012 139 352 100 Lacci accumulated denreciation

	, D	Less. accumulated depreciation	070,012	100,002	100			120,700
	11	Investments—publicly traded securities .		77,713,830	11		599,	499,676
	12	Investments—other securities. See Part IV, line 11		2,289,276	12			958,098
	13	Investments—program-related. See Part IV, line 11	F		13			
	14	Intangible assets	🖯		14			
	15	Other assets. See Part IV, line 11	_	814,981	15			82,235
	16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 33)	-	833,555,725	16		750,	976,876
	17	Accounts payable and accrued expenses		136,746	17			134,269
	18	Grants payable	-	6,667,345	18		4,	481,693
	19	Deferred revenue	F	, ,	19			<u> </u>
	20	Tax-exempt bond liabilities	F		20			
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	F		21			
Liabilities	22	Loans and other payables to any current or former officer, director, trus	stoo koy					
≝		employee, creator or founder, substantial contributor, or 35% controlle	ed entity					
200		or family member of any of these persons			22			
	23	Secured mortgages and notes payable to unrelated third parties .			23			
	24	Unsecured notes and loans payable to unrelated third parties			24			
	25	Other liabilities (including federal income tax, payables to related third and other liabilities not included on lines 17 - 24).  Complete Part X of Schedule D	l parties,		25			
	26	<b>Total liabilities.</b> Add lines 17 through 25		6,804,091	26		4,	615,962
35		Organizations that follow FASB ASC 958, check here 🕨 🧹 and						
Balances		complete lines 27, 28, 32, and 33.	'					
ala	27	Net assets without donor restrictions		826,751,634	27		746,	360,914
8	28	Net assets with donor restrictions			28			
Fund		Organizations that do not follow FASB ASC 958, check here	and					
드		complete lines 29 through 33.			20			
S or	29	Capital stock or trust principal, or current funds	L		29			
Assets	30	Paid-in or capital surplus, or land, building or equipment fund			30			
Ass	31	Retained earnings, endowment, accumulated income, or other funds			31			
Net	32	Total net assets or fund balances	· ·	826,751,634	32			360,914
Ž	33	Total liabilities and net assets/fund balances		833,555,725	33			976,876
						Fo	orm <b>99</b> 0	<b>o</b> (2020)
		Page 12 -						
		1.496.12						
Forn	n 990	(2020)						Page <b>12</b>
Pa	art XI	Reconcilliation of Net Assets						
		Check if Schedule O contains a response or note to any line in this P	Part XI .	<u></u>				✓
	T- 1-	al manager (manage agree) Doubt VIII. and manager (A.). Jing 12.)					12	F70 F22
1 2		al revenue (must equal Part VIII, column (A), line 12)			2			570,533 710,966
3 4		renue less expenses. Subtract line 2 from line 1	column /	۸۱)	3			751,634
5		unrealized gains (losses) on investments	L, COIUIIIII (	~ <i>))</i> • •	5			250,286
6		nated services and use of facilities	• •		6		-10,	230,200
7		estment expenses	• •		7			
8		or period adjustments			8			
9		per changes in net assets or fund balances (explain in Schedule O)			9			-1
10		assets or fund balances at end of year. Combine lines 3 through 9 (mus	t equal Par	rt X line 32 column (B))	10		746	360,914
	art XII	, , , , , , , , , , , , , , , , , , , ,	or oqual : a.	27, (27)			7 .07	
	,	Check if Schedule O contains a response or note to any line in this l	Part XII .				_	
		check if believate o contains a response of note to any line in this					Yes	No
1		ounting method used to prepare the Form 990:   Cash   A  Cash   C		Other				
		redule O.		, exponii iii				
2	a Wer	re the organization's financial statements compiled or reviewed by an inc	dependent	accountant?		2a		No
		'es,' check a box below to indicate whether the financial statements for tarate basis, consolidated basis, or both:	the year we	ere compiled or reviewed	on a			
		Separate basis Consolidated basis Both consolid	dated and s	separate basis				

Δσ	Iditional Data	Dotur	n to Eo	rm
Form	990 (2020)			
		F	Form <b>99</b>	<b>0</b> (2020
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth inthe Single Audit Act and OMB Circular A-133?	3a		No
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule	0.		
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	☐ Separate basis ☐ Consolidated basis ☑ Both consolidated and separate basis			
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis consolidated basis, or both:	5,		
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	

**Software ID:** 

↑ Back to Top

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**Section A. Public Support** 

ObjectId: 202241319349306374 - Submission: 2022-05-11

TIN: 94-3147856

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.

► Go to <u>www.irs.gov/Form990</u> for instructions and the latest information.

**Open to Public** Inspection

		ne organization					Employer identifica	ntion number
AND	LEK FU	JNDATION					94-3147856	
	rt I	Reason for Public					ee instructions.	
_	organiz	ration is not a private fou					(A)(:)	
1		A church, convention of	•				A)(I).	
2		A school described in <b>s</b> e			•	* *		
3		A hospital or a coopera	tive hospital servi	ce organization descri	bed in <b>section</b>	170(b)(1)(A)(i	ii).	
4		A medical research organisme, city, and state:	anization operated	d in conjunction with a	nhospital descri	bed in <b>section 1</b>	. <b>70(b)(1)(A)(iii).</b> En	ter the hospital's
5		An organization operate 170(b)(1)(A)(iv). (Co		of a college or univers	sity owned or op	perated by a gove	ernmental unit describ	ed in <b>section</b>
6		A federal, state, or local government or governmental unit described in <b>section 170(b)(1)(A)(v).</b>						
7		An organization that no section 170(b)(1)(A)			support from a	governmental u	nit or from the genera	I public described in
8		A community trust desc	cribed in <b>section</b>	170(b)(1)(A)(vi). (	Complete Part I	I.)		
9		An agricultural research non-land grant college	of agriculture. See	e instructions. Enter the	ne name, city, a	ind state of the c	ollege or university:	
10		An organization that no from activities related t investment income and 30, 1975. See <b>section</b>	o its exempt func unrelated busine	tions—subject to certa ss taxable income (les	in exceptions,	and (2) no more	than 331/3% of its sup	port from gross
11		An organization organiz	ed and operated	exclusively to test for	public safety. S	ee section 509(	a)(4).	
12	<b>~</b>	An organization organiz more publicly supported in lines 12a through 12	d organizations de	escribed in section 50	9(a)(1) or sec	ction 509(a)(2)	. See section 509(a)	
а	<b>✓</b>	Type I. A supporting o organization(s) the pow complete Part IV, See	rganization operat er to regularly ap	ted, supervised, orcon	trolled by its su	ipported organiza	ation(s), typically by g	
b		Type II. A supporting ormanagement of the s Youmust complete Pa	organization supe upporting organiz	ation vested in the sa	connection with mepersons that	its supported or control or mana	ganization(s), by havinge the supported orga	ng control nnization(s).
С		Type III functionally organization(s) (see ins	integrated. A su	pporting organization			functionally integrate	ed with, itssupported
d		Type III non-function notfunctionally integrat (seeinstructions). You	ed. The organizat	ion generally must sat	isfy adistributio	n requirement a		
e		Check this box if the or integrated, or Type III i				RS that it is a Typ	oe I, Type II, Type III	functionally
f	Enter	the number of supporte	d organizations				<u>1</u>	
g		de the following informat	·			anization listed	(v) Amount of	(vi) Amount of
	(I) N	lame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))		ganization listed ning document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
(A) J OF S		COMMUNITY FEDERATION	941156533	7	Yes		50,000	0
Гota		1					50,000	0
		work Reduction Act No or 990-EZ.	tice, see the Ins	structions for	Cat. No. 11285	5F S	Schedule A (Form 99	0 or 990-EZ) 2020
				Pag	e 2 ———			
Sche	dule A	(Form 990 or 990-EZ) 20	020					Page <b>2</b>
	rt II	Support Schedul	e for Organiza				iv) and 170(b)(1 ation failed to quali	)(A)(vi)

If the organization failed toqualify under the tests listed below, please complete Part III.)

