### Form **990-PF**

# EXTENDED TO NOVEMBER 16, 2020 Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990PF for instructions and the latest information.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

For calendar year 2019 or tax year beginning , and ending Name of foundation A Employer identification number METTA FUND 94-2992640 Number and street (or P.O. box number if mail is not delivered to street address) Room/suite B Telephone number 101\_MONTGOMERY ST., 2200 415-660-7361 City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here SAN FRANCISCO, CA 94104 Initial return G Check all that apply: Initial return of a former public charity D 1. Foreign organizations, check here Final return Amended return 2. Foreign organizations meeting the 85% test, check here and attach computation X Address change Name change H Check type of organization: Section 501(c)(3) exempt private foundation E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust \_\_\_\_ Other taxable private foundation under section 507(b)(1)(A), check here I Fair market value of all assets at end of year J Accounting method: X Accrual \_\_\_\_ Cash F If the foundation is in a 60-month termination. Other (specify) (from Part II, col. (c), line 16) under section 507(b)(1)(B), check here 72, 352, 671. (Part I, column (d), must be on cash basis.) >\$ Part 1 Analysis of Revenue and Expenses
(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).) (d) Disbursements for charitable purpose (cash basis only) (b) Net investment (c) Adjusted net (a) Revenue and expenses per books N/A 1 Contributions, gifts, grants, etc., received 2 Check X if the foundation is not required to attach Sch. B Interest on savings and temporary cash investments Dividends and interest from securities 2,657,330. 2,657,330. STATEMENT 5a Gross rents b Net rental income or (loss) 934,656. 6a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all 4,856,172. 934,656. 7 Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain 9 Income modifications 10a Gross sales less returns and allowances b Less: Cost of goods sold .... c Gross profit or (loss) 11 Other income 1,231. 1,231. STATEMENT 2 3,593,217. 3,593,217. 12 Total, Add lines 1 through 11 513,901. 195,438. 318,463. Compensation of officers, directors, trustees, etc. 14 Other employee salaries and wages 667,442. 340,395. 327,047. 15 Pension plans, employee benefits 61,686. 120,952. <u>59,266.</u> <u>34,185</u>. 27,348. 16a Legal fees STMT 3 6,827 40,472 2,833. b Accounting fees STMT 4 <u>37,639</u>. c Other professional fees STMT 5 202,699. 93,196. 109,503. 17 Interest 38,748 18 Taxes STMT 6 345,479 37,228. 19 Depreciation and depletion 254,490. 0 . 20 Occupancy 421,401 70,964. 350,437. 21 Travel, conferences, and meetings 43,727. 43,727. 22 Printing and publications 166,460. 50,698 115.752. 23 Other expenses STMT 7 24 Total operating and administrative expenses. Add lines 13 through 23 2,811,208 983,810 1,303,385. 25 Contributions, gifts, grants paid 2,259,000. 2,601,500. 26 Total expenses and disbursements. 5,070,208. 3,904,885. Add lines 24 and 25 983,810 27 Subtract line 26 from tine 12: <u>-1,476,991</u>. 2 Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) 2,609,407 N/A C Adjusted net income (if negative, enter -0-) Form 990-PF (2019)

923501 12-17-19 LHA For Paperwork Reduction Act Notice, see instructions.

2-story brick wa	the kind(s) of property sold (for exa rehouse; or common stock, 200 sha	s. MLC Co.)	te,	(b) H	ow acquired Purchase Donation	(c) Date a (mo., d		(d) Date sold (mo., day, yr.)
a SALE OF PUBLIC	LY TRADED SECURI	TIES			P			
<u>b</u>				_				1
c d								
e								
(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis xpense of sale				ain or (loss (f) minus	
a 4,856,172.			3,921,51	6.				934,656
b								
C								
d								<u> </u>
e								
Complete only for assets showin	g gain in column (h) and owned by	the foundation	on 12/31/69.				ol. (h) gair	
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col. (i) col. (j), if any		CO	Losses	not less tha (from col.	ın -U-) <b>or</b> (h))
<u>a</u>								934,656
b								
C								
d								
e								
Capital gain net income or (net ca	$\{f \text{ gain, also ente} \ \{f \text{ (loss), enter -0}\}$	r in Part I, line )- in Part I, line	7 7	.)[	2			934,656
Net short-term capital gain or (los	ss) as defined in sections 1222(5) a	nd (6):						
If gain, also enter in Part 1, line 8,								
If (loss), enter -0- in Part I, line 8  Part V   Qualification U	Inder Section 4940(e) for	· Dodugod	Toy on Not	lless of	3		N/A	1
	foundations subject to the section					come		
"Yes," the foundation doesn't qualit	tion 4942 tax on the distributable ar fy under section 4940(e). Do not col each column for each year; see the i	mplete this par	t					Yes X No
(a) Base period years	(b)	mon bonono be	Toro making any c					(d)
Base periód years Calendar year (or tax year beginni	A 100 A 1 112 A 1	stributions	Net value of no	(c) onchar	itable-use asset	s	Distri	(d) bution ratio vided by col. (c))
2018		31,424.		70	,037,36		10011 (0) 01	.05399
2017		2,256.			,133,34			.05228
2016		2,906.			,282,73			.06341
2015		5,594.			,271,51			.06554
_2014		0,415.			,782,09			.06123
		9:				,		
? Total of line 1, column (d)		0.00.000.000.000.000			arerroom consulto	. 2		296463
Average distribution ratio for the	5-year base period - divide the total	on line 2 by 5.	O, or by the numb	er of y	/ears			
the foundation has been in existe	nce if less than 5 years					3		.05929
Enter the net value of noncharital	ble-use assets for 2019 from Part X,	, line 5				aa   4	6	57,914,620
						ļ		
Multiply line 4 by line 3						5_		4,026,794
Enter 1% of net investment incor	me (1% of Part I, line 27b)					. 6		26,094
Add lines 5 and 6						7		4,052,888
	m Part XII, line 4							3,904,885
	n line 7, check the box in Part VI, lin					26.8		
See the Part VI instructions.			- Far. 200	u = 1	ze retail			
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	990-PF (2019) METTA FUND	<u>94-2</u>	<u> 29926</u>	<u>40</u>		Page 4
Pa	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4	948 -	see in:	stru	ctior	ıs)
1a	Exempt operating foundations described in section 4940(d)(2), check here  and enter "N/A" on line 1.					10
	Date of ruling or determination letter:(attach copy of letter if necessary-see instructions)					
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1%	1		52	2.1	88.
	of Part I, line 27b		- W.	1100		
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b)					
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	2				0.
	Add lines 1 and 2	3		52	2.1	88.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	4				0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5		52	2.1	88.
6	Credits/Payments:		(		- / -	00.
	2019 estimated tax payments and 2018 overpayment credited to 2019 6a 91,941.	MEE				
	Exempt foreign organizations - tax withheld at source 6b 0 .	-3				
c	Tax paid with application for extension of time to file (Form 8868) 6c 0.	1,00				
d	Backup withholding erroneously withheld 6d 0.	YE E				
7	Total credits and payments. Add lines 6a through 6d	7		9.	1 0	41.
A	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8		<i>J</i> .	L , J	
0	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	<del> </del>				0.
40	Overseyment of line 7 in more than the total of lines 5 and 9 enter the amount account.	9		2.0	7	<u> </u>
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	_10				<u>53.</u>
	Enter the amount of line 10 to be: Credited to 2020 estimated tax ► 13,000 . Refunded ► art VII-A Statements Regarding Activities	11		41	0,/	<u>53.</u>
		10			V	NI-
12	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene	III	- 1	$\rightarrow$	tes	No
	any political campaign?			1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the defin	ition		1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or					119
	distributed by the foundation in connection with the activities.					113
C	Did the foundation file Form 1120-POL for this year?	*********		1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:					113
	(1) On the foundation. ► \$ (2) On foundation managers. ► \$ 0 .					- 3
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation					
	managers. ▶ \$ 0 .					
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		X
	If "Yes," attach a detailed description of the activities.					573.90
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation,		3			
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a		X
	If "Yes," has it filed a tax return on Form 990-T for this year?			4b		_
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		797275336	5		X
	If "Yes," attach the statement required by General Instruction T.		Table 1	1578	641	Eos
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			- 1		
	By language in the governing instrument, or					TO SE
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state	law				
	remain in the governing instrument?			6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV			7	X	$\vdash$
						9.35
8:	Enter the states to which the foundation reports or with which it is registered. See instructions.			Calif		113
-	CA		— I			31119
	of the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)					
	of each state as required by General Instruction G? If "No," attach explanation			8b	х	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calc			30	22	
•	year 2019 or the tax year beginning in 2019? See the instructions for Part XIV. If "Yes," complete Part XIV		1	9		x
10				10		X
	and addresses				)_PF	(2019)
			1 0111			(CI 03)

