Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

▶ Information about Form 990 and its instructions is at www.lrs.gov/form990.

Open to Public Inspection

<u>A</u>	FOF T	ne 2014 calendar year, or tax year beginning JUL 1, 2014 and endi	ng Jl	UN 3	30, 2015	<u> </u>		
В	Check applica	if C Name of organization		D Em	ployer identif	ication number		
	Add	THE SAN BRUNO COMMUNITY FOUNDATION						
Ļ	Nan cha	Doing business as			36-4	777648		
Ļ	Initia retu	110011	/suite	E Tel	ephone numbe	er		
L	Fina	N JOI SNEATH DANE) 922-1223		
	term			G Gros	ss receipts \$	491,049.		
	retu			H(a) is	this a group r			
Ĺ	App	F Name and address of principal officer:NANCY A. KRAUS				? Yes X No		
	pen	SAME AS C ABOVE				ncluded? Yes No		
		xempt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or	527	9 (5		list. (see instructions)		
J	Webs	ite: ► HTTP://SANBRUNO.CA.GOV/			roup exemptio	하는 그는 그렇게 가리하게 하는 것이 없다.		
		of organization: X Corporation Trust Association Other L				M State of legal domicile: CA		
P	art I	Summary						
Ф	1	Briefly describe the organization's mission or most significant activities: TO SERV	E TH	IE S	AN BRUN	O COMMUNITY		
Activities & Governance	1	BY INVESTING IN PROJECTS, PROGRAMS, SERVICE	S, A	ND	FACILIT	IES THAT		
i i	2	Check this box if the organization discontinued its operations or disposed of	more t	han 25	5% of its net as	ssets.		
Š	3	Number of voting members of the governing body (Part VI, line 1a)			з	7		
~	4	Number of independent voting members of the governing body (Part VI, line 1b)			4	7		
es	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)			5	0		
₹	6	Total number of volunteers (estimate if necessary)			6	7		
4ct	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			7a	0.		
_	b	Net unrelated business taxable income from Form 990-T, line 34	· · · · · · · · · · · · · · · · · · ·		7b	0.		
					r Year	Current Year		
ē	8	Contributions and grants (Part VIII, line 1h)			0.	491,031.		
enc	9	Program service revenue (Part VIII, line 2g)			0.	0.		
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	mn (A), lines 3, 4, and 7d)					
щ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			0.	18.		
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)			0.	491,049.		
	13	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)			0.	0.		
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			0.	88,258.		
Expenses	16a	Professional fundralsing fees (Part IX, column (A), line 11e)			0.	0.		
ă	b	Total fundraising expenses (Part IX, column (D), line 25)						
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			0.	225,553.		
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			0.	313,811.		
	19	Revenue less expenses. Subtract line 18 from line 12			0.	177,238.		
Net Assets or Fund Balances				nning o	f Current Year	End of Year		
aset	20	Total assets (Part X, line 16)			0.	187,029.		
PER	21	Total liabilities (Part X, line 26)			0.	9,791.		
		Net assets or fund balances. Subtract line 21 from line 20			0.	177,238.		
	ert II	Signature Block						
Jnde	er pena	alties of perjury, I declare that I have examined this return, including accompanying schedules and s	tatement	ts, and	to the best of my	knowledge and belief, it is		
rue,	corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of which pre	parer ha	s any k	nowledge.			
		Janas a. Kraus			11/10	115		
Sigr		Signature of officer			Date '			
Here	ere NANCY A. KRAUS, PRESIDENT							
		Type or print name and title	16:					
		Print/Type preparer's name Preparer's signature	Date		Check	PTIN		
aid			1(16/1	Self-employer			
Preparer Firm's name NOVOGRADAC & COMPANY LLP Firm's EIN 94-3108253 Jse Only Firm's address PO BOX 7833								
ıse (Uniy	Firm's address PO BOX 7833			4.2.2			
4	4h - "	SAN FRANCISCO, CA 94120-7833			Phone no. 415	<u>5-356-8000</u>		
иау	the if	RS discuss this return with the preparer shown above? (see instructions)				X Ves No		

			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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X_	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	_ 3_		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
-	during the tax year? If "Yes," complete Schedule C, Part II	4	<u> </u>	X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
6	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	1_	Ì	٦,
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	_6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		7.7
8	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? If "Yes," complete	7		X
0		_	i	37
9	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for	8		X
•	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			v
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	9		X
10	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	40		₩
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X	10		<u>X</u>
•	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	140		х
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	11a		
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	110		- 47
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
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	110		-21
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	-:		
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	,	X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	x	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	1		
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
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		Х
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		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"		-	
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u>X</u> _
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV | Checklist of Required Schedules (continued)

Yes No 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 X 21 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 X 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 X 23 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 Х 24a 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? 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 Х 25a b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete 25b Х 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 Х 26 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 X 27 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 28a b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b 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 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 X Did the organization liquidate, terminate, or dissolve and cease operations? 31 If "Yes," complete Schedule N, Part I X 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 Schedule N, Part II Х 32 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 X <u>3</u>3 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 X 34 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? X 35a 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 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 X 36 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 Х Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O