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	ienaar year r fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	<b>(e)</b> 2020	(f) Total
	r <b>fiscal year beginning in)</b> Gifts, grants, contributions, and						
	membership fees received. (Do not						
2	include any "unusual grant.") 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						
4	<b>Total.</b> Add lines 1 through 3						
5	The portion of total contributions by each person (other than a						
	governmental unit or publicly						
	supported organization) includedon line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6	<b>Public support.</b> Subtract line 5 from						
_	line 4. Section B. Total Support		L				
	lendar year	(-) 201 <i>6</i>	(I-) 2017	(-) 2010	(4) 2010	(-) 2020	(C) Tabal
	r fiscal year beginning in) 🕨	(a) 2016	<b>(b)</b> 2017	(c) 2018	( <b>d</b> ) 2019	(e) 2020	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties and						
_	income from similar sources						
9	Net income from unrelated business activities, whether or not the						
	business is regularly carried on						
10							
	loss from the sale of capital assets (Explain in Part VI.).						
11	<b>Total support.</b> Add lines 7 through						
12	10 Gross receipts from related activities, 6	L etc. (see instruction	ns)			12	
13	•	•	•				anization chack
-5	-	-			-		anization, thetk
_	this box and stop here						
	Public support percentage for 2020 (lin			column (f))		14	
14 15	Public support percentage for 2019 Sch					15	
	33 1/3% support test—2020. If the					-	is hov
102	and <b>stop here.</b> The organization qualit						
		organization did	not check a box	on line 13 or 16a	, and line 15 is 3		
h		-			•	•	
b	• • •	qualifies as a pub	licly supported o	rganization			▶□
_	box and <b>stop here.</b> The organization 10%-facts-and-circumstances test	-2020. If the or	ganization did no	ot check a box on	line 13, 16a, or 1	.6b, and line 14	▶□
_	box and <b>stop here.</b> The organization <b>10%-facts-and-circumstances test</b> is 10% or more, and if the organization	—2020. If the or n meets the "facts	ganization did no s-and-circumstar	ot check a box on ices" test, check	line 13, 16a, or 1 this box and <b>stop</b>	.6b, and line 14 <b>here.</b> Explain	▶□
_	box and <b>stop here.</b> The organization <b>10%-facts-and-circumstances test</b> is 10% or more, and if the organization in Part VI how the organization meets	—2020. If the or n meets the "facts	ganization did no s-and-circumstar	ot check a box on ices" test, check	line 13, 16a, or 1 this box and <b>stop</b>	.6b, and line 14 <b>here.</b> Explain	
_	box and <b>stop here.</b> The organization <b>10%-facts-and-circumstances test</b> is 10% or more, and if the organization in Part VI how the organization meets organization	— <b>2020.</b> If the on meets the "facts the "facts and-cir	ganization did no s-and-circumstar cumstances" tes 	ot check a box on nces" test, check t t. The organizatio	line 13, 16a, or 1 this box and <b>stop</b> on qualifies as a p	.6b, and line 14 here. Explain ublicly supported	▶□
_	box and <b>stop here.</b> The organization <b>10%-facts-and-circumstances test</b> is 10% or more, and if the organization in Part VI how the organization meets organization	— <b>2020.</b> If the on meets the "facts the "facts-and-cir	ganization did no s-and-circumstar cumstances" tes  rganization did r facts-and-circum	ot check a box on ces" test, check to the organization of the check a box of the check a	line 13, 16a, or 1 this box and <b>stop</b> on qualifies as a p  In line 13, 16a, 16 eck this box and s	.6b, and line 14 here. Explain ublicly supported b, or 17a, and line stop here.	▶□
_	box and <b>stop here.</b> The organization <b>10%-facts-and-circumstances test</b> is 10% or more, and if the organization in Part VI how the organization meets organization	— <b>2020.</b> If the on meets the "facts the "facts-and-cir"	ganization did no s-and-circumstar cumstances" tes  rganization did r facts-and-circum s-and-circumsta	ot check a box on ices" test, check to the organization of the organization of the check a box of istances" test, chaces" test. The organization of the organization of the check a box of istances test. The organization of the organization of the check a box of	line 13, 16a, or 1 this box and <b>stop</b> on qualifies as a p	.6b, and line 14 here. Explain ublicly supported b, or 17a, and line stop here. es as a publicly	▶□
17a	box and <b>stop here.</b> The organization <b>10%-facts-and-circumstances test</b> is 10% or more, and if the organization in Part VI how the organization meets organization	— <b>2020.</b> If the on meets the "facts the "facts-and-cir	ganization did no s-and-circumstar cumstances" tes  rganization did r facts-and-circum s-and-circumsta	ot check a box on oces" test, check to the organization of check a box on oces" test, choices" test. The or	line 13, 16a, or 1 this box and <b>stop</b> on qualifies as a p	.6b, and line 14 here. Explain ublicly supported b, or 17a, and line stop here. es as a publicly	▶□
17a	box and <b>stop here.</b> The organization <b>10%-facts-and-circumstances test</b> is 10% or more, and if the organization in Part VI how the organization meets organization	— <b>2020.</b> If the on meets the "facts the "facts-and-cir.	ganization did no s-and-circumstar cumstances" tes	ot check a box on ices" test, check to the organization of check a box of istances" test, chices" test. The or	line 13, 16a, or 1 this box and <b>stop</b> on qualifies as a p	.6b, and line 14 here. Explain ublicly supported b, or 17a, and line stop here. es as a publicly box and see	▶□
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17a	box and <b>stop here.</b> The organization <b>10%-facts-and-circumstances test</b> is 10% or more, and if the organization in Part VI how the organization meets organization	— <b>2020.</b> If the on meets the "facts the "facts-and-cir.	ganization did no s-and-circumstar cumstances" tes	ot check a box on ices" test, check to the organization of check a box of istances" test, chices" test. The or	line 13, 16a, or 1 this box and <b>stop</b> on qualifies as a p	.6b, and line 14 here. Explain ublicly supported b, or 17a, and line stop here. es as a publicly box and see	▶□
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17a b 18 Sch   S Ca (or 1	box and stop here. The organization 10%-facts-and-circumstances test is 10% or more, and if the organization in Part VI how the organization meets organization	-2020. If the on meets the "facts the "facts-and-cir the "facts and-cir the "facts the "fact the	ganization did no rand-circumstar cumstances" tes	the check a box on ices" test, check to the organization. The organization of check a box on istances" test, chices test. The organization of the	line 13, 16a, or 1 this box and stop on qualifies as a p on this box and stop on qualifies as a p on this box and second	.6b, and line 14 here. Explain ublicly supported b, or 17a, and line stop here. es as a publicly boox and see dule A (Form 996)	Page 3
17a bb 18 Sch	box and stop here. The organization 10%-facts-and-circumstances test is 10% or more, and if the organization in Part VI how the organization meets organization	-2020. If the on meets the "facts the "facts-and-cir the "facts and-cir the "facts the "fact the	ganization did no rand-circumstar cumstances" tes	the check a box on ices" test, check to the organization. The organization of check a box on istances" test, chices test. The organization of the	line 13, 16a, or 1 this box and stop on qualifies as a p on this box and stop on qualifies as a p on this box and second	.6b, and line 14 here. Explain ublicly supported b, or 17a, and line stop here. es as a publicly boox and see dule A (Form 996)	Page 3
17a b 18 Sch   S Ca (or 1	box and stop here. The organization 10%-facts-and-circumstances test is 10% or more, and if the organization in Part VI how the organization meets organization	-2020. If the on meets the "facts the "facts-and-cir the "facts and-cir the "facts the "fact the	ganization did no rand-circumstar cumstances" tes	the check a box on ices" test, check to the organization. The organization of check a box on istances" test, chices test. The organization of the	line 13, 16a, or 1 this box and stop on qualifies as a p on this box and stop on qualifies as a p on this box and second	.6b, and line 14 here. Explain ublicly supported b, or 17a, and line stop here. es as a publicly boox and see dule A (Form 996)	Page 3
17a b 18 Sch   S Ca (or 1	box and stop here. The organization 10%-facts-and-circumstances test is 10% or more, and if the organization in Part VI how the organization meets organization	-2020. If the on meets the "facts the "facts-and-cir the "facts and-cir the "facts the "fact the	ganization did no rand-circumstar cumstances" tes	the check a box on ices" test, check to the organization. The organization of check a box on istances" test, chices test. The organization of the	line 13, 16a, or 1 this box and stop on qualifies as a p on this box and stop on qualifies as a p on this box and second	.6b, and line 14 here. Explain ublicly supported b, or 17a, and line stop here. es as a publicly boox and see dule A (Form 996)	Page 3
17a b 18 Sch   S Ca (or 1 2	box and stop here. The organization 10%-facts-and-circumstances test is 10% or more, and if the organization in Part VI how the organization meets organization	r Organizatio checked the boto qualify under	ganization did no rand-circumstar cumstances" tes	the check a box on ices" test, check to the organization. The organization of check a box on istances" test, chices test. The organization of the	line 13, 16a, or 1 this box and stop on qualifies as a p on this box and stop on qualifies as a p on this box and second	.6b, and line 14 here. Explain ublicly supported b, or 17a, and line stop here. es as a publicly boox and see dule A (Form 996)	Page 3
17a b 18 Sch   S Ca (or 1	box and stop here. The organization 10%-facts-and-circumstances test is 10% or more, and if the organization in Part VI how the organization meets organization	r Organizatio checked the boto qualify under	ganization did no rand-circumstar cumstances" tes	the check a box on ices" test, check to the organization. The organization of check a box on istances" test, chaces" test. The organization of the	line 13, 16a, or 1 this box and stop on qualifies as a p on this box and stop on qualifies as a p on this box and second	.6b, and line 14 here. Explain ublicly supported b, or 17a, and line stop here. es as a publicly boox and see dule A (Form 996)	Page 3
17a b 18 Sch   S Ca (or 1 2	box and stop here. The organization 10%-facts-and-circumstances test is 10% or more, and if the organization in Part VI how the organization meets organization	r Organizatio checked the boto qualify under	ganization did no rand-circumstar cumstances" tes	the check a box on ices" test, check to the organization. The organization of check a box on istances" test, chaces" test. The organization of the	line 13, 16a, or 1 this box and stop on qualifies as a p on this box and stop on qualifies as a p on this box and second	.6b, and line 14 here. Explain ublicly supported b, or 17a, and line stop here. es as a publicly boox and see dule A (Form 996)	Page 3

Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3a 3c below.

Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied thepublic support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made thedetermination.

Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.

17/40

4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you			i
44	checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		No
ь	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign	44		NO
	supportedorganization? If "Yes," describe in Part VI how the organization had such control and discretion despite being	4b		
	controlled orsupervised by or in connection with its supported organizations.	טד		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all			
	support to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b			
	and 5c below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported			
	organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by			
	amendment to the organizing document).	5a		No
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in			
_	theorganization's organizing document?	5b 5c		
c	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?	<b>5</b> C		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone otherthan (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of itssupported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filingorganization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .	6	Yes	
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined			
	insection 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to asubstantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		No
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"			
	complete Part I of Schedule L (Form 990 or 990-EZ).	8		No
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as			
	defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .			
		9a		No
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supportingorganization had an interest? If "Yes," provide detail in <b>Part VI</b> .			
		9b		No
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assetsin which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .	9c		No
10a				
	certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.	10a		No
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determinewhether			
	the organization had excess business holdings).	10b		
	Schedule A (Form 990	or 99	0-EZ)	2020
	Page 5			
Sche			F	age <b>5</b>
Par	dule A (Form 990 or 990-EZ) 2020			
	dule A (Form 990 or 990-EZ) 2020  rt IV Supporting Organizations (continued)			
	· · · · · · · · · · · · · · · · · · ·		Yes	No
11	· · · · · · · · · · · · · · · · · · ·		1	No
11 a	Has the organization accepted a gift or contribution from any of the following persons?  A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the		1	No
	Has the organization accepted a gift or contribution from any of the following persons?	11a	1	No
	Has the organization accepted a gift or contribution from any of the following persons?  A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the	11a 11b	1	
a	Has the organization accepted a gift or contribution from any of the following persons?  A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?  A family member of a person described in 11a above?  A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part		1	No
a b c	Has the organization accepted a gift or contribution from any of the following persons?  A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?  A family member of a person described in 11a above?  A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.	11b	1	No No
a b c	Has the organization accepted a gift or contribution from any of the following persons?  A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?  A family member of a person described in 11a above?  A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part	11b	1	No No
a b c	Has the organization accepted a gift or contribution from any of the following persons?  A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?  A family member of a person described in 11a above?  A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.	11b	Yes	No No
a b c Se	Has the organization accepted a gift or contribution from any of the following persons?  A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?  A family member of a person described in 11a above?  A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.  Exaction B. Type I Supporting Organizations  Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No,"	11b	Yes	No No
a b c Se	Has the organization accepted a gift or contribution from any of the following persons?  A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?  A family member of a person described in 11a above?  A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.  Section B. Type I Supporting Organizations  Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or	11b	Yes	No No
a b c Se	Has the organization accepted a gift or contribution from any of the following persons?  A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?  A family member of a person described in 11a above?  A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.  Bection B. Type I Supporting Organizations  Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any,	11b	Yes	No No
a b c Se	Has the organization accepted a gift or contribution from any of the following persons?  A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?  A family member of a person described in 11a above?  A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.  Section B. Type I Supporting Organizations  Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or	11b	Yes	No No
a b c Se	Has the organization accepted a gift or contribution from any of the following persons?  A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?  A family member of a person described in 11a above?  A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.  Bection B. Type I Supporting Organizations  Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.  Did the organization operate for the benefit of any supported organization other than the supported organization(s)	11b 11c	Yes	No No
a b c Se	Has the organization accepted a gift or contribution from any of the following persons?  A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?  A family member of a person described in 11a above?  A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.  Bection B. Type I Supporting Organizations  Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.  Did the organization operate for the benefit of any supported organization other than the supported organization(s) thatoperated, supervised, or controlled the supporting organization?If "Yes," explain in Part VI how providing such	11b 11c	Yes	No No No
a b c Se	Has the organization accepted a gift or contribution from any of the following persons?  A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?  A family member of a person described in 11a above?  A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.  Bection B. Type I Supporting Organizations  Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.  Did the organization operate for the benefit of any supported organization other than the supported organization(s)	11b 11c	Yes	No No
a b c Se 1	Has the organization accepted a gift or contribution from any of the following persons?  A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?  A family member of a person described in 11a above?  A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.  Bection B. Type I Supporting Organizations  Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization's effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.  Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised or controlled the supporting organization of controlled the supporting organization of controlled the supporting organization of controlled the supporting organization.	11b 11c	Yes	No No No
a b c Se 1	Has the organization accepted a gift or contribution from any of the following persons?  A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?  A family member of a person described in 11a above?  A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.  Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.  Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the benefit of any supported organization? "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the	11b 11c	Yes	No No No
a b c Se 1	Has the organization accepted a gift or contribution from any of the following persons?  A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?  A family member of a person described in 11a above?  A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.  Section B. Type I Supporting Organizations  Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization and more than one supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.  Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? "Yes," explain in Part VI how providing such benefitcarried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.  Bettion C. Type II Supporting Organizations  Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees	11b 11c	Yes	No No No
b c Sec 1	Has the organization accepted a gift or contribution from any of the following persons?  A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?  A family member of a person described in 11a above?  A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.  Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization's effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.  Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization.  Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised or controlled the supporting organization.  Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised or controlled the supporting organization.  Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised or controlled the supporting organization.  Posterion C. Type II Supporting Organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization's firectors in Part VI	11b 11c	Yes	No No No
a b c Sec 1	Has the organization accepted a gift or contribution from any of the following persons?  A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?  A family member of a person described in 11a above?  A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.  Section B. Type I Supporting Organizations  Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization and more than one supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.  Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? "Yes," explain in Part VI how providing such benefitcarried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.  Bettion C. Type II Supporting Organizations  Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees	11b 11c	Yes	No No No