3b

4a

Yes X No

during the year?

had not been removed from jeopardy before the first day of the tax year beginning in 2019?

b If "Yes," did it have excess business holdings in 2019 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Form 4720,

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

Schedule C, to determine if the foundation had excess business holdings in 2019.)

N/A

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Part VII-B   Statements Regarding Activities for Which F	orm 4720 May Be R	equired (continu	red)	la -	1
5a During the year, did the foundation pay or incur any amount to:				Yes	No
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	4945(e))?	Ye	s X No		Barrie.
(2) Influence the outcome of any specific public election (see section 4955); or	r to carry on, directly or indire				100
any voter registration drive?			s X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes?		Ye	s X No	6 6 6	2019
(4) Provide a grant to an organization other than a charitable, etc., organization			12.	100	3.50
4945(d)(4)(A)? See instructions		☐ Ye	s X No		E-THE
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or fo	or	62		
the prevention of cruelty to children or animals?		Ye	s X No	3 13	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	er the exceptions described in	Regulations	100		I I I I I I I I I I I I I I I I I I I
section 53.4945 or in a current notice regarding disaster assistance? See instru	ictions		N/A 5	b	
Organizations relying on a current notice regarding disaster assistance, check h	ere		▶□ □		
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr				100	100%
expenditure responsibility for the grant?	N	/A Ye	s 🔲 No		
If "Yes," attach the statement required by Regulations section 53.4945-5(d).					
6a Did the foundation, during the year, receive any funds, directly or indirectly, to p	pay premiums on				
a personal benefit contract?		Ye	s X No		
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?		6	ь	х
If "Yes" to 6b, file Form 8870.	111			U) 10 2	1 2
7a At any time during the tax year, was the foundation a party to a prohibited tax st	helter transaction?	☐ Ye	s X No	44	100
b If "Yes," did the foundation receive any proceeds or have any net income attribu	table to the transaction?		N/A 7	ь	1
8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$				- E11	10000
excess parachute payment(s) during the year?			s X No		12
Part VIII Information About Officers, Directors, Trusto	es. Foundation Ma	nagers Highly	<u> </u>		
Paid Employees, and Contractors	oo, r oanaation ma	inagoro, riigini	•		
1 List all officers, directors, trustees, and foundation managers and t	heir compensation.				
	(b) Title, and average hours per week devoted	(c) Compensation	(CI) Contributions to employee benefit plans and deterred	(e) Ex	pense
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	and deterred compensation	accoun allowa	t, other
· · · · · · · · · · · · · · · · · · ·	to position	Circi o )	COMPCHISCON	dilotti	211000
SEE STATEMENT 13		513,901.	15 592		0.
		212,201.	10,000		
<del></del>			ļ		
······································					
· · · · · · · · · · · · · · · · · · ·					
	<u> </u>				
2 Compensation of five highest-paid employees (other than those inc	luded on line 1). If none	enter "NONE "		<del></del>	
	(b) Title, and average	CITTEL HONE."	(d) Contributions to employee benefit plans	(a) Fv	репѕе
(a) Name and address of each employee paid more than \$50,000	` 'hours per week "	(c) Compensation	and deterred	accoun	it, other
P CARCTA 101 NONECOMERY CE CET	devoted to position	DMTNIT COD A	compensation	allow	ances
		DMINISTRA			
2200, SAN FRANCISCO, CA 94104	40.00	165,033.	10,064.		0.
S. IYER - 101 MONTGOMERY ST., STE	CHIEF PROGRAM	1 <del>-</del>	TION OFF	ICER	•
2200, SAN FRANCISCO, CA 94104	40.00	146,934.	<u>8,816.</u>		0.
C. COLLEN - 101 MONTGOMERY ST., STE	1	RANTS OFF	, ·		_
2200, SAN FRANCISCO, CA 94104	40.00	122,146.	7,377.		<u> </u>
H. HUYNH - 101 MONTGOMERY ST., STE	ACCOUNTANT				_
2200, SAN FRANCISCO, CA 94104	40.00	97,101.	5,883.		0.
A. KARRER - 101 MONTGOMERY ST., STE	1	OMMUICATI			_
2200, SAN_FRANCISCO, CA 94104	28.00	82,776.	4,863.		0.
Total number of other employees paid over \$50,000					1

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Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)		
3 Five highest-paid independent contractors for professional services. If none, enter "No	ONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services		<u>1</u>
Part IX-A   Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical	information such as the	
number of organizations and other beneficiaries served, conferences convened, research papers produced	l, etc.	Expenses
1		
SEE STATEMENT 14		229,329.
2		
3		
4		
Part IX-B   Summary of Program-Related Investments	-	
Describe the two largest program-related investments made by the foundation during the tax year on lines	1 and 2.	Amount
1 <u>N/A</u>		
2		-
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3	<b>&gt;</b>	0.
		Form <b>990-PF</b> (2019)

Adjusted qualifying distributions. Subtract line 5 from line 4

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section

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3.904

4940(e) reduction of tax in those years.

### Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2018	(c) 2018	(d) 2019
1 Distributable amount for 2019 from Part XI,				
line 7				3,343,543.
2 Undistributed income, if any, as of the end of 2019:				
a Enter amount for 2018 only			0.	
b Total for prior years:				
		0.		
3 Excess distributions carryover, if any, to 2019:				
a From 2014 959, 256.				
b From 2015 1,134,328.				
c From 2016 871,384.				
dFrom 2017 187,924.	1.33			
eFrom 2018 343,583.	2 425 455			
f Total of lines 3a through e	3,496,475.			
4 Qualifying distributions for 2019 from	200	- 11		
Part XII, line 4: ►\$ 3,904,885.				
a Applied to 2018, but not more than line 2a			0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)	A_A_A_A_A	0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			WZ 1105 J 1105
d Applied to 2019 distributable amount	F.61 0.40			3,343,543.
e Remaining amount distributed out of corpus	561,342.			
5 Excess distributions carryover applied to 2019 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 31, 4c, and 4e. Subtract line 5	4,057,817.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which				
the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2018. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2019. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2020				0.
7 Amounts treated as distributions out of			E THE TREE	
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)	0.			
8 Excess distributions carryover from 2014	252 254			
not applied on line 5 or line 7	959,256.			
9 Excess distributions carryover to 2020.	2 600 744			
Subtract lines 7 and 8 from line 6a	3,098,561.			
10 Analysis of line 9:				
a Excess from 2015 1,134,328.				
b Excess from 2016 871,384.				
c Excess from 2017 187,924.				
d Excess from 2018 343,583.				
e Excess from 2019 561,342.				