Form 990 (2014) THE SAN BRUNO COMMUNITY FOUNDATION
Part 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
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
C				
	(gambling) winnings to prize winners?	1c	X	
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?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		х
	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)?	4a		x
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).			ĺ
5а		5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a	.	x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b	.	
7	Organizations that may receive deductible contributions under section 170(c).	<u> </u>		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	.	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c	- 1	Х
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?	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	\neg	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
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		
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			
	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			
	Gross income from other sources (Do not net amounts due or paid to other sources against	}		
	amounts due or received from them.)	i		
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			
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?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.		\neg	
b	Enter the amount of reserves the organization is required to maintain by the states in which the	İ		
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Form 990 (2014) THE SAN BRUNO COMMUNITY FOUNDATION 36-4777648 Page Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

500	Check it Schedule O contains a response or note to any line in this Part VI				X		
360	Citoria. Governing body and Management			1	Τ.,		
10	Enter the number of voting members of the governing body at the end of the tax year	1.1	7	Yes	No		
Ia	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.		- 1				
b		4.	7]		
2	the state of the s			1	1		
~	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	•	}				
0	officer, director, trustee, or key employee?		2	-	X		
3	Did the organization delegate control over management duties customarily performed by or under the						
	of officers, directors, or trustees, or key employees to a management company or other person?		3	 	X		
4	Did the organization make any significant changes to its governing documents since the prior Form	990 was filed?	5	ļ	X		
_	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?		6		X		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	. ,					
	more members of the governing body?	***************************************	7a	X			
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	X	<u> </u>		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye		-				
а	The governing body?	****************************	8a	X			
b	Each committee with authority to act on behalf of the governing body?	*******************************		X			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real				·		
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	*************************************	9		Х		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenue Code.)					
•				Yes	No		
10a	Did the organization have local chapters, branches, or affiliates?		10a		X		
b	If "Yes," did the organization have written policies and procedures governing the activities of such cl	napters, affiliates,					
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b	l			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	y before filing the form?	11a	х			
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	•					
12a	Did the experience have a written an effect of the control of the		12a	X			
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to conflicts?	12b	X			
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es." describe	1				
	in Schedule O how this was done	•	12c		X		
13	Did the organization have a written whistleblower policy?	***************************************	13	Х			
14	Did the organization have a written document retention and destruction policy?	***************************************	14	Х			
15	Did the process for determining compensation of the following persons include a review and approva	I by independent	'	-23			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	a by macpendent					
а	The organization's CEO, Executive Director, or top management official		150	$_{\rm x}$			
þ	Other officers or key employees of the organization		15a 15b	-41	X		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	***************************************	100		<u> </u>		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	nent with a					
	taxable entity during the year?		160		Х		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	o its participation	16a				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ						
	exempt status with respect to such arrangements?	iization s					
Sect	ion C. Disclosure		16b				
	List the states with which a copy of this Form 990 is required to be filed ▶CA		_				
	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	(Cootion E01/-\/0\\-\		-			
	for public inspection. Indicate how you made these available. Check all that apply.	(Section SUT(C)(3)s only)	avallab	е			
		in Onland L Ol					
10	— Carlot (explain)	in Schedule O)					
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, constitutionable available to the public during the tay years.	muct of interest policy, an	d financ	ial			
	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.	oks and records: 🕨					
	LESLIE HATAMIYA - (650) 922-1223	<u> </u>					
	901 SNEATH LANE, SUITE 209, SAN BRUNO, CA 94066						

Form	000	100	4 41	
-orm	MMLI	1211	1 41 1	

THE SAN BRUNO COMMUNITY FOUNDATION

36-4777648

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

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

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

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

X Check this box if neither the organization (A) Name and Title	(B) Average		(C) Positi			ì		(D) Reportable	(E) Reportable	(F) Estimated
	hours per week	(do not check more than one box, unless person is both an officer and a director/trustee)			is bo	th an	compensation from	compensation from related	amount of other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) NANCY ANN KRAUS	12.00	ļ								
PRESIDENT		X		X	<u> </u>	<u> </u>		0.	0.	0
(2) JOHN P. MCGLOTHLIN	5.00									
VICE PRESIDENT		X		X				0.	0.	0
(3) BENJAMIN COHN	3.00									
TREASURER		X	_	X	<u> </u>			0.	0.	0
(4) EMILY ROBERTS	3.00]				
SECRETARY		X		X		<u> </u>	Ĺ	0.	0.	0
(5) PATRICIA BOHM	3.00									
BOARD MEMBER		X						0.	0.	0
(6) FRANK HEDLEY	3.00	ļ								
BOARD MEMBER		X						0.	0.	0
(7) DR. REGINA STANBACK STROUD	3.00									
SOARD MEMBER		X						0.	0.	0
								!		
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			\dashv	\dashv	-		_			
	<u> </u>						i			