Section	<b>D.</b> AII	IAhe TIT	Suppoi ting	Oi gainzations

					Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of tax year, (i) a written notice describing the type and amount of support provided durin Form 990 that was most recently filed as of the date of notification, and (iii) copies of documents in effect on the date of notification, to the extent not previously provided?	ng the the or	prior tax year, (ii) a copy of the			
_			hoo bland a company band	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or e organization(s) or (ii) serving on the governing body of a supported organization? If "					
	organization maintained a close and continuous working relationship with the support	ed orga	anization(s).	2		
3	By reason of the relationship described in line 2 above, did the organization's support					
	voice in the organization's investment policies and in directing the use of the organization during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supporte			3		
		5				
1	ction E. Type III Functionally-Integrated Supporting Organizations  Check the box next to the method that the organization used to satisfy the Integral Processing Pr	art Tes	during the year (see instruct	ions):		
a	, ,		· · · · · · · · · · · · · · · · · · ·	,		
b	The organization is the parent of each of its supported organizations. Complete	e line :	<b>3</b> below.			
c				inetru	ctione)	
	The organization supported a governmental entity. Describe in Fact VI now yo	յս եսբլ	orted a government entity (see	mstru	ccions)	
2	Activities Test. Answer lines 2a and 2b below.				Yes	No
	Did substantially all of the organization's activities during the tax year directly further supported organization(s) to which the organization was responsive? If "Yes," then in <b>organizations and explain</b> how these activities directly furthered their exempt purp responsive to those supported organizations, and how the organization determined the substantially all of its activities.  Did the activities described in line 2a, above constitute activities that, but for the organization's supported organization(s) would have been engaged in? If "Yes, the organization's position that its supported organization(s) would have engaged in the organization organization organization organization organization.	Part Nooses, In at these enization of th	I identify those supported now the organization was see activities constituted on's involvement, one or more in in <b>Part VI</b> the reasons for	2a		
	organization's involvement.	nese a	ctivities but for the	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.					
а	Did the organization have the power to regularly appoint or elect a majority of the off the supported organizations? If "Yes" or "No", provide details in <b>Part VI.</b>	icers, o	lirectors, or trustees of each of	За		
b	Did the organization exercise a substantial degree of direction over the policies, progr					
	supported organizations? If "Yes," describe in <b>Part VI.</b> the role played by the organizations?	ation ii	n this regard.	3b		
	dule A (Form 990 or 990-EZ) 2020  rt V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgani	zations		I	Page <b>6</b>
1	Check here if the organization satisfied the Integral Part Test as a qualifying tru			(T) Se	e	
	instructions. All other Type III non-functionally integrated supporting organization					
	Section A - Adjusted Net Income		(A) Prior Year		rent Yea onal)	ır
1	Net short-term capital gain	1		(971		
	Recoveries of prior-year distributions	2				
3	Other gross income (see instructions)	3				
4	Add lines 1 through 3	4				
5	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred forproduction or collection of gross income or formanagement, conservation, or maintenance of propertyheld for production of income (see instructions)	6				
7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6 and 7 fromline 4)	8				
	Section B - Minimum Asset Amount		(A) Prior Year		rent Yea onal)	ır
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1				
а	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
е	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):					
2	Acquisition indebtedness applicable to non-exempt use assets	2				

	,	9		
4	Cash deemed held for exempt use. Enter $0.015$ of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A,line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B,line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Charle have if the assumed were in the association of first and a second functionally in		ad Time III alles	ti ti /

Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

Schedule A (Form 990 or 990-EZ) 2020

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Schedule A (Form 990 or 990-EZ) 2020

Section D - Distributions		Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5	
6 Other distributions (describe in Part VI). See instructions	6	
7 Total annual distributions. Add lines 1 through 6.	7	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions	8	
9 Distributable amount for 2020 from Section C, line 6	9	
LO Line 8 amount divided by Line 9 amount	10	

20 Emile o amiliame arriada 5/ Emile o amiliame			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2020:			
<b>a</b> From 2015			
<b>b</b> From 2016			
<b>c</b> From 2017			
<b>d</b> From 2018			
<b>e</b> From 2019			
f Total of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2020 from Section D, line 7:			
Applied to underdistributions of prior years			
<b>b</b> Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in <b>Part VI</b> .			

SEE IIISU UCUOIIS.	
<b>6</b> Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.	
<b>7 Excess distributions carryover to 2021.</b> Add lines 3j and 4c.	
8 Breakdown of line 7:	
a Excess from 2016	
<b>b</b> Excess from 2017	
c Excess from 2018	
<b>d</b> Excess from 2019	
e Excess from 2020	
	Schedule A (Form 990 or 990-EZ) (2020)

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Schedule A (Form 990 or 990-EZ) 2020

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Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

**Facts And Circumstances Test** 

Return Reference	Explanation
LINE 6	THE MISSION OF THE ORGANIZATION IS TO OPERATE EXCLUSIVELY FOR CHARITABLE, EDUCATIONAL OR RELIGIOUS PURPOSES BY CONDUCTING OR SUPPORTING ACTIVITIES FOR THE BENEFIT OF, OR TO CARRY OUT THE PURPOSES OF THE SUPPORTED ORGANIZATION, THE JEWISH COMMUNITY FEDERATION OF SAN FRANCISCO, THE PENINSULA, MARIN AND SONOMA COUNTIES. THE ORGANIZATION MAKES GRANTS PRINCIPALLY TO OTHER PUBLICLY SUPPORTED 501(C)(3) ORGANIZATIONS, WITH THE INTENDED PURPOSE OF ADVANCING THE MISSION OF THE SUPPORTED ORGANIZATION, WHICH IS TO ADDRESS THE PRESSING ISSUES FACING THE JEWISH COMMUNITY. PLEASE REFER TO SCHEDULE I, PART II FOR A LIST OF PUBLICLY SUPPORTED 501(C)(3) ORGANIZATIONS RECEIVING GRANTS FROM THE ORGANIZATION.

Schedule A (Form 990 or 990-EZ) 2020

**Additional Data** 

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TIN: 94-3147856

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

**SCHEDULE D** 

(Form 990)

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

**Supplemental Financial Statements** 

► Go to <u>www.irs.gov/Form990</u> for instructions and the latest information.

Inspection

	me of the organization NDLER FOUNDATION	Employer identification number
SAI	ADELIC I GUIDALION	94-3147856
Pa	organizations Maintaining Donor Advised Funds or Other Similar Funds or	Accounts.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.  (a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	(b) Funds and other accounts
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advorganization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose coprivate benefit?	be used only for
Pa	rt II Conservation Easements.  Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (e.g., recreation or education)	historically important land area
	Protection of natural habitat	ertified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form easement on the last day of the tax year.	m of a conservation  Held at the End of the Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
С	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the tax year <b>\rightarrow</b>	he organization during the
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of and enforcement of the conservation easements it holds?	f violations,  Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing cor	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conserved \$\\ \\$	ation easements during the year
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170 and section 170(h)(4)(B)(ii)?	0(h)(4)(B)(i)
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expension balance sheet, and include, if applicable, the text of the footnote to the organization's financial stater	se statement, and
Par	the organization's accounting for conservation easements.  † III Organizations Maintaining Collections of Art, Historical Treasures, or Other	er Similar Assets.
1a	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.  If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement historical treasures, or other similar assets held for public exhibition, education, or research in furthe Part XIII, the text of the footnote to its financial statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and historical treasures, or other similar assets held for public exhibition, education, or research in furthe following amounts relating to these items:	
(	(i) Revenue included on Form 990, Part VIII, line 1	▶\$
	ii)Assets included in Form 990, Part X	· · · · · · · · · · · · · · · · · · ·
2	If the organization received or held works of art, historical treasures, or other similar assets for finan- following amounts required to be reported under FASB ASC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1	▶\$
b	Assets included in Form 990, Part X	▶\$

Page 2			
Page 2			

Sched	dule D	(Form 990) 2020													Page 2
Part	III	Organizations M	aintaining Col	lections o	f Art, H	istorio	al Tr	easu	res, o	r Other	Similar	Assets (	contin	ued)	
3		the organization's acq (check all that apply):		n, and other	records,	check a	ny of t	the fol	lowing t	hat are a	significant	use of it	s colle	ction	
а		Public exhibition				d		Loan	or exch	ange pro	grams				
b		Scholarly research				е		Other	· <u>-</u>						
С		Preservation for future	e generations												
4	Provid Part X	de a description of the KIII.	organization's col	lections and	explain h	ow the	y furth	er the	organiz	zation's e	xempt purp	oose in			
5		g the year, did the orga s to be sold to raise fur										□ Ye	es	□ <b>N</b>	o
Par	t IV	Escrow and Cust Complete if the or- line 21.			' on Forn	n 990,	Part	IV, lin	e 9, or	reporte	d an amo	unt on F	orm 9	990, 1	Part X,
1a		organization an agent led on Form 990, Part I										□ <b>Y</b>	es	□ <b>N</b>	0
ь	If "Ye	s," explain the arrange	ement in Part XIII	and comple	te the foll	lowina t	able:					Amount			_
c		ning balance								1c					_
d	Additi	ons during the year .								1d					_
e	Distril	butions during the year	r							1e					_
f	Endin	g balance								1f					
2a	Did th	ne organization include	an amount on Fo	rm 990, Par	t X, line 2	1. for e	scrow	or cus	stodiala	ccount lia	bility?	. 🗆 🗸	96	□ N	0
		s," explain the arrange													•
	t V	Endowment Fun		0.100.110.0		p.uu		500	p. 0 1. a c						
		Complete if the or	ganization answ												
				(a) Currer	nt year	<b>(b)</b> Pr	ior yea	r (	<b>(c)</b> Two y	ears back	(d) Three	ears back	<b>(e)</b> Fo	ur yea	rs back
	-	ing of year balance .													
		outions													
		estment earnings, gair													
		or scholarships													
		expenditures for facilitions of the second s	es												
f	Admini	strative expenses .													
g I	End of	year balance													
2 a		de the estimated perce I designated or quasi-e		ent year end	balance (	(line 1g	, colur	nn (a)	) held a	s:					
b	Perma	anent endowment 🕨													
c	Term	endowment 🕨													
	The p	ercentages on lines 2a	, 2b, and 2c shou	ld equal 100	)%.										
3a		nere endowment funds ization by:	not in the posses	sion of the o	organizatio	on that	are he	eld and	d admin	istered fo	r the		_	V	N-
	-	related organizations										3	a(i)	Yes	No
	` '	elated organizations					•						a(ii)		
b		s" on 3a(ii), are the re				n Sched	lule R						3b		
ı	Descr	ibe in Part XIII the inte	ended uses of the	organizatio	n's endow	ment fu	ınds.					<u> </u>		l.	
Par	t VI	Land, Buildings,	and Equipmen	nt.											
		Complete if the or	7												
	Descri	ption of property	(a) Cost or oth (investme		(b) Cost o	or other	basis (d	ther)	(c) Acc	umulated	depreciation		( <b>d</b> ) Boo	k valu	e
												1			
		gs													
		old improvements						2,572			532,572				0
		nent						3,755			315,440	)			18,315
_	Other	ines 1a through 1e (C	Caluman (d) may at	and Farms (	200 0	V 1		8,090	10(-) )			1			108,090