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Form 990-PF (2019) METTA FUND

Part XV | Supplementary Information (continued)

3 Grants and Contributions Paid During the	If recipient is an individual,	Payment		
Recipient  Name and address (home or business)	show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
a Paid during the year	or substantial contributor	recipient		
,				
AMERICAN SOCIETY ON AGING	NONE	PC	•	
575 MARKET ST. SUITE 2100			SUPPORT PARTICIPANTS	
SAN FRANCISCO, CA 94105			TO ATTEND THE 2019	
			LEADERSHIP INSTITUTE	
			AT_AGING IN AMERICA	3,00
AMERICAN SOCIETY ON AGING	NONE	PC		
575 MARKET ST. SUITE 2100			SUPPORT PARTICIPANTS	
SAN FRANCISCO, CA 94105			TO ATTEND THE 2020	
,			LEADERSHIP INSTITUTE	
			AT AGING IN AMERICA	3,000
BAYVIEW HUNTERS POINT MULTIPURPOSE	NONE	PC	EVALUATION AND	
SENIOR SERVICE, INC.			LEARNING CAPACITY	
1753 CARROLL AVE			BUILDING	
SAN_FRANCISCO, CA 94124			BOILDING	25,00
MAI_TIGHTCIDCO, CA J4124				23,001
BAYVIEW HUNTERS POINT MULTIPURPOSE	NONE	₽C	GENERAL OPERATING	
SENIOR SERVICE, INC.			SUPPORT	
1753 CARROLL AVENUE				
SAN FRANCISCO, CA 94124				75,000
BEYOND DIFFERENCES	NONE		CAN STANGAGO DAGED	
711 GRAND AVENUE, SUITE 200	NONE	₽C	SAN FRANCISCO BASED	
SAN RAFAEL CA 94901			PROGRAMMING	3 50
	NTINUATION SHE	ET(S)	▶ 3a	3,500 2,601,500
b Approved for future payment		00		
BAYVIEW HUNTERS POINT MULTIPURPOSE	NONE	PC	GENERAL OPERATING	
SENIOR SERVICE, INC.			SUPPORT	
1753 CARROLL AVENUE				
SAN FRANCISCO, CA 94124		-		75,00
CARA EDUCATION FUND	NONE	PC PC	CARA LEADERSHIP	
600 GRAND AVE, SUITE 410			ACADEMY AND TECHNOLOGY	
OAKLAND, CA 94610			EXPANSION	35,00
COMMUNITY LIVING CAMPAIGN	NONE	PC	GENERAL OPERATING	
1663 MISSION ST., SUITE 525			SUPPORT	_
SAN FRANCISCO CA 94103	NIMITARIA MITONI CITA	_  Rm / C \	<u> </u>	50,00
Total SEE C	ONTINUATION SHE	ET (.5.)	▶ 3b	812 50 m <b>990-PF</b> (20

Part XVI-A	Analysis of	Income-Producing	<b>Activities</b>

Enter gross amounts unless otherwise indicated.	Unrelate	d business income		ed by section 512, 513, or 514	(e)	
	(a)	(b)	(c) Exclu-	(d)	Related or exempt	
1 Program service revenue:	Business	Amount	sion	Amount	function income	
a						
b						
C					-	
d						
e						
f						
g Fees and contracts from government agencies						
2 Membership dues and assessments						
3 Interest on savings and temporary cash investments					<del></del>	
4 Dividends and interest from securities			14	2,657,330.	_	
5 Net rental income or (loss) from real estate:			=20		SHEET SHEET	
a Debt-financed property						
b Not debt-financed property						
6 Net rental income or (loss) from personal property						
7 Other investment income			01	1,231.	· · ·	
8 Gain or (loss) from sales of assets other than inventory			18	934,656.		
9 Net income or (loss) from special events						
10 Gross profit or (loss) from sales of inventory						
11 Other revenue:						
a						
b						
C						
d		-				
e				ĺ	-	
12 Subtotal. Add columns (b), (d), and (e)	Self-y W	0	3631	3,593,217.		
13 Total. Add line 12, columns (b), (d), and (e)					3,593,21	
(See worksheet in line 13 instructions to verify calculations.)		.,,,				

### Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).					
-						
923621 12-17-	19 Form <b>990-PF</b> (2	2010				

PE	art XVII	Information Re Exempt Organ	egarding Tran iizations	sfers to a	nd Transactions a	and Relations	nips With Non	charitable	)	
1	Did the or			of the followin	g with any other organizat	inn described in sect	ion 501/c)	-	Yes	No
•					g to political organizations?		1011 30 1(0)		163	140
а		from the reporting found				l				
-					•			10/43	100.00	v
	(2) Othe	assets						1a(1)		X
h	Other tran	sactions.	000000000000000000000000000000000000000					1a(2)	100.00	_
•			ible evemnt organiza	tion				45.443	10000	27
	(2) Purc	hases of assets from a no	incharitable evenint (	uon				1b(1)	-	X
	(3) Rent	al of facilities, equipment	or other accete	יו שנוויצמנוטוו				1b(2)		X
	(4) Reim	hurcoment arrangemente	or other assets					1b(3)		X
	(5) Loan	e or loan cuarantese	144144444444444444444444444444444444444					1b(4)		X
	(6) Dorfe	s or roan guarantees	mbarchia ar fundrai	nina colinitatio				1b(5)	-	X
	Sharing of	f facilities, equipment, me	alioership or futional	sing sonchano	ns ,			1b(6)		X
C d	If the age	ver to any of the above in	Type * semplete the	ks, or paid em	ployees			1c		X
u	or service	wer to any or the above is a niven by the reporting f	res, complete the	ndation toociu	dule. Column (b) should a	ways snow the fair r	narket value of the g	oods, other as:	sets,	
	column to	i) the value of the goods,	other seeds or con-	ilogo roggivad	ed less than fair market val	ue in any transactior	or snaring arranger	nent, snow in		
lahi	ine no.	(b) Amount involved			exempt organization	445				
14/-	.iiie iio.	(b) Amount involved	(c) Maille Oi		exempt organization	(0) Description	of transfers, transaction	ns, and sharing ar	rangeme	nts
_	<del></del>		<del></del>	N/A			<u> </u>			
_			<del> </del>	<u>_</u>		<del></del>				
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			<u> </u>				100			_
		<del></del>	<u> </u>	_						
		<u></u> .								
_										
2a	Is the fou	ndation directly or indirec	tly affiliated with, or r	related to, one	or more tax-exempt organ	izations described				
	in section	501(c) (other than section	n 501(c)(3)) or in se	ection 527? 🟢				Yes	X	No
_ <u>b</u>	If "Yes," c	omplete the following sch	edule.	- 000	CHILD STREET		K 6028-01021-001111111111111111111111111111			
_		(a) Name of org	janization		(b) Type of organization		(c) Description of rei	lationship		
_		N/A								
		1382 337 17								
_										
	200	1000								
	:1:	***								
		penalties of perjury, I declare	that I have examined this	is return, includin	g accompanying schedules and	statements, and to the	best of my knowledge	May the IRS	diacuse	thie
	9 1	eller, it is true, correct, and cor	mplete. Declaration of pre	eparer (other than	n taxpayer) is based on all Infor	mation of which prepare	has any knowledge.	return with the	е ргераг	er
He	ere				_ 1	CEO		_ X Yes		No
	Sig	nature of officer or trustee			Date /	Title		- 100		J 140
		Print/Type preparer's na	ame	Preparer's s		Date	Check X if	PTIN		
				1//2	rd & O vom		self- employed			
Pa	aid	WARD S. PY	'NN	WARD S	. PYNN	06/30/20	. ,	P00184	379	
Pr	eparer	Firm's name ► RGP				00/30/20	Firm's EIN ► 8			_
Us	e Only						THIN SEIN PO.	L-U/42U	07	
		Firm's address ► 34	78 BUSKTE	K AVE.	, STE. 308		-			
			EASANT HI				Phone no. 925	5_064_0	100	
				,	, , , , , , , , , , , , , , , , , , , ,		ritone ito. 32:	5-954-U		