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

0

\$100,000 of compensation from the organization

Pa	art '	VII							
			Check if Schedule O con	tains a response	or note to any lin	e in this Part VIII	(5)		
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts nts	1	а	Federated campaigns	1a					
ira our		b	Membership dues				·		
Am.	ĺ		Fundraising events						
atta			Related organizations						
S,E			Government grants (contribu		491,031.				
rior S S		f	All other contributions, gifts, gran	nts, and	-	i			
ğ.			similar amounts not included abo						}
Contributions, Gifts, Grants and Other Similar Amounts		g	Noncash contributions included in line	s 1a-1f; \$					
<u>Ş</u> <u>€</u>		h	Total. Add lines 1a-1f			491,031.			
	ĺ				Business Code				
Se	2	а							
er.		þ							
n S	ĺ	С							
Reg		d							
Program Service Revenue		е			ļ <u>.</u>				
ш			All other program service reve						ļ
			Total. Add lines 2a-2f		1				
	3		Investment income (including			10			
			other similar amounts)			18.			18.
	4		Income from investment of ta						
	5		Royalties				<u> </u>		
		_	Gross rents	(i) Real	(ii) Personal				
	•		Gross rents Less: rental expenses		 	ļ			
			Rental income or (loss)						
			Net rental income or (loss)		<u> </u>				
	7		Gross amount from sales of	(i) Securities	(ii) Other			-··· · · · · · · · · · · · · · · · · ·	
	•	_	assets other than inventory	() Godanies	(ii) Outor				
		b	Less: cost or other basis		1				
		_	and sales expenses						
		С	Gain or (loss)						
			Net gain or (loss)						
a			Gross income from fundraisin						
Other Revenue			including \$	of					
ě			contributions reported on line						
F			Part IV, line 18	а					
			Less: direct expenses						
			Net income or (loss) from fund		>		<u></u>		
ļ	9		Gross income from gaming ac			1			
			Part IV, line 19						
			Less: direct expenses						
			Net income or (loss) from gam	_					
	10		Gross sales of inventory, less			İ			
			and allowances						
			Less: cost of goods sold						İ
-		<u>c</u>	Net income or (loss) from sales						
}	14	_	Miscellaneous Revenue		Business Code		1		
	11	a b							
		C D							
- [All other revenue		 -		•		
ĺ		۰ e	Total. Add lines 11a-11d						
- 1	٠.	-	Tetal revenue Pacinetrustions		······ ~	401 040			

Form 990 (2014) THE SAN BRUNO COMMUNITY FOUNDATION
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)

	were series to starte de ries to starte de la contraction de la co			· · · · · · · · · · · · · · · · · · ·	
	Check if Schedule O contains a respon	se or note to any line in			<u> </u>
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22			}	
3					
	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	72,917.	32,813.	40,104.	
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				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	3,646	1,641.	2,005.	
9	Other employee benefits	5,607.	2,523.	3,084.	
10	Payroll taxes	6,088.	2,739.	3,349.	
11	Fees for services (non-employees):				
а	Management				
b	Legal	34,626.		34,626.	
C		9,960.		9,960.	
d	, a				
е					-
f	Investment management fees				
g	,				
	column (A) amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion				
13	Office expenses	4,517.	2,170.	2,347.	
14	Information technology	1,703.	766.	937.	
15	Royalties				
16	Occupancy	2,728.	1,228.	1,500.	
17	Travel				
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials	0.200	655		
19 00	Conferences, conventions, and meetings	2,308.	675.	1,633.	
20	Interest				· · · · · · · · · · · · · · · · · · ·
21 22	Payments to affiliates				
22 23	la a company	24,016.		24 016	
23 24	Other expenses. Itemize expenses not covered	24,010.		24,016.	
6 4	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.)	405.045	ļ.		
	ORGANIZATIONAL COSTS	105,315.		105,315.	
	EISTENING CAMPAIGN PROJ	33,940.	33,940.		
C	PRINTING AND POSTAGE	5,595.	5,500.	95.	
d	PAYROLL FEES	635.		635.	
	All other expenses	210.	02 00=	210.	
25 26	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization	313,811.	83,995.	229,816.	0.
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here fit following SOP 98-2 (ASC 958-720)				

Form 990 (2014)
Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	0.	1	53,031.
	2	Savings and temporary cash investments	0.	2	125,014.
	3	Pledges and grants receivable, net		3_	
	4	Accounts receivable, net	0.	4	90.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
ets	_	employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	0.	9	7,374.
	10a	Land, buildings, and equipment: cost or other			
	١.	basis. Complete Part VI of Schedule D 10a			
		Less: accumulated depreciation10b		10c	
	11	Investments - publicly traded securities		11	· · · · · · · · · · · · · · · · · · ·
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets Other posts See Part IV line 11		14	1 500
	15 16	Other assets. See Part IV, line 11	0.	15	<u>1,520.</u>
	17	Total assets. Add lines 1 through 15 (must equal line 34) Accounts payable and accrued expenses	0.	16	<u> 187,029.</u>
	18	Grants payable	0.	17	9,791.
	19	Deferred revenue		18	
	20	Tax-exempt bond liabilities		19 20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
so.	22	Loans and other payables to current and former officers, directors, trustees,		~ 1	<u>_</u> _
ij		key employees, highest compensated employees, and disqualified persons.			
Liabilities		Complete Part II of Schedule L		22	
Ë	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		2-1	
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
i		Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0.	26	9,791.
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
S		complete lines 27 through 29, and lines 33 and 34.			
Ď.	27	Unrestricted net assets		27	<u>17</u> 7,238.
3ala	28	Temporarily restricted net assets		28	
JQ E	29	Permanently restricted net assets		29	
표		Organizations that do not follow SFAS 117 (ASC 958), check here			
Ģ		and complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	
Ass	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		32	
Z		Total net assets or fund balances	0.	33	177,238.
	34	Total liabilities and net assets/fund balances	0.	34	187.029.