Schedule D (Form 990) 2020

– Page 3 *–* 

Schedule D (Form 990) 2020					Page 3
Part VII Investments - Other Securities.  Complete if the organization answered "Yes" on Form 990, I	Part IV, lir	ne 11b	.See Form 990, P	art X, I	ine 12.
(a) Description of security or category (including name of security)	(b) Book value		(c) Metho Cost or end-of	d of valu	uation:
(1) Financial derivatives					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
(1)					
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)  Part VIII Investments - Program Related.  Complete if the organization answered 'Yes' on Form 990, I	Part IV, lir	ne 11c	. See Form 990, I	Part X,	line 13.
(a) Description of investment			(b) Book value	(c) Cost o	Method of valuation: or end-of-year market value
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)		•			
Part IX Other Assets.  Complete if the organization answered 'Yes' on Form 990, P	art IV, line	e 11d.	See Form 990, Par	t X, line	
(a) Description					(b) Book value
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)				•	

	Complete if the organization answered "	Yes' on Form 990, Part  Description of liability	ıv, iin	e 11e or 11f.See Form	990, Par	
L.	•	Description of hability				(b) Book value
1)	ederal income taxes					
2)						
3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)					1	
	(Column (b) must equal Form 990, Part X, col.(B) line 25.)				<b>-</b>	
	bility for uncertain tax positions. In Part XIII, provide			-		
rga	ization's liability for uncertain tax positions under FIN	1 48 (ASC 740). Check here	e if the	text of the footnote has		
					Schedule	D (Form 990) 2020
		Page 4				
Sche	lule D (Form 990) 2020					Page <b>4</b>
Pa	t XI Reconciliation of Revenue per Audi				eturn.	
	Complete if the organization answered	· · · · · · · · · · · · · · · · · · ·		ne 12a.	1	2.670.75
1	Total revenue, gains, and other support per audited to		• •			-3,679,753
2	Amounts included on line 1 but not on Form 990, Par	rt VIII, line 12:		16.050.000		
а	Net unrealized gains (losses) on investments		2a	-16,250,286	4	
b	Donated services and use of facilities		2b		4	
С	Recoveries of prior year grants		2c		4	
d	Other (Describe in Part XIII.)		2d		4	
е	Add lines 2a through 2d				2e	-16,250,286
3	Subtract line <b>2e</b> from line <b>1</b>				3	12,570,533
4	Amounts included on Form 990, Part VIII, line 12, bu	ut not on line 1:		•		
а	Investment expenses not included on Form 990, Part	t VIII, line 7b .	4a			
b	Other (Describe in Part XIII.)		4b			
С	Add lines <b>4a</b> and <b>4b</b>				4c	C
5	Total revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal				5	12,570,533
Pai	t XII Reconciliation of Expenses per Aud				Return.	
1	Complete if the organization answered  Total expenses and losses per audited financial state		. IV, III	ie 12a.	1	76,710,966
2	Amounts included on line 1 but not on Form 990, Par				-	70,710,500
- а	Donated services and use of facilities		2a			
b	Prior year adjustments		2b		1	
c	Other losses		2c		1	
d	Other (Describe in Part XIII.)		2d		1	
e	Add lines <b>2a</b> through <b>2d</b>				2e	C
3	Subtract line <b>2e</b> from line <b>1</b>				3	76,710,966
4	Amounts included on Form 990, Part IX, line 25, but	not on line 1:				,,.
a	Investment expenses not included on Form 990, Part		4a			
ь	Other (Describe in Part XIII.)		4b		-	
c	Add lines <b>4a</b> and <b>4b</b>				4c	C
5	Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equa	Il Form 990, Part I, line 18.	) .		5	76,710,966
	t XIII Supplemental Information	, , , = ===	-		<del></del>	, ,,,,,,,
	ride the descriptions required for Part II, lines 3, 5, an	nd 9; Part III, lines 1a and	4; Part	IV, lines 1b and 2b; Part	V, line 4; F	Part X, line 2; Part XI,
	s 2d and 4b; and Part XII, lines 2d and 4b. Also compl				· '	, , , , , , , , , , , , , , , , , , ,
	Return Reference			Explanation		
ADT	X, LINE 2:	THE FOUNDATION HAS QU	ALTETE!	AC A CLIDDODTING FOLL	NDATION I	INDED INTERNAL DEV

CODE SECTION 509(A)(3) AND, THEREFORE, IS EXEMPT FROM FEDERAL AND STATE INCOME

IAXES. 10 THE EXTENT THE FOUNDATION CARRIES OUT ACTIVITIES WHICH ARE SUBJECT TO UNRELATED BUSINESS INCOME TAX, IT IS SUBJECT TO INCOME TAXATION.

Schedule D (Form 990) 2020

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Schedule I (Form 990)

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

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

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for the latest information.

Name of the organization SANDLER FOUNDATION

#### Part I **General Information on Grants and Assistance**

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, the selection criteria used to award the grants or assistance?. . . . .
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" o that received more than \$5,000. Part II can be duplicated if additional space is needed.

that received more t	.11a11 \$5,000. Part 11	can be duplicated if add	itional space is needed.			
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	
(1) AMERICAN CIVIL LIBERTIES UNION 125 BROAD STREET NEW YORK, NY 100042400	13-3871360	501(C)(3)	2,000,000			N
(2) AMERICAN CONSTITUTION SOCIETY FOR LAW AND POLICY 1899 L STREET NW SUITE 200 WASHINGTON, DC 20036	52-2313694	501(C)(3)	250,000			N
(3) AMERICAN OVERSIGHT 1030 15TH STREET NW SUITE B255 WASHINGTON, DC 20005	81-5294830	501(C)(3)	250,000			N
(4) AMALGAMATED FOUNDATION 1825 K STREET NW WASHINGTON, DC 20006	82-1517696	501(C)(3)	500,000			N
(5) ARIZONA CENTER FOR EMPOWERMENT 5716 N 19TH AVE PHOENIX, AZ 85015	27-2366780	501(C)(3)	400,000			N
(6) CAROLINA FEDERATION FUND PO BOX 61113 DURHAM, NC 27715	84-2537864	501(C)(3)	250,000			N
(7) CAMPAIGN LEGAL CENTER 1411 K STREET NW SUITE 1400 WASHINGTON, DC 20005	04-3608387	501(C)(3)	1,500,000			N
(8) CENTER FOR AMERICAN PROGRESS 1333 H STREET NW 10TH FLOOR WASHINGTON, DC 20005	30-0126510	501(C)(3)	2,000,000			N
(9) CENTER FOR BIOLOGICAL DIVERSITY POBOX 710 TUCSON, AZ 85702	85-0420285	501(C)(3)	800,000			N
(10) CENTER FOR RESPONSIBLE LENDING PO BOX 3619 DURHAM, NC 277023619	74-3043913	501(C)(3)	3,000,000			N
(11) CENTER ON BUDGET AND POLICY PRIORITIES 820 FIRST STREET NE SUITE 510 WASHINGTON, DC 20002	52-1234565	501(C)(3)	5,000,000			N
(12) CIVIL RIGHTS CORP 910 17TH STREET WASHINGTON, DC 20006	81-3422012	501(C)(3)	500,000			N
(13) CLIMATE JOBS NEW YORK EDUCATION FUND INC 275 7TH AVENUE NEW YORK. NY 10001	82-4972836	501(C)(3)	500,000			N