### 50m 8879-EO

# IRS e-file Signature Authorization for an Exempt Organization

, 2019, and ending

OMB No. 1545-1878

For calendar year 2019, or fiscal year beginning ▶ Do not send to the IRS. Keep for your records. Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form8879EO for the latest information. Name of exempt organization Employer identification number METTA FUND 94-2992640 Name and title of officer JANET Y SPEARS CEO Type of Return and Return Information (Whole Dollars Only) Part I Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. b Total revenue, if any (Form 990, Part VIII, column (A), line 12) \_\_\_\_\_\_ 1b 1a Form 990 check here b Total revenue, if any (Form 990-EZ, line 9) \_\_\_\_\_\_ 2b \_\_\_\_\_ 2a Form 990-EZ check here 3a Form 1120-POL check here b Total tax (Form 1120-POL, line 22) \_\_\_\_\_\_ 3b \_\_\_\_\_ b Tax based on investment income (Form 990-PF, Part VI, line 5) 4b 4a Form 990-PF check here ► X b Balance Due (Form 8868, line 3c) 5b 5a Form 8868 check here Declaration and Signature Authorization of Officer Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal. Officer's PIN: check one box only X lauthorize RGP LLP 55555 to enter my PIN ERO firm name Enter five numbers, but do not enter all zeros as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Officer's signature Part III | Certification and Authentication ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return for the organization indicated above. confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. ERO's signature \_ Date ▶ 06/30/20

> **ERO Must Retain This Form - See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Paperwork Reduction Act Notice, see instructions. 923051 10-03-19

Form 8879-EO (2019)

3 Grants and Contributions Paid During the Recipient	If recipient is an individual,			
Name and address (home or business)	show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Marine and address (notice of pusiness)	or substantial contributor	recipient	- Commonwell	
CANDID	l l			
	NONE	PC	OUTCOMES THINKING &	
32 OLD SLIP 24TH FL NEW YORK, NY 10005			MANAGEMENT CAPACITY	
NEW TORK, NI 10005			BUILDING	50,000
CARA EDUCATION FUND	NONE	PC		
600 GRAND AVE, SUITE 410			GENERAL OPERATING	
OAKLAND CA 94610			SUPPORT	
CARA EDUCATION FUND	NONE	PC		10,000
600 GRAND AVE, SUITE 410	IONE			
DAKLAND, CA 94610				
			GENERAL CREEKE	
			GENERAL OPERATING	
	-	<del>-</del>	SUPPORT	10,000
****				
CARA EDUCATION FUND	NONE	PC PC	CARA LEADERSHIP	
600 GRANDVIEW AVE, SUITE 410			ACADEMY AND TECHNOLOGY	
DAKLAND, CA 94610		<del> </del>	EXPANSION	35,000
CASE	NONE	PC	GETTING THERE TOGETHER	
50 BROAD STREET			1000111211	
SAN FRANCISCO, CA 94112_	<del> </del>			5,000
CATHOLIC CHARITIES	NONE	PC	ONT CENTOR COMMON	
990 EDDY ST.	170.12	FC	OMI SENIOR CENTER TARGET OUTREACH &	
SAN FRANCISCO, CA 94109			CONTINUED PROGRAM	
			EXPANSION	25 000
-			EXEGUSION	35,000
CENTER FOR YOUTH WELLNESS	NONE	PC	GENERAL OPERATING	
3450 THIRD STREET, BLDG 2, STE. 201	[		SUPPORT	
SAN FRANCISCO CA 94124			SOFFORT	100,000
				100,000
CLINIC BY THE BAY	NONE			
1877 MISSION ST.	NONE	PC	GENERAL OPERATING	
SAN FRANCISCO CA 94112			SUPPORT	
	<del>-</del>			1,000
COMMUNITY LIVING CAMPAIGN	NONE	PC	REFRAMING AGING	
.663 MISSION ST., STE 525			CAMPAIGN	
SAN FRANCISCO, CA 94103			-	10,000
COMMUNITY LIVING CAMPAIGN	NONE	PC	SF TECH COUNCIL	
1663 MISSION ST., STE 525				
SAN FRANCISCO CA 94103  Total from continuation sheets				37,500
- The second and the Committee of the Co				2,492,000

3 Grants and Contributions Paid During the				
Recipient  Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Control of Saskingsy	or substantial contributor	recipient	CONTRIBUTION	
COMMUNITY LIVING CAMPAIGN	NONE	PC	GENERAL OPERATING	
1663 MISSION ST., STE 525			SUPPORT	
SAN FRANCISCO, CA 94103	<del></del>	<u> </u>		2,200
COMMUNITY LIVING CAMPAIGN	NONE	PC	GENERAL OPERATING	
1663 MISSION ST., STE 525			SUPPORT	
SAN FRANCISCO, CA 94103				3,500
COMMUNITY LIVING CAMPAIGN	NONE	PC		
1663 MISSION ST., STE 525			GENERAL OPERATING	
SAN FRANCISCO CA 94103			SUPPORT	50,000
COMMUNITY LIVING CAMPAIGN	NONE			
1663 MISSION ST., SUITE 525	NONE	PC	EVALUATION AND	
SAN FRANCISCO CA 94103			LEARNING CAPACITY	
		<del></del>	BUILDING	25 000
COMMITTEE				
COMMUNITY TECH NETWORK	NONE	PC PC	SUNSET TECH CONNECT	
1390 MARKET STREET, SUITE 200		i	AND SENIOR DIGITAL	
SAN FRANCISCO, CA 94102	<del> </del>		APPRENTICESHIP	35,000
COMMUNITY TECH NETWORK	иоие	PC	EVALUATION AND	
1390 MARKET STREET, SUITE 200			LEARNING CAPACITY	
SAN FRANCISCO, CA 94102	<del></del>		BUILDING	25,000
COVIA FOUNDATION	NONE	PC PC	WILL CONTINUE !	
2185 N. CALIFORNIA BLVD, SUITE 215			WELL-CONNECTED'S	
WALNUT CREEK, CA 94596			EVALUATION AND LEARNING CAPACITY	
			BUILDING	25_000
COVIA FOUNDATION	NONE	PC	WELL CONNECTED SPANISH	
2185 N. CALIFORNIA BLVD, SUITE 215			WELL CONNECTED SPANISH	
WALNUT CREEK, CA 94596				35,000
CURRY SENIOR CENTER	NONE	PC	CITATIO NO AMBRICA	
333 TURK STREET			STAFF TO ATTEND THE	
SAN FRANCISCO CA 94102	_		2019 AGING IN AMERICA	2 222
			LEADERSHIP CONFERENCE	2,000
CURRY SENIOR CENTER	NONE			
333 TURK STREET	NONE	PC	EVALUATION AND	
SAN FRANCISCO, CA 94102			LEARNING CAPACITY	
			BUILDING	25,000