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

Act and OMB Circular A-133?

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 Audit

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

За

2c X

X

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2014

Open to Public Inspection

Name of the organization Employer identification number THE SAN BRUNO COMMUNITY FOUNDATION 36-4777648 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 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). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2), (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 II, Type III, Typ functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations g Provide the following information about the supported organization(s) (i) Name of supported (iv) Is the organization (v) Amount of monetary (ii) EIN (iii) Type of organization (vi) Amount of listed in your organization (described on lines 1-9 support (see other support (see governing document? above or IRC section Instructions) Instructions) Yes No (see instructions)) CITY OF SAN BRUNO 94-60004146 X 0 Total

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

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

Se	ction A. Public Support						
Cal	endar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Gifts, grants, contributions, and			197	(2) 20.5	(5) = 0	117 10131
	membership fees received. (Do not	I					
	include any "unusual grants.")	I		-			
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to	1	Ì				
	or expended on its behalf	1					
3							
Ĭ	furnished by a governmental unit to						
	the organization without charge				1		
4	Total. Add lines 1 through 3	Ministra				-	
5	The portion of total contributions						
·	by each person (other than a		1		}		
	governmental unit or publicly						
	supported organization) included						1
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (6						
6	Public support. Subtract line 5 from line 4.						
	ction B. Total Support				<u>.</u>		
	ndar year (or fiscal year beginning in)	(a) 2010	/b) 2011	/=\ 0010	(-I) 0010	(-) 0014	(0.7.1.1
	Amounts from line 4	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
8	Gross income from interest,			· · · · · · · · · · · · · · · · · · ·			
٥	dividends, payments received on						
	securities loans, rents, royalties			}			
	and income from similar sources			İ			
9	Net income from unrelated business				-		
9							
	activities, whether or not the						
40	Other income. Do not include an in-				 		
10	Other income. Do not include gain						
	or loss from the sale of capital				1		
	assets (Explain in Part VI.)	-					
11	Total support. Add lines 7 through 10	-1	1	l	J		
12	Gross receipts from related activities,					12	
13	First five years. If the Form 990 is for						. \square
Sec	organization, check this box and stop etion C. Computation of Publi	c Support Pe	rcentage		***************************************		·····
	Public support percentage for 2014 (lin						· · · · · · · · · · · · · · · · · · ·
15							%
	Public support percentage from 2013 33 1/3% support test - 2014. If the or	scriedule A, Part	11, IIII # 14		d 4 i= 00 d (004 ===	15	%
IVa							
h	stop here. The organization qualifies a	s a publicly supp	orteo organization	ing 10 au 10 a and			
D	33 1/3% support test - 2013. If the or						
17.	and stop here. The organization qualif	oodd Ktha ara	supported organiz	ation	40 40 40		
172	10% -facts-and-circumstances test						
	and if the organization meets the "fact						
	meets the "facts-and-circumstances" t	est. The organiza	ition qualifies as a	publicly supported	d organization		▶∟
р	10% -facts-and-circumstances test						
	more, and if the organization meets the	; racts-and-circu	mstances" test, cl	neck this box and	stop here. Explai	in in Part VI how t	he
40	organization meets the "facts-and-circu	ımstances" test.	The organization of	ualifies as a publi	cly supported org	ganization	>
18	Private foundation. If the organization	ala not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box	and see instruction	ons > L

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	a below, please con	ipiete i art ii.)	 			
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and			, , , , , , , , , , , , , , , , , , , ,	(-,		(1)
membership fees received. (Do no	t					
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per-					Ì	
formed, or facilities furnished in any activity that is related to the	Í					
organization's tax-exempt purpose	,		}			
3 Gross receipts from activities that						
are not an unrelated trade or bus-		}			}	
iness under section 513						
4 Tax revenues levied for the organ-	'					
ization's benefit and either paid to			1			
or expended on its behalf						
5 The value of services or facilities					-	
furnished by a governmental unit to	0			1		
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified person						
b Amounts included on lines 2 and 3 received						
from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)	'			-		
Section B. Total Support		· !			. l	
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6			1	(2, 23.3		
10a Gross income from interest,						
dividends, payments received on						
securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income	, <u> </u>					
(less section 511 taxes) from businesse	es l					
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated busines		-			<u> </u>	
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		1				
assets (Explain in Part VI.) 13 Total support. (Add lines 9, 10c, 11, and 12.						
14 First five years. If the Form 990 is t		s first second thin	d fourth or fifth ta	y vear as a section	on 501(c)(3) organiz	ation
check this box and stop here				•		·
Section C. Computation of Pul	blic Support Pe	rcentage	***************************************			
15 Public support percentage for 2014			olumn (f))	*	15	%
16 Public support percentage from 20					16	%
Section D. Computation of Inve					· · · · · · · · · · · · · · · · · · ·	, , , , , , , , , , , , , , , , , , ,
17 Investment income percentage for	2014 (line 10c, colur	nn (f) divided by lin	e 13, column (f))		17	%
18 Investment income percentage fron					18	%
19a 33 1/3% support tests - 2014. If th						
more than 33 1/3%, check this box						
b 33 1/3% support tests - 2013. If the						
line 18 is not more than 33 1/3%, cl						
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.)