	i i	1	J	ı	i
(14) CONSULTATIVE GROUP ON BIOLOGICAL DIVERSITY PRESIDIO BUILDING 1016 SAN FRANCISCO, CA 94129	13-3431076	501(C)(3)	20,000		N
(15) DEMOCRACY FORWARD FOUNDATION 1333 H STREET NW 10TH FLOOR	82-1007988	501(C)(3)	3,000,000		N
WASHINGTON, DC 20005  (16) EARTHJUSTICE 50 CALIFORNIA STREET SUITE 500	94-1730465	501(C)(3)	2,000,000		N
SAN FRANCISCO, CA 94111  (17) EARTHJUSTICE 50 CALIFORNIA STREET SUITE 500 SAN EDANCISCO, CA 94111	94-1730465	501(C)(3)	2,000,000		N
SAN FRANCISCO, CA 94111  (18) EQUALITY ALLIANCE OF SAN DIEGO COUNTY PO BOX 12266 SAN DIEGO, CA 92112	26-1712580	501(C)(3)	200,000		N
(19) FAITH IN ACTION 171 SANTA ROSA AVE OAKLAND, CA 94610	94-2206497	501(C)(3)	60,000		N
(20) FAITH IN ACTION 171 SANTA ROSA AVE OAKLAND, CA 94610	94-2206497	501(C)(3)	1,400,000		N
(21) FINS ATTACHED MARINE RESEARCH AND CONSERVATION 150 WEST UNIVERSITY BLVD MELBOURNE, FL 32901	59-6046500	501(C)(3)	50,000		N
(22) GERMAN MARSHALL FUND OF THE UNITED STATES 1744 R STREET NW WASHINGTON, DC 20009	52-0954751	501(C)(3)	750,000		N
(23) HUMAN RIGHTS WATCH 350 FIFTH AVENUE 34TH FLOOR NEW YORK, NY 101183299	13-2875808	501(C)(3)	2,000,000		N
(24) INDIVISIBLE CIVIC ENGAGEMENT INC POBOX 43884 WASHINGTON, DC 20010	82-2355901	501(C)(3)	500,000		N
(25) INSTITUTE FOR ENERGY ECONOMICS AND FINANCIAL ANALYSIS 3430 ROCKY RIVER DRIVE CLEVELAND, OH 44111	45-4244605	501(C)(3)	500,000		N
(26) INTERNATIONAL COMMUNITY FOUNDATION 2505 N AVENUE NATIONAL CITY, CA 91950	13-1624046	501(C)(3)	1,060,000		N
(27) ISLAND CONSERVATION 100 SHAFFER ROAD LML SANTA CRUZ, CA 95060	91-1839907	501(C)(3)	150,000		N
(28) J STREET EDUCATION FUND INC POBOX 66073 WASHINGTON, DC 20035	20-2777557	501(C)(3)	50,000		N
(29) JEWISH COMMUNITY FEDERATION 121 STEUART STREET SAN FRANCISCO, CA 94105	94-1156533	501(C)(3)	50,000		N
(30) LEADERSHIP CONFERENCE EDUCATION FUND 1629 K STREET NW SUITE 1000 WASHINGTON, DC 20006	23-7026895	501(C)(3)	1,000,000		N
(31) LEADERSHIP CONFERENCE EDUCATION FUND 1629 K STREET NW SUITE 1000 WASHINGTON, DC 20006	23-7026895	501(C)(3)	2,500,000		N
(32) LEARNING POLICY INSTITUTE 1530 PAGE MILL ROAD SUITE https://pp-990-rendered.s3.us-east-1	47-2772048	501(C)(3)	3,800,000	0-AMICA LIMAC CLIACECCY	-Amz-Crede 28/4

	<b>,</b>			3		
	200 PALO ALTO, CA 94304					
•	(33) LUMINATE PROJECTS LIMITED 44 MONTGOMERY STREET THIRD FLOOR SAN FRANCISCO, CA 94104	82-3941326	501(C)(3)	5,000,000		N
	(34) NATIONAL PUBLIC EDUCATION SUPPORT FUND 1900 L STREET NW SUITE 520 WASHINGTON, DC 20036	26-3015634	501(C)(3)	400,000		N
٠	(35) NEIGHBORHOOD FUNDERS GROUP 300 FRANK H OGAWA PLAZA OAKLAND, CA 94612	06-1368627	501(C)(3)	200,000		N
•	(36) NEO PHILANTHROPY INC 45 WEST 36TH STREET NEW YORK, NY 10018	13-3191113	501(C)(3)	400,000		N
•	(37) NEO PHILANTHROPY INC 45 WEST 36TH STREET NEW YORK, NY 10018	13-3191113	501(C)(3)	4,000		N
	(38) NEW FLORIDA MAJORITY EDUCATION FUND INC 10800 BISCAYNE BLVD SUITE 1050 MIAMI, FL 33161	45-3956785	501(C)(3)	500,000		N
•	(39) NEW GEORGIA PROJECT INC 165 COURTLAND ST SUITE A- 231 ATLANTA, GA 30303	82-1348307	501(C)(3)	400,000		N
•	(40) NEW VENTURE FUND 1201 CONNECTICUT AVE NW SUITE 300 WASHINGTON, DC 20036	20-5806345	501(C)(3)	1,500,000		N
•	(41) NEW VIRGINIA MAJORITY EDUCATION FUND PO BOX 22063 ALEXANDRIA, VA 22304	27-1705920	501(C)(3)	1,250,000		N
٠	(42) NEW VIRGINIA MAJORITY EDUCATION FUND PO BOX 22063 ALEXANDRIA, VA 22304	27-1705920	501(C)(3)	500,000		N
•	(43) OCEANA INC 1350 CONNECTICUT AVE NW 5TH FL WASHINGTON, DC 20036	51-0401308	501(C)(3)	2,250,000		N
	(44) PROPUBLICA 55 BROADWAY 23RD FLOOR NEW YORK, NY 10006	14-2007220	501(C)(3)	3,000,000		N
	(45) RESOURCES LEGACY FUND 555 CAPITAL MALL STE 675 SACRAMENTO, CA 95814	95-4703838	501(C)(3)	300,000		N
•	(46) RESOURCES LEGACY FUND 555 CAPITAL MALL STE 675 SACRAMENTO, CA 95814	95-4703838	501(C)(3)	1,000,000		N
	(47) ROCKEFELLER FAMILY FUND INC 475 RIVERSIDE DRIVE SUITE 900 NEW YORK, NY 10115	13-6257658	501(C)(3)	300,000		N
	(48) ROCKY MOUNTAIN INSTITUTE 2490 JUNCTION PLACE SUITE 200 BOULDER, CO 80301	74-2244146	501(C)(3)	100,000		N
•	(49) SCHWAB CHARITABLE FUND 211 MAIN STREET SAN FRANCISCO, CA 94105	31-1640316	501(C)(3)	100,000		N
•	(50) SIERRA CLUB FOUNDATION 85 SECOND STREET 2ND FLOOR	94-6069890	501(C)(3)	1,000,000		N
-	SAN FRANCISCO, CA 94105 (51) SIERRA CLUB	94-6069890	501(C)(3)	1,000,000		N
	· /			=,555,500	·	