3 Grants and Contributions Paid During the				
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation	Purpose of grant or	Amount
Name and address (home or business)	or substantial contributor	status of recipient	contribution	Amount
CURRY SENIOR CENTER	NONE	PC	GENERAL OPERATING	
333 TURK STREET		1	SUPPORT	
SAN FRANCISCO, CA 94102				75,000
FELTON INSTITUTE				
1500 FRANKLIN STREET	NONE	PC	VISITACION VALLEY	
SAN FRANÇISCO CA 94109			SENIOR HEALTH AND	
			WELLNESS PROGRAM	50,000,
FIVE KEYS CHARTER	NONE			
70 OAK GROVE STREET	NONE	PC	PROJECT HOME FREE	
SAN FRANCISCO, CA 94107				6 500
				6,500.
GIRLS ON THE RUN OF THE BAY AREA	NONE	0.0		
THE WOMEN'S BUILDING, 3543 18TH	NONE	PC	GENERAL OPERATING	
STREET #31 SAN FRANCISCO CA 94110	_		SUPPORT	35 400
				35,000.
GRANTMAKERS IN HEALTH	NONE			
1100 CONNECTICUT AVE, NW, STE 1200	NONE	PC	GIH FUND FOR EFFECTIVE	
WASHINGTON, DC 20036			PHILANTHROPY	5 000
				5,000.
HOMEBRIDGE	NONE	PC		
1035 MARKET STREET, L-1			GENERAL OPERATING SUPPORT	
SAN FRANCISCO, CA 94103			BOFFORT	100,000.
***************************************				100,000.
HOMEBRIDGE	NONE	₽C	BE PART OF THE PLAN:	
1035 MARKET STREET, L-1 SAN FRANCISCO, CA 94103			THE CALIFORNIA MASTER	
oral transfero, ch 34103			PLAN FOR AGING AND	
			WHAT IT MEANS FOR YOU	_ 10,000.
HOMELESS PRENATAL PROGRAM INC.	NONE			
2500 18TH STREET	NONE	PC	GENERAL OPERATING	
SAN FRANCISCO, CA 94110			SUPPORT	F0 000
				50,000,
HUNTERS POINT FAMILY	NONE	P.C.		
1800 OAKDALE AVE., #406	10114	PC .	GENERAL OPERATING	
SAN FRANCISCO, CA 94124			SUPPORT	5,000,
INSTITUTE ON AGING	NONE	PC	ED TENINGUED A THE	
3575 GEARY BLVD.			FRIENDSHIP LINE	
SAN FRANCISCO, CA 94118				35,000
Total from continuation sheets				

3 Grants and Contributions Paid During the		<del></del>		
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Table and address (nome of pushess)	or substantial contributor	recipient	Contribution	701100111
INSTITUTO FAMILIAR DE LA RAZA	NONE	PC	DATABASE DEVELOPMENT	
2919 MISSION STREET			SUPPORT	
SAN FRANCISCO CA 94110		-		10,000
JUSTICE IN AGING	NONE	PC PC	GENERAL OPERATING	
1330 BROADWAY, SUITE 525			SUPPORT	
OAKLAND CA 94612				50,000
KIMOCHI, INC	NONE	PC	CHIDDODE SO ASSESSED TO	
1715 BUCHANAN		[	SUPPORT TO ATTEND THE	
SAN FRANCISCO CA 94115			2019 AGING IN AMERICA	
			LEADERSHIP CONFERENCE	2,000
YTMOGUT TAYO		j		
KIMOCHI, INC 1715 BUCHANAN	NONE	PC	EVALUATION AND	
SAN FRANCISCO, CA 94115			LEARNING CAPACITY	
S.EV TRANCISCO, CR 34113			BUILDING	25,000
KIMOCHI, INC	NONE	PC	GENERAL OPERATING	
1715 BUCHANAN			SUPPORT	
SAN FRANCISCO CA 94115		<del> </del>		50,000
LARKIN STREET YOUTH SERVICES	NONE	₽C	GENERAL OPERATING	
134 GOLDEN GATE AVENUE			SUPPORT FOR 3RD ST.	
SAN FRANCISCO CA 94102			YOUTH CENTER & CLINIC	35,000,
LAVA MAE	NONE	BC.		
1015 FILLMORE ST., STE 379	NORE .	PC	GENERAL OPERATING	
SAN FRANCISCO CA 94115			SUPPORT	
		<u> </u>		2,100,
LINKS FOUNDATION, INC.				
1200 MASSACHUSETTS AVE. NW	NONE	PC	SF LINKS	
WASHINGTON DC 20005			CONNECT-BUILDING	
			HEALTHY COMMUNITIES	2,500,
LITTLE BROTHERS FRIENDS OF THE	NONE	PC	GENERAL OPERATING	
ELDERLY			SUPPORT	
909 HYDE STREET, STE. 628				
SAN FRANCISCO, CA 94109			<u> </u>	35,000.
LITTLE BROTHERS FRIENDS OF THE	NONE	nc.		
ELDERLY	- AAM	₽C 	EVALUATION AND	
909 HYDE STREET, STE. 628			LEARNING CAPACITY	
SAN FRANCISCO CA 94109			BUILDING	
		i e		<u> 25,000.</u>

3 Grants and Contributions Paid During the \	If recipient is an individual,			
Recipient  Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
	or substantial contributor	recipient		
MEALS ON WHEELS SAN FRANCISCO	NONE	PC	GENERAL OPERATING	
1375 FAIRFAX AVE			SUPPORT	
SAN FRANCISCO, CA 94124	<del>-</del>	_		100,000
NORTH OF MARKET TENDERLOIN COMMUNITY	NONE	PC	SAFE PASSAGE	
BENEFIT CORPORATION				
512 ELLIS STREET				
SAN FRANCISCO CA 94109				6,500
ON LOK DAY SERVICES	NONE	PC	ON LOK + OPENHOUSE	
1333 BUSH STREET			COMMUNITY DAY SERVICES	
SAN_FRANCISCO_CA 94109	-			75,000
OPENHOUSE	NONE	PC	GENERAL OPERATING	
65 LAGUNA STREET			SUPPORT	
SAN FRANÇISCO, CA 94102		<u> </u>		50,000
OPENHOUSE 65 LAGUNA STREET	NONE	PC	EVALUATION AND	
SAN FRANCISCO, CA 94102			LEARNING CAPACITY BUILDING	25,000
			BOILDDING	23,000
PLAYWORKS EDUCATION ENERGIZED	NONE	PC	GENERAL OPERATING	
650 5TH STREET, SUITE 205			SUPPORT	
SAN FRANCISCO CA 94114				50,000
RAFIKI COALITION FOR HEALTH AND	NONE			
WELLNESS	HOME	PC	GENERAL OPERATING SUPPORT	
601 CESAR CHAVEZ STREET			BOFFORT	
SAN_FRANCISCO, CA 94124		<u> </u>		50,000
REAL OPTIONS FOR CITY KIDS	NONE	PC	GENERAL OPERATING	
73 LELAND AVE.			SUPPORT	
SAN FRANCISCO, CA 94134		-		50,000
REAL OPTIONS FOR CITY KIDS	NONE	PC PC	GENERAL OPERATING	
73 LELAND AVE.			SUPPORT	
SAN FRANCISCO, CA 94134		-		3,000
REGENTS OF THE UNIVERSITY OF	NONE	₽C	IMPROVING KNOWLEDGE	
CALIFORNIA, LOS ANGELES			ABOUT AND USE OF THE	
10889 WILSHIRE BLVD, SUITE 700			ELDER INDEX IN SF AND	
LOS ANGLES, CA 90095			STATEWIDE	40,000