Section A. All Supporting Organizations

- 1 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.
- 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).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (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 being controlled or supervised by or in connection with its supported organizations.
- 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.
- 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).
- **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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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 Part VI.
- 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).
- 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).
- 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 Part VI.
- 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 Part VI.
- 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.
- 10a 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 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.)

		Vec	No
	<u> </u>	162	140
	1_	X	
	ļ		
	2	<u> </u>	Х
			٦,
	3a_		X
	3b	<u> </u>	
	30		
	3c_		
	_ 4a	ļ	Х
	4b		
	4c		
	_5a		Х
	5b		
	_5c	!	
i	_		7.7
	6		<u>X</u>
	7		X
	۰		v
	8		<u> </u>
	9a		<u>X</u>
	9b_		X
ľ			
	<u>9</u> c		X
	10a		X
ſ			
	10b		

Section E. Type	III Functionally-Integrate	d Supporting Organ	nizations

1	Unec	K the box	next	το τηθ	e me	поа	tnat	tne o	ırganız	zation	usea	i to satisi	y tne	Integral	Part	Test	durina	he ve	arísee	Instructi	ions):
		l					_		-				•	•				.,	(

a ____ 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.

income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's

c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

2 Activities Test. Answer (a) and (b) below.

supported organizations played in this regard.

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 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.

- 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 Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 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*.
- 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.

3

b

	edule A (Form 990 or 990 EZ) 2014 THE SAN BRUNO COMMUNTTY I't V │ Type III Non-Functionally Integrated 509(a)(3) Supportin			36-4777648 Page 6
1	Check here if the organization satisfied the Integral Part Test as a qualifyin			uctions All
•	other Type III non-functionally integrated supporting organizations must co			notions, All
Sec	tion 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		
Sect	ion 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):			
a	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		
е	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		
Sect	ion 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	Distributable Amount. 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-functional		ed Type III supporting org	anization (see
	instructions).		71 Pre 0 0	•

Schedule A (Form 990 or 990-EZ) 2014

	edule A (Form 990 or 990 EZ) 2014 THE SAN BRUNC irt V Type III Non-Functionally Integrated 509			36-4777648 Page 7
Sec	tion D - Distributions			Current Year
_1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exemple	pt purposes of supported		. —
	organizations, in excess of income from activity			
_3	Administrative expenses paid to accomplish exempt purpos	es of supported organizatio	าร	
_4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
_6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which t	he organization is responsiv	0	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Sect	ion 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 required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
а				
b				
С				
ď				
e	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)			
i_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2014 distributable amount			
С	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).			
7	Excess distributions carryover to 2015. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
<u>a</u>				
b				
c				
	Excess from 2013			
е	Excess from 2014			

Schedule A (Form 990 or 990-EZ) 2014

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

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2014

Name of the organization Employer identification number SAN BRUNO COMMUNITY FOUNDATION 36-4777648 Organization type (check one): Filers of: Section: Form 990 or 990-EZ X 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note, Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year _______ \$ Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF),

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF),

Name of organization

Employer identification number

THE SAN BRUNO COMMUNITY FOUNDATION

36-4777648

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CITY OF SAN BRUNO 567 EL CAMINO REAL SAN BRUNO, CA 94066	\$ <u>491,031.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash 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 Oncash (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.)

Name of organization

Employer identification number

THE SAN BRUNO COMMUNITY FOUNDATION

36-4777648

Part II	Noncash Property (see instructions). Use duplicate copies of I	Part II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. rom	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
- - -		\$	
(a) No. om art I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_ -			
53 11-05-14		\$	90, 990-EZ, or 990-PF) (2

Schedule B (Form 990, 990-EZ, or 990-PF) (2014) Page 4 Name of organization Employer identification number THE SAN BRUNO COMMUNITY FOUNDATION 36-4777648 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for Part III the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part i (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D

Department of the Treasury

(Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Internal Revenue Service Name of the organization

THE SAN BRUNO COMMUNITY FOUNDATION

Employer identification number 36-4777648

Pa	rt I Organizations Maintaining Donor Advis	ed Funds or Other Similar Funds or A	Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lir	ne 6.	•
		(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 advisors in	writing that the assets held in donor advised fur	nds
	are the organization's property, subject to the organization's	s exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor		
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose confe	rring
Pa	rt II Conservation Easements. Complete if the or		
1	Purpose(s) of conservation easements held by the organizat	tion (check all that apply).	
	Preservation of land for public use (e.g., recreation or		y important land area
	Protection of natural habitat	Preservation of a certified h	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	ified conservation contribution in the form of a co	onservation easement on the last
	day of the tax year.		
	•		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	—		2b
С	Number of conservation easements on a certified historic str		2c
d	Number of conservation easements included in (c) acquired		
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the organ	
	year >	, , , , , , , , , , , , , , , , , , , ,	
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the pe		
	violations, and enforcement of the conservation easements i		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	***************************************	
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservati	ion easements in its revenue and expense state	ment and halance sheet and
	include, if applicable, the text of the footnote to the organiza		
	conservation easements.		_
Pai	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" to Form		
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue statement a	nd balance sheet works of art.
	historical treasures, or other similar assets held for public ext		
	the text of the footnote to its financial statements that descri		,
b	If the organization elected, as permitted under SFAS 116 (AS		alance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed		
	relating to these items:		trios, provide the leading difficulties
	(i) Revenue included in Form 990, Part VIII, line 1		▶ \$
2	If the organization received or held works of art, historical tre		
_	the following amounts required to be reported under SFAS 1		protisio
а	Revenue included in Form 990, Part VIII, line 1		> \$
-			F Y