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FOUNDATION 85 SECOND STREET 2ND FLOOR SAN FRANCISCO, CA 94105				
(52) STANFORD UNIVERSITY 326 GALVEZ STREET STANFORD, CA 94305	94-1156365	501(C)(3)	10,966	N
(53) STUDENT PRESS LAW CENTER 1608 RHODE ISLAND AVE NW SUITE 211 WASHINGTON, DC 20036	52-1184647	501(C)(3)	50,000	N
(54) TEXAS FUTURE COOPERATIVE 1524 S INTERSTATE 35 STE 33 AUSTIN, TX 78704	84-3489184	501(C)(3)	25,000	N
(55) TEXAS ORGANIZING PROJECT EDUCATION FUND PO BOX 120296 SAN ANTONIO, TX 78212	27-1481855	501(C)(3)	400,000	N
(56) THE EQUITY ALLIANCE PO BOX 331821 NASHVILLE, TN 37203	81-5394158	501(C)(3)	200,000	N
(57) THE MANAGEMENT CENTER 1710 RHODE ISLAND AVENUE NW SUITE 1100 WASHINGTON, DC 20036	20-5197607	501(C)(3)	200,000	N
(58) TIDES FOUNDATION PO BOX 29198 SAN FRANCISCO, CA 94129	51-0198509	501(C)(3)	500,000	N
(59) TIDES FOUNDATION PO BOX 29198 SAN FRANCISCO, CA 94129	51-0198509	501(C)(3)	250,000	N
(60) TRUMAN CENTER FOR NATIONAL POLICY 1250 I STREET NW SUITE 500 WASHINGTON, DC 20005	52-1080919	501(C)(3)	250,000	N
(61) TSNE MISSIONWORKS 89 SOUTH STREET SUITE 700 BOSTON, MA 02111	04-2261109	501(C)(3)	10,000	N
(62) TURTLE ISLAND RESTORATION NETWORK POBOX 400 FOREST KNOLLS, CA 94933	91-1818080	501(C)(3)	250,000	N
(63) UNITED FOR RESPECT EDUCATION FUND 1133 BROADWAY STE 332 NEW YORK, NY 10010	13-3885314	501(C)(3)	500,000	N
(64) UNIVERSITY OF CALIFORNIA SAN FRANCISCO FOUNDATION 220 MONTGOMERY STREET 5TH FLOOR SAN FRANCISCO, CA 94104	94-2829914	501(C)(3)	50,000	N
(65) UNIVERSITY OF CALIFORNIA SAN FRANCISCO FOUNDATION 220 MONTGOMERY STREET 5TH FLOOR SAN FRANCISCO, CA 94104	94-2829914	501(C)(3)	50,000	N
(66) UNIVERSITY OF CALIFORNIA SAN FRANCISCO FOUNDATION 220 MONTGOMERY STREET 5TH FLOOR SAN FRANCISCO, CA 94104	94-2829914	501(C)(3)	875,000	N
(67) UNIVERSITY OF CALIFORNIA SAN FRANCISCO FOUNDATION 220 MONTGOMERY STREET 5TH FLOOR SAN FRANCISCO, CA 94104	94-2829914	501(C)(3)	2,000,000	N
(68) UNIVERSITY OF CALIFORNIA SAN FRANCISCO FOUNDATION 220 MONTGOMERY STREET 5TH FLOOR	94-2829914	501(C)(3)	3,000,000	N

SAN FRANCISCO, CA 94104				1	L
(69) UNIVERSITY OF CALIFORNIA SAN FRANCISCO FOUNDATION 220 MONTGOMERY STREET 5TH FLOOR SAN FRANCISCO, CA 94104	94-2829914	501(C)(3)	3,435,884		N
(70) VOTE SOLAR 360 22ND STREET SUITE 730 OAKLAND, CA 94612	46-4396728	501(C)(3)	750,000		N
(71) WASHINGTON CENTER FOR EQUITABLE GROWTH 1500 K STREET NW WASHINGTON, DC 20005	47-4464400	501(C)(3)	3,000,000		N
(72) WASHINGTON UNIVERSITY ONE BOOKINGS DRIVEMSC 1082 ST LOUIS, MO 63130	43-0653611	501(C)(3)	75,000		N
(73) WILDAID INC 333 PINE STREET STE 300 SAN FRANCISCO, CA 94104	20-3644441	501(C)(3)	200,000		N
(74) WILDCOAST 925 SEACOAST DRIVE IMPERIAL BEACH, CA 91932	77-0536297	501(C)(3)	300,000		N
<ul><li>2 Enter total number of section</li><li>3 Enter total number of other</li></ul>		=	listed in the line 1 table.	 	

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

Cat. No. 50055P

Page 2 -

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	<b>(b)</b> Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (bo FMV, appraisal, other)
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				

Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other add Part IV

Return Reference	Explanation
,	THE ORGANIZATION ENDEAVORS TO MONITOR ITS GRANTS TO ENSURE THAT SUCH GRANTS ARE USED FOR PROPE THEIR INTENDED USE. THIS IS ACCOMPLISHED BY REQUESTING RECIPIENT ORGANIZATIONS TO AFFIRM THAT FUN GRANT REQUEST AND BUDGET ON WHICH THE GRANT WAS BASED AND THAT ANY FUNDS NOT EXPENDED FOR THI
	ORGANIZATION. REPORTS ARE REQUESTED FROM TIME TO TIME AS APPROPRIATE.

#### **Additional Data**

#### **Software ID: Software Version:**

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TIN: 94-3147856 OMB No. 1545-0047

#### Schedule J

(Form 990)

## **Compensation Information**

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

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

► Attach to Form 990.

Department of the Treasury Internal Revenue Service

▶ Go to <u>www.irs.gov/Form990</u> for instructions and the latest information.

**Open to Public** Inspection

		the organization			Employer identificat	tion nu	ımber	
SAN	IDLEK F	OUNDATION			94-3147856			
Pa	rt I	Questions Regarding Compensation						
							Yes	No
1a		k the appropiate box(es) if the organization provided Part VII, Section A, line 1a. Complete Part III to prov						
	990,	Part VII, Section A, line 1a. Complete Part III to prov	ide ar	ly relevant information regarding thes	se items.			
	<b>✓</b>	First-class or charter travel		Housing allowance or residence for	personal use			
		Travel for companions		Payments for business use of person	nal residence			
		Tax idemnification and gross-up payments		Health or social club dues or initiation	on fees			
		Discretionary spending account		Personal services (e.g., maid, chauf	feur, chef)			
b		y of the boxes on Line 1a are checked, did the organize bursement or provision of all of the expenses describe				1b	Yes	
2		he organization require substantiation prior to reimbu						
	direc	tors, trustees, officers, including the CEO/Executive D	irecto	r, regarding the items checked on Lin	e 1a?	2	Yes	
3	orga	ate which, if any, of the following the filing organization nization's CEO/Executive Director. Check all that apply by a related organization to establish compensation of	. Do r	not check any boxes for methods				
		Compensation committee		Written employment contract				
		Independent compensation consultant	$\checkmark$	Compensation survey or study				
		Form 990 of other organizations	$\checkmark$	Approval by the board or compensa	tion committee			
4		ng the year, did any person listed on Form 990, Part V ed organization:	II, Se	ction A, line 1a, with respect to the fil	ling organization or a			
а	Rece	ive a severance payment or change-of-control paymen	nt?.			4a		No
b		cipate in, or receive payment from, a supplemental no				4b		No
С								No
	If "Ye	es" to any of lines 4a-c, list the persons and provide the	he app	olicable amounts for each item in Part	III.			
_	-	501(c)(3), 501(c)(4), and 501(c)(29) organiza						
5		versons listed on Form 990, Part VII, Section A, line 1a pensation contingent on the revenues of:	a, did	the organization pay or accrue any				
		•						
а		organization?				5a		No
ь		related organization?	•			5b		No
_								
6		versons listed on Form 990, Part VII, Section A, line 1a pensation contingent on the net earnings of:	a, did	the organization pay or accrue any				
-	The A	organization?				6a		No
a h		related organization?	•			6b		No
	,	es," on line 6a or 6b, describe in Part III.	•			- 00		110
7			م دادا	the examination provide any penfive	1			
,		ersons listed on Form 990, Part VII, Section A, line 1a nents not described in lines 5 and 6? If "Yes," describe				7		No
8	subje	any amounts reported on Form 990, Part VII, paid or ect to the initial contract exception described in Regula	ations	section 53.4958-4(a)(3)? If "Yes," de				
	in Pa	rt III				8		No
9		es" on line 8, did the organization also follow the rebu 958-6(c)?				9		
F							. 000	2022
ror I	raper	work Reduction Act Notice, see the Instructions	TOP F	orm <b>990.</b> Cat. No. 5	Schedule J	(Forn	1 990)	2020
				Page 2 ————				

Schedule J (Form 990) 2020

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional addit For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organization instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII. Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (I