94-2992640

METTA FUND

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient show any relationship to Foundation Purpose of grant or **Amount** status of contribution any foundation manager Name and address (home or business) or substantial contributor recipient RENAISSANCE PARENTS OF SUCCESS NONE Þс WISE HEALTH PROJECT 1800 OAKDALE AVE, STE 510 SAN\_FRANCISCO, CA 94124 5,000. RICHMOND NEIGHBORHOOD CENTER NONE ÞC. SAN FRANCISCO 741 30TH AVENUE NEIGHBORHOOD CENTERS SAN FRANCISCO, CA 94121 TOGETHER'S HEALTHY BEHAVIORS FOR AGING AND OLDER ADULTS 115,000. SAMOAN COMMUNITY DEVELOPMENT CENTER NONE ЬC ELDERS SUPPORT PROGRAM 2055 SUNNYVALE AVE SAN FRANCISCO, CA 94134 3,500. SAN FRANCISCO GENERAL HOSPITAL NONE ÞС THE BIGGER PICTURE **FOUNDATION** 2789 25TH STREET, #2028 SAN FRANCISCO, CA 94110 35,000. SAN FRANCISCO INTERFAITH COUNCIL NONE PC EXPANSION OF PO BOX 29055 TECHNOLOGY AND SAN FRANCISCO, CA 94129 COMMUICATIONS INFRASTRUCTURE 35,000, SAN FRANCISCO SENIOR AND DISABILITY NONE PC EVALUATION AND ACTION LEARNING CAPACITY 1360 MISSION STREET #400 BUILDING SAN FRANCISCO CA 94103 25,000. SAN FRANCISCO SENIOR AND DISABILITY NONE ÞС GENERAL OPERATING ACTION SUPPORT 1360 MISSION STREET #400 SAN FRANCISCO, CA 94103 35,000. SAN FRANCISCO STATE UNIVERSITY NONE ÞС SCHOLARSHIP FOR FOUNDATION STUDENTS WITH HEALTH 1600 HOLLOWAY AVE, ADMIN RM 154D RELATED SAN FRANCISCO, CA 94132 MAJOR/MINORS-WILLIE L BROWN FELLOWSHIP 2,500. SELF-HELP FOR THE ELDERLY NONE ÞС GENERAL OPERATING 731 SANSOME STREET, SUITE 100 SUPPORT SAN FRANCISCO, CA 94111 50,000. SHANTI PROJECT NONE EVALUATION AND ÞС 730 POLK STREET #300 LEARNING CAPACITY SAN FRANCISCO CA 94109 BUILDING 25 000. Total from continuation sheets

METTA FUND

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual. Recipient Foundation Purpose of grant or show any relationship to Amount any foundation manager status of contribution Name and address (home or business) or substantial contributor recipient SHANTI PROJECT NONE PC GENERAL OPERATING 730 POLK STREET #300 SUPPORT SAN FRANCISCO CA 94109 50 000. SILICON VALLEY COMMUNITY FOUNDATION NONE BAY AREA CENSUS 2440 WEST EL CAMINO REAL, STE 300 REGIONAL POOLED FUND MOUNTAIN VIEW, CA 94040 WITH RECOMMENDATIONS FOR FUNDING TO SAN FRANCISCO BASED 20,000. ST. JAMES INFIRMARY NONE ÞС TGI JUSTICE 730 POLK STREET, 4TH FLOOR SAN FRANCISCO, CA 94109 2,200. STEPPING STONE ADULT DAY HEALTH NONE PÇ GENERAL OPERATING CENTER SUPPORT 930 FOURTH STREET, 2ND FLOOR SAN\_FRANCISCO CA 94158 50,000. SUPPORT FOR FAMILIES OF CHILDREN WITH NONE ÞС SUPPORT FOR EXECUTIVE DISABILITIES DIRECTOR TRANSITION 1663 MISSION ST., 7TH FLOOR SAN FRANCISCO, CA 94103 25,000, SUPPORT FOR FAMILIES OF CHILDREN WITH NONE ₽C GENERAL OPERATING DISABILITIES SUPPORT 1663 MISSION ST., 7TH FLOOR SAN FRANCISCO, CA 94103 50,000. TENDERLOIN NEIGHBORHOOD DEVELOPMENT NONE PC TENDERLOIN HEALTHY CORPORATION CORNER STORE COALITION 201 EDDY STREET SAN FRANCISCO, CA 94102 35,000, THE SCAN FOUNDATION NONE PC MASTER PLAN ON AGING 3800 KILROY AIRPORT WAY, STE 100 PLANNING LONG BEACH, CA 90806 50,000. UNITED PLAYAZ NONE PC GENERAL OPERATING 1038 HOWARD STREET SUPPORT SAN FRANCISCO CA 94103 5,000. WALK SAN FRANCISCO FOUNDATION NONE PC GENERAL OPERATING 333 HAYES ST. STE. 202 SUPPORT SAN FRANCISCO CA 94102 35,000. Total from continuation sheets

Part XV Supplementary Information				
3 Grants and Contributions Paid During the				
Recipient  Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
	or substantial contributor	recipient		
YMCA OF SAN FRANCISCO	NONE	₽C	HOLISTIC WELLNESS FOR	
O CALIFORNIA STREET, SUITE 650			ACTIVE OLDER ADULTS AT	
SAN FRANCISCO, CA 94111			BAYVIEW HUNTERS POINT	
			YMCA	75,000
YMCA OF SAN FRANCISCO	NONE	PC		
50 CALIFORNIA STREET, SUITE 650	0.00.00		BMAGIC'S GENERAL	
SAN FRANCISCO CA 94111			OPERATING SUPPORT	35,000
YMCA OF SAN FRANCISCO	NONE	PC	CHINATOWN YMCA'S AGING	
50 CALIFORNIA STREET, SUITE 650			WELL TOGETHER	
SAN_FRANCISCO, CA 94111				75,000
YMCA OF SAN FRANCISCO	NONE	PC	MISSION YMCA'S SENIOR,	
50 CALIFORNIA STREET, SUITE 650			AGING, AND ACTIVE	
SAN FRANCISCO CA 94111			OLDER ADULTS PROGRAM	75,000
***				
		<u> </u>		
Total from continuation sheets				

Part XV Supplementary Information Grants and Contributions Approved for Future Payment (Continuation) If recipient is an individual, show any relationship to Recipient Foundation Purpose of grant or any foundation manager status of contribution Amount Name and address (home or business) or substantial contributor recipient COMMUNITY LIVING CAMPAIGN NONE PC SF TECH COUNCIL 1663 MISSION ST., SUITE 525 SAN FRANCISCO CA 94103 37,500. COMMUNITY TECH NETWORK NONE PÇ SUNSET TECH CONNECT 1390 MARKET STREET, SUITE 200 AND SENIOR DIGITAL SAN FRANCISCO, CA 94102 APPRENTICESHIP\_ 35,000. CURRY SENIOR CENTER NONE PC GENERAL OPERATING 333 TURK STREET SUPPORT SAN FRANCISCO CA 94102 75,000. FELTON INSTITUTE NONE РC VISITACION VALLEY 1500 FRANKLIN STREET SENIOR HEALTH AND SAN FRANCISCO CA 94109 WELLNESS PROGRAM 50,000, HOMEBRIDGE NONE PC GENERAL OPERATING 1035 MARKET STREET, L-1 SUPPORT SAN FRANCISCO, CA 94110 100,000. INSTITUTE ON AGING NONE ÞС FRIENDSHIP LINE 3575 GEARY BLVD. SAN\_FRANCISCO, CA 94118 35,000. JUSTICE IN AGING NONE ЬC GENERAL OPERATING 1330 BROADWAY, SUITE 525 SUPPORT OAKLAND CA 94612 50 000. MEALS ON WHEELS SAN FRANCISCO NONE PC GENERAL OPERATING 1375 FAIRFAX AVE SUPPORT SAN FRANCISCO CA 94124 100,000. OPENHOUSE NONE ÞС GENERAL OPERATING 65 LAGUNA STREET SUPPORT SAN FRANCISCO CA 94102 50,000. SAN FRANCISCO INTERFAITH COUNCIL NONE ЬC EXPANSION OF P.O. BOX 29055 TECHNOLOGY AND SAN FRANCISCO, CA 94129 COMMUNICATOINS <u>INFRASTRUCTURE</u> 35,000. Total from continuation sheets 652 500.