		BRUNU CON					0:	36-4/			age 2
		-							_		
3	Using the organization's acquisition, access	ion, and other recor	as, chea	ck any of the	of following that	it are a si	gnifican	use of its	collection	ı item	S
	(check all that apply):										
а	Public exhibition	•	ďЩ		change progra						
b	Scholarly research	•	e	Other							
С	Preservation for future generations										
4	Provide a description of the organization's c							ose in Par	t XIII.		
5	During the year, did the organization solicit of										
_	to be sold to raise funds rather than to be m	aintained as part of	the orga	anization's c	ollection?	,			Yes		No
Pa	rt IV Escrow and Custodial Arran reported an amount on Form 990, Pa	gements. Compl rt X, line 21.	lete if th	e organizati	on answered '	"Yes" to	Form 99	0, Part IV,	line 9, or		
1a	Is the organization an agent, trustee, custod	ian or other interme	diary for	contributio	ns or other as	sets not	included				
	on Form 990, Part X?	*************************							Yes] No
b	If "Yes," explain the arrangement in Part XIII										•
	, -	•	-					1	Amount		
С	Beginning balance						1c	-			
d	Additions during the year										
e	Distributions during the year										
f	Ending balance							 			
	Did the organization include an amount on Fe	orm 990 Part X line		escrow or c	ustodiał acco	unt liabili	. <u> </u>		Yes	$\overline{}$	No
	If "Yes," explain the arrangement in Part XIII.						•			<u> </u>] NO
	rt V Endowment Funds. Complete	f the organization ar	neworad	"Vee" to Fo	rm 990 Part	IV line 1		***************************************		<u> </u>	<u>!</u>
			1								
_	Danimain a structure	(a) Current year		Prior year	(c) Two year	S Dack	d) Intee	years back	(e) Four	years i	оаск
1a	Beginning of year balance		 			-			<u> </u>		
	Contributions				-						
C	Net investment earnings, gains, and losses										
d	Grants or scholarships	-··									
е	Other expenditures for facilities								f		
	and programs										
f	Administrative expenses								<u> </u>		
g	End of year balance										
2	Provide the estimated percentage of the curr		ce (line 1	g, column (a)) held as:						
а	Board designated or quasi-endowment		%								
b	Permanent endowment	%									
С	Temporarily restricted endowment ▶										
	The percentages in lines 2a, 2b, and 2c shou										
За	Are there endowment funds not in the posse	•	ation the	at are held s	ınd administer	red for th	o organi	zation			
-	by:	colon of the erganiz	anon in	21 010 11010 2	ara sarriiriistor	eu ioi iii	e Olgalii	Zalion	G	Yes	
										ies	No
	• • • • • • • • • • • • • • • • • • • •			**************	***************************************				3a(i)	-+	
h	(ii) related organizations	listed se required a	n Caba	dula DO	****************	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •		3a(ii)	\rightarrow	
	Describe in Dort VIII the intended uses of the	insteu as requireu c	on Sone	201 0 K /	• • • • • • • • • • • • • • • • • • • •		• • • • • • • • • • • • • • • • • • • •	*************	3b		
Dar	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm	organization's endo	wment	tunas.				•——			
I as											
	Complete if the organization answered										
	Description of property	(a) Cost or o			or other		cumulat		(d) Book	value	
		basis (investr	nent)	basis	(other)	dep	reciation				
	Land										_
	Buildings										
	Leasehold improvements										
d	Equipment										
	Other										
	. Add lines 1a through 1e. (Column (d) must ed		X, colun	nn (B), line 1	(0c.)			ightharpoonup			0.

c	nvestments - Other Securities. complete if the organization answered "Yes"				
(a) Description	of security or category (including name of security)	(b) Book value	(c) Method of	valuation: Cost or en	d-of-year market value
(1) Financial c					
	d equity interests				
(3) Other					
(A)					
(B)					
(C)					
(D)			<u></u>		
(E)					
(F)					
(G)					
(H)					
	nust equal Form 990, Part X, col. (B) line 12.)				
	vestments - Program Related.				
C	omplete if the organization 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: Cost or en	d-of-year market value
(1)					
(2)					
(3)					
(4)					- · · · · · · · · · · · · · · · · · · ·
(5)					
(6)				· · ·	
(7)					
(8)		-			
(9)					
Total. (Col. (b) m	ust equal Form 990, Part X, col. (B) line 13.)				
Part IX 0	ther Assets.				
Co	omplete if the organization answered "Yes"	to Form 990, Part IV, line	11d. See Form 990,	, Part X, line 15.	
	(a) l	Description		· · · · · · · · · · · · · · · · · · ·	(b) Book value
(1)					
(2)			· · · · · · · · · · · · · · · · · · ·		
(3)					
(4)			····		
(5)					
(6)				.,,,,	
(7)					
(8)					
(9)					
	(b) must equal Form 990, Part X, col. (B) line	15.)			
Part X O	ther Liabilities.				
	emplete if the organization answered "Yes" t	to Form 990. Part IV. line	11e or 11f. See Forr	n 990 Part X line 25	
	(a) Description of liability		(b) Book value	i occit die / dinio 20	
	income taxes		(-,	-	
(2)	Thousand taxou			-	
(3)				1	
(4)				1	
(5)				1	
				-	
(6)				1	
(7) (8)				1	
101				4	
	ů.	l			
(9)	(h) must occus! Form 000, Dark V! (D) in-	051		_	
(9) otal. (Column	(b) must equal Form 990, Part X, col. (B) line uncertain tax positions. In Part XIII, provide				