(A) Name and Title	(A) Name and Title			(B) Breakdown of W-2 and/or 1099-MISC compensation			
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	deferred compensation		
1 STEVE DAETZ PRESIDENT/ASST. SECRETA	(i)	520,059	0	351	59,400		
	(ii)	0	0	0	0		
2 JOY SISISKY TREASURER/SECRETARY	(i)	0	0	0	0		
	(ii)	297,885	0	976	8,400		
3 VIVIAN CHANG GRANTS DIRECTOR	(i)	217,835	0	0	33,524		
	(ii)	0	0	0	0		
4 SERGIO KNAEBEL GRANTS DIRECTOR	(i)	200,410	0	293	30,677		
	(ii)	0	0	0	0		
<b>5</b> JEANNETTE DEMESMIN-RODRIGUES EXECUTIVE ASSISTANT	(i)	125,624	0	353	13,317		
	(ii)	0	0	0	0		
		D.	2				

Schedule J (Form 990) 2020

Part	TTT	Sunn	lemental	Informa	ation
rait	444	Subb	enneman	THIOHING	ILIVII

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
Return Reference	Explanation
,	THE ORGANIZATION HAS A WRITTEN EXPENSE REIMBURSEMENT POLICY THAT PERMITS REIMBURSEMENT OF AID DURATION AT A CLASS OF SERVICE HIGHER THAN COACH CLASS TICKETS, SUBJECT TO AUTHORIZATION AND A TOGETHER WITH APPROPRIATE DOCUMENTATION
PART I, LINE 3	SEE COMPENSATION POLICY DISCLOSURE ON SCHEDULE O

### **Additional Data**

> Software ID: **Software Version:**

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TIN: 94-3147856 OMB No. 1545-0047

**SCHEDULE 0** (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Go to <u>www.irs.gov/Form990</u> for the latest information.

**Open to Public** 

Inspection

Name of the organization SANDLER FOUNDATION

**Employer identification number** 

94-3147856

94-3147856
Explanation
SUSAN SANDLER AND JAMES SANDLER ARE SISTER AND BROTHER
THE FORM 990 IS PREPARED BASED ON AUDITED FINANCIAL STATEMENTS AND WITH THE ASSISTANCE OF THE RELATED PARTY'S FINANCE AND ACCOUNTING STAFF. THE FINAL DRAFT OF THE 990 IS REVIEWED BY THE TREASURER. THE PRESIDENT AND/OR OTHER OFFICERS AND DIRECTORS RECEIVE THE FINAL VERSION OF THE FORM PRIOR TO FILING.
THE ORGANIZATION REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES COMPLIANCE WITH ITS CONFLICT OF INTEREST POLICY. ALL DIRECTORS AND OFFICERS CONFIRM EACH YEAR THAT THEY ARE NOT AWARE OF ANY CONFLICTS OF INTEREST AS TO THEMSELVES OR OTHERS, AND THE ORGANIZATION MONITORS COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY THROUGHOUT THE YEAR. THE SUPPORTED ORGANIZATION REQUESTS COMPLETION OF AN ANNUAL DISCLOSURE FORM, ENSURES THAT ALL FORMS HAVE BEEN RECEIVED AND PREPARES A SUMMARY OF DISCLOSURES AND FORWARDS THE FORMS AND SUMMARY TO ITS LEGAL COUNSEL. THE SUPPORTED ORGANIZATION'S CFO ALSO RECEIVES A COPY OF THE SUMMARY AND REVIEWS ALL FORMS AND IS RESPONSIBLE FOR ASSURING APPROPRIATE REPORTING TO THE EXTERNAL AUDITORS AND DISCLOSURE IN THE ANNUAL TAX FILINGS.
THE ORGANIZATION HAS FULL TIME EMPLOYEES AND COMPENSATES ONE OFFICER. THE PRESIDENT'S COMPENSATION IS REVIEWED ANNUALLY BY THE GOVERNING BOARD OF DIRECTORS, ALONG WITH A MEMO SUMMARIZING SALARY COMPARABILITY DATA. PROPOSED COMPENSATION ADJUSTMENTS FOR THE PRESIDENT ARE DISCUSSED AND APPROVED BY THE INDEPENDENT GOVERNING BOARD OF DIRECTORS. CERTAIN OFFICERS AND/OR DIRECTORS ARE ALSO COMPENSATED BY A RELATED ORGANIZATION, THE JEWISH COMMUNITY FEDERATION OF SAN FRANCISCO, THE PENINSULA, MARIN AND SONOMA COUNTIES ('JCF'). JCF DOES A COMPENSATION SURVEY AND ANALYSIS FOR THE SENIOR LEVEL POSITIONS. JCF LOOKS AT COMPENSATION THAT IS EQUITABLE INTERNALLY AND EXTERNALLY FOR THESE POSITIONS. THERE IS A PERIODIC REVIEW OF ALL SALARIES FROM AN INDEPENDENT PROFESSIONAL COMPENSATION ORGANIZATION. THE REVIEW INCLUDES SIMILAR POSITIONS IN THE NON-PROFIT AND FOR-PROFIT SECTOR LOCALLY AND IS ADJUSTED NATIONALLY. THE COMPENSATION REVIEW ALSO ANALYZES COMPENSATION INFORMATION FROM OTHER FORM 990S FOR SIMILAR ORGANIZATIONS AS WELL AS MANY OTHER SOURCES OF COMPENSATION DATA.
THE ORGANIZATION IS A PART OF THE JEWISH COMMUNITY FEDERATION, A RELATED PARTY, THAT MAKES ITS CONSOLIDATED AUDITED FINANCIAL STATEMENTS AND FORM 990 FOR THE MOST RECENT THREE YEARS AND CONFLICT OF INTEREST POLICY AVAILABLE TO THE PUBLIC UPON REQUEST.
ROUNDING -1.
DUE TO TAX SOFTWARE LIMITATIONS, CERTAIN QUESTIONS THAT SHOULD HAVE BEEN ANSWERED N/A WERE LEFT BLANK AS FOLLOWS: 1) PART IV, QUESTION 20B, 24B, 24C, 24D, 35B 2) PART V, QUESTION 3B, 4B, 5C, 6B, 7B, 7D, 7G, 7H, 8, 9A, 9B, 10A, 10B, 11A, 11B, 12A, 12B, 13A, 13B, 13C, 14B 3) PART VI, QUESTION 10B, 16B 4) PART XII, QUESTION 3B 5) SCHEDULE A PART IV QUESTION 3B, 3C, 4B, 4C, 5B, 5C, 10B 6) SCHEDULE J, QUESTION 9

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

Cat. No. 51056K

Schedule O (Form 990 or 990-EZ) 2020

**Additional Data** 

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# **SCHEDULE R** (Form 990)

## **Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or

Department of th		▶ 6	Go to <u>www</u>		• Attach to F <u>orm990</u> for i	orm 990. nstructions and	the lates	t informa	tion.	
	organization								ı	Emp
										94-3
Part I	Identification	of Disregarded Entities. Co	mplete if	the organi		ered "Yes" on F		Part IV, li		
	Name, address, and	(a) EIN (if applicable) of disregarded entity			<b>(b)</b> Primary act		<b>(c)</b> domicile (st. reign countr		<b>(d)</b> tal income	
Part II		of Related Tax-Exempt Organizations during the ta		<b>s.</b> Complet	te if the orga	anization answe	ered "Yes'	' on Form	990, Pa	art I
		(a) EIN of related organization			( <b>b)</b> y activity	(c) Legal domicile (s or foreign count		(d) mpt Code sec		ublic secti
121 STEUART	COMMUNITY FEDERATION T STREET SCO, CA 94105	ON OF SF		BUILD, MAIN' STRENGTHEN IDENTITY, CC		CA	501(	C)(3)	LIN	IE 7
For Paperw	vork Reduction Ac	t Notice, see the Instructions fo				Cat. No. 5	0135Y			
Schedula P	(Form 990) 2020		— Page	2 ———						_
	Identification o	of Related Organizations Ta ted organizations treated as a					nization a	answered	"Yes" or	n Fo
	Name, addr	(a) ess, and EIN of organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	Dispro	(h) oprtic catio

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Schedule R (Form 990) 2020

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IN Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities ( was not a related organization. See instructions regarding exclusion for certain investment partnerships.

<b>(a)</b> Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	<b>(h</b> Dispropr allocat
			514)	Yes	No			Yes
						-		

			— Page 5 ———					
Schedule R (Fo	orm 990) 2020							
Part VII	Supplemental Info	rmation						
	Provide additional inforr	mation for responses to qu	uestions on Schedule R	. See instruction	ons.			
Ret	urn Reference					Explana	ntion	
	,							
Addition	al Data							

Additional Data

Coffuere ID.