3 Grants and Contributions Approved for Fut	ure Payment (Continuation)			/
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	Contribution	, mount
AN FRANCISCO SENIOR AND DISABILITY	NONE	PC	GENERAL OPERATING	
CTION			SUPPORT	
360 MISSION STREET #400				
AN FRANCISCO, CA 94103	-	-		35,00
		L		
TEPPING STONE ADULT DAY HEALTH	NONE	PC	GENERAL OPERATING	
330 FOURTH STREET, 2ND FLOOR			SUPPORT	
SAN FRANCISCO, CA 94109				50,00
		1		
		1		Reserve
8978				
			4	
- 2 <del>7 2</del> 1		<del>                                     </del>	+	
80° S (80° 9 ° 00° 00° 00° 00° 00° 00° 00° 00° 0	1			
			1	
		-		-
	9			
Total from continuation sheets				

FORM 990-PF DIV	IDENDS	AND INTE	REST	FROM SECU	RITIES S	TATEMENT	1
	OSS OUNT	CAPITA GAINS DIVIDEN		(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME		
DIVIDENDS 2,65	7,330.		0.	2,657,330	2,657,330.		
TO PART I, LINE 4 2,65	7,330.		0.	2,657,330	2,657,330.		
FORM 990-PF		OTHER	INCO	ME		STATEMENT	2
DESCRIPTION			RE		(B) NET INVEST- MENT INCOME	(C) ADJUSTEI NET INCOI	
MISCELLANEOUS INCOME		_		1,231.	1,231.		
TOTAL TO FORM 990-PF, PA	RT I, I	LINE 11 =		1,231.	1,231.		
FORM 990-PF		LEGA	L FE	ES	S	STATEMENT	3
DESCRIPTION		(A) EXPENSES PER BOOKS	NE ME	(B) T INVEST- NT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITAI PURPOSI	
LEGAL FEES		34,185	•	6,827.		27,3	48.
TO FM 990-PF, PG 1, LN 1	6A	34,185	<u> </u>	6,827.		27,3	
			_	<del>-</del>	<del></del>	-	48.
FORM 990-PF		ACCOUNT	ING	FEES	٤	STATEMENT	48.
FORM 990-PF  DESCRIPTION		ACCOUNT (A) EXPENSES PER BOOKS	NE	FEES  (B) T INVEST- NT INCOME	(C) ADJUSTED NET INCOME	TATEMENT (D) CHARITAI	4 BLE
		(A) EXPENSES	NE ME	(B) T INVEST-	(C) ADJUSTED NET INCOME	(D) CHARITA	BLE ES

FORM 990-PF (	THER PROFES	SIONAL FEES	S	PATEMENT 5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
OTHER CONSULTING AND	·			
PROFESSIONAL FEES	24,640.	24,640.		0.
INVESTMENT MANAGEMENT FEES GRANTMAKING PROGRAM	56,173. 67,856.			0. 67,856.
COMMUNICATIONS	29,749.	0.		29,749.
IT	24,281.	12,383.		11,898.
TO FORM 990-PF, PG 1, LN 16C	202,699.	93,196.		109,503.
EODW 000 DE	m> v	70		
FORM 990-PF	TAX	<u></u> -	S <sup>*</sup>	ratement 6
	(A)	(B)	(C)	(D)
	EXPENSES	NET INVEST-	ADJUSTED	CHARITABLE
DESCRIPTION	PER BOOKS	MENT INCOME	NET INCOME	PURPOSES
PAYROLL TAX	60,582.			29,685.
FEDERAL EXCISE TAXES	269,503.			0.
PROPERTY TAXES	15,394.	7,851.		7,543.
TO FORM 990-PF, PG 1, LN 18	345,479.	38,748.		37,228.
FORM 990-PF	OTHER E	XPENSES	S	TATEMENT 7
	(5)	(5)	4.50	
	(A) EXPENSES	(B) NET INVEST-	(C) ADJUSTED	(D) CHARITABLE
DESCRIPTION	PER BOOKS		NET INCOME	PURPOSES
GOVERNMENT FILING FEES	180.	0.		180.
INSURANCE	37,675.	19,214.		18,461.
PAYROLL SERVICE FEES	4,216.			2,056.
DATASAFE - RECORD STORAGE OFFICE EXPENSE AND SUPPLIES	840.			412.
TELEPHONE, INTERNET &	18,008.	9,184.		8,824.
UTILITIES	18,467.	9,418.		9,049.
BUILDING MAINTENANCE	1,360.	694.		666.
MEMBERSHIPS	18,498.			18,498
PROFESSIONAL DEVELOPMENT	5,907.			5,907
TRANSPORTATION	7,913.			3,877
IT SOFTWARE	10,929.			5,355
GRANT SOFTWARE	15,797.	0.		15,797

WEBSITE 26,				
•	670.	0.	26,67	0.
TO FORM 990-PF, PG 1, LN 23 166,	460. 50,	698.	115,75	2.
FORM 990-PF OTHER DECREASES IN NE	ET ASSETS OR F	'UND BALANCES	STATEMENT	8
DESCRIPTION			AMOUNT	
COST BASIS ADJUSTMENT FOR INVESTMENT	IN REIT FUND	)	32,95	5.
TOTAL TO FORM 990-PF, PART III, LINE	E 5		32,95	5.
FORM 990-PF CORE	PORATE STOCK		STATEMENT	9
DESCRIPTION		BOOK VALUE	FAIR MARKET	?
VANGUARD INTERNATIONAL GROWTH ADMIRATIONAL VANGUARD INTERNATIONAL STOCK INDEX INTERNATIONAL STOCK INDEX INTERNATIONAL VALUE FUND VANGUARD INTERNATIONAL VALUE FUND VANGUARD PRIMECAP FUND ADMIRAL VANGUARD REIT INDEX FUND ADMIRAL VANGUARD SHORT-TERM INV GRADE ADMIRATIONAL VANGUARD TOTAL BOND MARKET INDEX FUND VANGUARD TOTAL STOCK MARKET INDEX FUND VANGUARD WINDSOR FUND ADMIRAL TOTAL TO FORM 990-PF, PART II, LINE	E ADMIRAL INST AL ND INST JND INST	5,835,087. 4,099,268. 13,097,650. 5,802,459. 7,310,306. 3,459,706. 3,198,801. 6,121,975. 15,427,923. 7,338,848.	5,835,08 4,099,26 13,097,65 5,802,45 7,310,30 3,459,70 3,198,80 6,121,97 15,427,92 7,338,84	58. 50. 59. 06. 01. 75. 23.
FORM 990-PF DEPRECIATION OF ASSETS	NOT HELD FOR	RINVESTMENT	STATEMENT	10
DESCRIPTION C	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE	3
LEASHOLD IMPROVEMENTS FURNITURE & OFFICE EQUIPMENT COMPUTERS CONSTRUCTION IN PROGRESS	1,193,706. 136,563. 13,500. 7,080.	1,133,577. 133,518. 8,100. 0.	60,12 3,04 5,40 7,08	45. 00.
TOTAL TO FM 990-PF, PART II, LN 14	1,350,849.	1,275,195.	75,65	54.