	edule D (Form 990) 2014 THE SAN BRUNO COMMUNITY F		36-47	777648 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Staten		per Return.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12			
1	Total revenue, gains, and other support per audited financial statements	******************************	1	491,049.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1		
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
Ç	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d	*************************************	2e	<u> </u>
3	Subtract line 2e from line 1	***************************************	3	491,049.
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			
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	491,049.
Pai	t XII Reconciliation of Expenses per Audited Financial State		es per Return	•
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12			
1	Total expenses and losses per audited financial statements	***************************************	1	313,811.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1	1 1	
а	Donated services and use of facilities			
b	Prior year adjustments			
C	Other losses			
ď	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d	***************************************	2e	0.
3	Subtract line 2e from line 1		3	313,811.
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		
	Add lines 4a and 4b		4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			313,811.
Par	t XIII Supplemental Information.			
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any ac	oditional information.		

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.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization THE SAN BRUNO COMMUNITY FOUNDATION

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

432211 08-27-14

Employer identification number 36-4777648

Schedule O (Form 990 or 990-EZ) (2014)

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
HAVE SIGNIFICANT AND LASTING BENEFITS. THROUGH MAKING GRANTS,
LEVERAGING PARTNERSHIPS, AND TAKING ADVANTAGE OF OTHER RESOURCES, THE
ORGANIZATION ASSISTS AND ENABLES THE COMMUNITY TO MAXIMIZE SHARED
INVESTMENTS AND REALIZE THEIR SUBSEQUENT ENHANCEMENTS AND BENEFITS.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
TO MAXIMIZE SHARED INVESTMENTS AND REALIZE THEIR SUBSEQUENT
ENHANCEMENTS AND BENEFITS.
FORM 990, PART VI, SECTION A, LINE 7A:
THE CITY COUNCIL CONSTITUTES "OTHER PERSONS" WHO HAVE THE POWER TO ELECT OR
APPOINT ONE OR MORE MEMBERS OF THE GOVERNING BODY.
FORM 990, PART VI, SECTION A, LINE 7B:
UNDER ARTICLE XVI OF THE FOUNDATION'S BYLAWS, THE SAN BRUNO CITY COUNCIL
HAS RESERVED THE FOLLOWING POWERS:
(A) APPROVAL OF ANY CHANGE IN THE ARTICLES OF INCORPORATION OR BYLAWS OF
THE CORPORATION;
B) APPROVAL OF ADOPTION, AMENDMENT OR REPEAL OF THE CORPORATION'S
INVESTMENT POLICY AND ITS SPENDING POLICY;
C) APPROVAL OF THE CORPORATION'S ANNUAL BUDGET;
D) APPROVAL OR AMENDMENT OF THE CORPORATION'S GRANT POLICIES;
E) APPROVAL OF ELECTION OF OFFICERS OF THE CORPORATION;
F) APPROVAL OF ANY AGREEMENT FOR THE MANAGEMENT OF THE AFFAIRS OF THE

Schedule O (Form 990 or 990-EZ) (2014)

COTTER & ASSOCIATES, AN EXECUTIVE COMPENSATION CONSULTING FIRM. THE

Schedule O (Form 990 or 990-EZ) (2014)	Page 2
Name of the organization THE SAN BRUNO COMMUNITY FOUNDATION	Employer identification number 36-4777648
COMPENSATION CONSULTANTS PREPARED AN INDEPENDENT REPORT A	S REQUIRED BY
STATE LAW THAT IDENTIFIED THE RANGE OF REASONABLE COMPENS	ATION FOR THE
EXECUTIVE DIRECTORS OF SIMILAR ORGANIZATIONS. THE COMPENS	ATION PAID TO THE
EXECUTIVE DIRECTOR WAS WITHIN THAT RANGE.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE SAN BRUNO CITY COUNCIL ADOPTED THE FOUNDATION'S GOVER	NING DOCUMENTS
(ARTICLES OF INCORPORATION AND BYLAWS) IN OPEN SESSION UN	DER THE BROWN ACT,
AND THE GOVERNING DOCUMENTS ARE POSTED ON THE FOUNDATION'	S WEBPAGE. THE
FOUNDATION BOARD ADOPTED THE FOUNDATION'S CONFLICT OF INT	EREST POLICY AND
APPROVED MONTHLY FINANCIAL STATEMENTS IN OPEN SESSION UND	ER THE BROWN ACT.
ALL BOARD MEETING PACKETS AND MINUTES ARE POSTED AND REMA	IN ON THE
FOUNDATION'S WEBPAGE.	
FORM 990, PART XII, LINE 2C:	
THE AUDIT COMMITTEE ASSUMES THE RESPONSIBILITY FOR THE OVE	ERSIGHT OF THE
AUDIT OF ITS FINANCIAL STATEMENTS AND THE SELECTION OF TH	E INDEPENDENT
ACCOUNTANT.	

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 37.

▶ Attach to Form 990.

2014

OMB No. 1545-0047

THE

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

Part

Open to Public Inspection Employer identification number 36-4777648

▶Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990. SAN BRUNO COMMUNITY FOUNDATION Name of the organization Department of the Treasury Internal Revenue Service

Direct controlling End-of-year assets Total income 9 Legal domicile (state or foreign country) Primary activity Name, address, and EIN (if applicable) of disregarded 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) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity		[3]
		ļ		001(c)(3))		Yes No	6
CITY OF SAN BRUNO - 94-6000414							}
567 EL CAMINO REAL	TO SERVE THE SAN BRUNO						
SAN BRUNO, CA 94066	COMMUNITY	CALIFORNIA			4/b	<u>×</u>	
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2014

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36-4777648

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Schedule R (Form 990) 2014 THE SAN BRUINO COMMUNITY FOUNDATION

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. PartIII

(a)	(2)	<u></u>	(D))	(e)	€		(0)	3	9	5	170
Name, address, and ElN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Predomina (related, 1 excluded fro sections	t income related, tax under 2-514)	Share of total income		of year ts	ortionate tions?	Code V-UBI amount in box 20 of Schedule	General or managing partner?	General or Percentage managing ownership partner?
									Les No	וארו (ריסונו וויסיו	Yes No	
				,	•							
									_			
			ļ		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.	ganizations Taxable a	as a Corpo ng the tax y	ration or Trust Co ear.	mplete if the	organization	answered ")	res" on Form	n 990, Part	IV, line 34 t	oecause it had c	ine or mor	e related
(e)			(q)	(0)	(P)		(e)	ε	_	(b)	ε	8
Name, address, and EiN of related organization	<u> </u>	Prima	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity		Type of entity (C corp, S corp, or trust)	Share of total income		Share of Pe end-of-year ov assets	Percentage ownership	Section 212(P. Sectio
									-			Yes No
						-						
										•		
	-					:		;				
									<u> </u>	-		

Schedule R (Form 990) 2014

36-4777648 Page 3

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

¥					Yes	o N
	ns with one or more	related organizations listec	l in Parts II-IV?		l	
	ty	***************************************		1a		×
 b Gift, grant, or capital contribution to related organization(s) 				÷		×
 Gift, grant, or capital contribution from related organization(s) 				┼		
d Loans or loan guarantees to or for related organization(s)				╀	4	Þ
				<u> </u>		∢ ;
	•			<u>و</u>	┪	×
				•		
T Dividends from related organization(s)				#	-	×
g Sale of assets to related organization(s)				-	-	×
h Purchase of assets from related organization(s)		· · · · · · · · · · · · · · · · · · ·		27	T	4 ;
				手		×
				Ţ		×
J Lease of facilities, equipment, or other assets to related organization(s)				į		×
k Lease of facilities, equipment, or other assets from related organization(s)						;
				¥		4
	Janization(s)			=	1	×
	anization(s)			1m		×
	tion(s)			무		×
 Sharing of paid employees with related organization(s) 				10		×
		***************************************		1p	×	
 q Reimbursement paid by related organization(s) for expenses 	***************************************			19		×
					-	
				7		×
٠,				-ls	-	×
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.	who must complete t	his line, including covered				}
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	lved		
1) CITY OF SAN BRUNO	Ü	491,031.CASH	CASH			}
2) CITY OF SAN BRUNO	р	164,381.CASH	CASH			
(8)						
4)						1
(9						
(9						1
12163 08-14-14			Schedule R (Form 990) 2014	(Form 9) X (90)	14

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Schedule R (Form 990) 2014 THE SAN BRUNO COMMUNITY FOUNDATION

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.

	(k) ercentage ownership					i i	
	() neral or P	0	 				
	Gene O mans	Ves No			-		
	(h) (i) (j) (k) Dispropor- Evaluations amount in box 20 managing ownership alloations? of Schedule K-1 partner?	(100)					
İ	(h) propor- ionate cations?	S S					
-	Disg	Š.					
,	(g) Share of end-of-year						
-							
!	(1) Share of total income		}	;			
	Are all partners sec. 501(c)(3) 0rgs.?	<u>2</u>			 		
۲,	Patter 200 P	<u> </u>					
Source parties and	Predominant income par (related, unrelated, excluded from tax under sections 512-514)						10 10 10 10 10 10 10 10 10 10 10 10 10 1
	nicile oreign ry)						
nova filmagar change	ctivity						
(a) (A) (A) (A) (A) (A)	Name, address, and EIN of entity						

Schedule R (Form 990) 2014

Schedule F	R (Form 990) 2014 Supplemental In	THE SA	<u>N BRUNO</u>	COMMUNITY	FOUNDATION	<u>36-477764</u> 8 Pa	ge 5
Part VII	∫ Supplemental In	formation					
	Provide additional info	ormation for respo	nses to questi	ons on Schedule R (see instructions).		
							
							
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