FORM 990-PF	OTHER ASSETS		STATI	EMENT 11
DESCRIPTION	BEGINNING OF YR BOOK VALUE			MARKET ALUE
OTHER RECEIVABLES SECURITY DEPOSIT	119,671.	46,88	0.	0. 46,888.
TO FORM 990-PF, PART II, LINE 15	119,671.	46,88	8.	46,888.
FORM 990-PF OT	HER LIABILITIES		STATI	EMENT 12
DESCRIPTION		BOY AMOUNT	EOY A	AMOUNT
DEFERRED TAX LIABILITY		52,30	10.	265,700.
TOTAL TO FORM 990-PF, PART II, LI	NE 22	52,30	10.	265,700.
	TO OF OFFICERS, IN FOUNDATION MANA		STAT	EMENT 13
		AGERS COMPEN-	EMPLOYEE BEN PLAN	
TRUSTEES AND	TITLE AND	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
NAME AND ADDRESS  KIMBERLY BRANDON 101 MONTGOMERY ST., STE 2200	TITLE AND AVRG HRS/WK VICE CHAIR, SE	COMPEN- SATION ECRETARY & DI	EMPLOYEE BEN PLAN CONTRIB RECTOR	EXPENSE ACCOUNT
NAME AND ADDRESS  KIMBERLY BRANDON 101 MONTGOMERY ST., STE 2200 SAN FRANCISCO, CA 94104  ROMA GUY 101 MONTGOMERY ST., STE 2200	TITLE AND AVRG HRS/WK VICE CHAIR, SE 3.00 DIRECTOR	COMPEN- SATION ECRETARY & DI 36,833.	EMPLOYEE BEN PLAN CONTRIB RECTOR 0.	EXPENSE ACCOUNT 0.
NAME AND ADDRESS  KIMBERLY BRANDON 101 MONTGOMERY ST., STE 2200 SAN FRANCISCO, CA 94104  ROMA GUY 101 MONTGOMERY ST., STE 2200 SAN FRANCISCO, CA 94104  JOE HAFEY 101 MONTGOMERY ST., STE 2200	TITLE AND AVRG HRS/WK VICE CHAIR, SE 3.00  DIRECTOR 3.00  DIRECTOR 4.00	COMPEN- SATION ECRETARY & DI 36,833.	EMPLOYEE BEN PLAN CONTRIB RECTOR 0.	EXPENSE ACCOUNT 0.

		94-2	992640
CHAIR & DIREC 6.00		0.	0.
DIRECTOR 3.00	23,333.	0.	0.
DIRECTOR			
3.00	13,500.	0.	0.
CEO 40.00	258,070.	15,592.	0.
TREASURER & D	DIRECTOR 34,833.	0.	0.
DIRECTOR 3.00	23,333.	0.	0.
AGE 6, PART VIII	513,901.	15,592.	0.
	DIRECTOR 3.00  DIRECTOR 3.00  CEO 40.00  TREASURER & D 4.00  DIRECTOR 3.00	DIRECTOR 3.00 23,333.  DIRECTOR 3.00 13,500.  CEO 40.00 258,070.  TREASURER & DIRECTOR 4.00 34,833.  DIRECTOR 3.00 23,333.	CHAIR & DIRECTOR 6.00 39,333. 0.  DIRECTOR 3.00 23,333. 0.  DIRECTOR 3.00 13,500. 0.  CEO 40.00 258,070. 15,592.  TREASURER & DIRECTOR 4.00 34,833. 0.  DIRECTOR 3.00 23,333. 0.

SUMMARY OF DIRECT CHARITABLE ACTIVITIES

## ACTIVITY ONE

FORM 990-PF

COMMUNITY ROOM DESCRIPTION: METTA FUND RECOGNIZES THE IMPORTANCE OF BEING ACTIVE AND SUPPORTIVE IN THE SAN FRANCISCO NON-PROFIT COMMUNITY. THE USE OF THE SPACE IS A WAY TO FURTHER SOCIAL CHANGE, AS METTA FUND HOSTS COMMUNITY CONVERSATIONS AND CAPACITY BUILDING EVENTS, BEYOND OUR PRIOR TO SIGNING ITS CURRENT LEASE, METTA FUND GRANTMAKING. RECOGNIZED THAT THE COST OF RENT FOR NONPROFIT ORGANIZATIONS LOCATED IN SAN FRANCISCO WAS ESCALATING DRAMATICALLY. METTA FUND PURPOSELY LEASED ENOUGH SPACE TO ENABLE IT TO MAKE AVAILABLE A COMMUNITY ROOM TO LOCAL NONPROFIT ORGANIZATIONS, GOVERNMENT AGENCIES AND OTHER PARTNER INSTITUTIONS. ROOM IS PROVIDED AT NO CHARGE TO SUCH ORGANIZATIONS AND ENTITIES FOR MEETINGS, SMALL CONFERENCES AND OTHER GATHERINGS. IT CAN ACCOMMODATE UP TO 40 PEOPLE IN VARIOUS SEATING ARRANGEMENTS. DURING 2019 LOCAL ORGANIZATIONS USED THE CONVENING SPACE FOR 110 MEETINGS.

TO FORM 990-PF, PART IX-A, LINE 1

EXPENSES

STATEMENT

14

229,329.

# 2019 DEPRECIATION AND AMORTIZATION REPORT

ORM 9	FORM 990 PF PAGE 1						990-PF							
Asset No.	Description	Date Acquired	Method	Life	C Line	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Deprectation
11	LEASHOLD IMPROVEMENTS			000.	HX16	1,193,706.	3			1,193,706.	893,061.		240,516.	1,133,577.
12	FURNITURE & OFFICE EQUIPMENT			000.	HX116	136,563.		i N		136,563.	122,244.		11,274.	133,518.
14	COMPUTERS			000.	HY16	13,500.	İ			13,500.	5,400.		2,700.	8,100.
15	CONSTRUCTION IN PROGRESS			.000	HY16	7,080.				7,080.			0	
	* TOTAL 990-PF PG 1 DEPR				10	1,350,849.				1,350,849.	,020,705.		254,490.1	1,275,195.
					U.S.									
	CURRENT YEAR ACTIVITY		7	10000	Đ	NAME OF PERSON		000					Service of	800
	BEGINNING BALANCE				168	0.	Ĭ.		0.	0	0.			0.
	ACQUISITIONS		Carpito and		jj	1,350,849.			0	1,350,849.1	,020,705.			1,275,195.
	DISPOSITIONS/RETIRED				XEY.	0.			0.	0	0.		IV	0.
	ENDING BALANCE			Total Carlo	1	1,350,849.			0.	1,350,849.	,020,705.			1,275,195.
	ENDING ACCUM DEPR			v in							,275,195.			
	ENDING BOOK VALUE										75,654.			
			\$115 \$115											
			- 0411 S		AGE MOI		7	30 88	Y					
							3							
928111 04-01-19	4-01-19				]	(D) - Asset disposed	posed		•	ITC, Salvage, I	· ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone	ercial Revita	lization Deduct	ion, GO Zone

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