## Form 990-EZ

Department of the Treasury Internal Revenue Service

## **Short Form**

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

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)
All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000
at the end of the year may use this form at the end of the year may use this form

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

OMB No 1545-1150



Form 990-EZ (2011)

Α	For th	ne 2011 caler	ndar year, or tax year beginning	1/1/2011	, and	d ending		12/31/20	011	
В		ıf applicable	C Name of organization				D En	nployer id	entification	number
	Addres	s change	4 CORNERS FOUNDATION, INC. DBA S	HARE A HAND F	OUNDAT	ION	1	26	6-2422068	<b>\</b>
	Name	change	Number and street (or P O box, if mail is not delivered		OONDAN	Room/suite	E Te	lephone n		
	Initial re	eturn	•				i			
<u>L</u>	Termin	ated	3931 ALEMANY BLVD			PMB 68		(650	0) 533-922	<u> 28                                     </u>
	Amend	led return	City or town	state or country	ZIP + 4		F G	oup Exe	mption	
	Applica	tion pending	SAN FRANCISCO	CA	94132	2	Νι	ımber 🟲	(	0000
G	Accou	nting Method	X Cash Accrual Other (spec	cify) 🕨			H Check	x ►X	ıf the orgar	nization is
ı			REAHANDFOUNDATION.ORG						attach Sch	
J	Tax-exe	mpt status (che	eck only one) — X 501(c)(3) 501(c) (	) <b>(</b> Insert no )	4947(a)(1)	or 527	(Form	990, 990	)-EZ, or 990	)-PF)
_		<del></del>		· · · · · · · · · · · · · · · · · · ·						
K			organization is not a section 509(a)(3) supporting							
			000. A Form 990-EZ or Form 990 return is not r nooses to file a return, be sure to file a complete		rm 990-N (	e-postcard)	may be r	equired (	see instruc	tions). But
_			1 7b, to line 9 to determine gross receipts. If gros		0.000 or ma	er or if tota	Locosto			
L			imn (B) below) are \$500,000 or more, file Form 9					▶\$		0
D	art I		ie, Expenses, and Changes in Net As			· Isoa tha	<del></del>		Dort I \	
	aiti		f the organization used Schedule O to r							
					<del> </del>	<del></del>		<del></del>	• • •	
	1		ons, gifts, grants, and similar amounts received reverse reverse to the same reverse results and the same reverse results are reverse results and the same reverse results are reverse results and the same reverse results are reverse revers				• •	1		
	2	_	ervice revenue including government fees and descriptions and descriptions.					3		
	4	Investment	•					4		
	5a			· · · · ·	5a			on the first		
	b		Gross amount from sale of assets other than inventory							
	C		ss) from sale of assets other than inventor			5a)		5c		C
7107	6	-	nd fundraising events	, (••••••••	J 110111 11110	, ou,	اشتند .	2.52.50		
	•	_	me from gaming (attach Schedule G if great	ater than			Í	29.4		~ • ~~
Revenue					6a	ŀ	r	[ <u></u>	- '	ŗ
∌ <u>=</u>	b	Gross inco	me from fundraising events (not including \$	\$	of con	tributions /	21 A			1 C .
Z é		from fundra	aising events reported on line 1) (attach Sc	hedule G if the		· ·	A.		9 2012	Ö.
≦ —		sum of suc	h gross income and contributions exceeds	\$15,000)	6b				-012	SS:
			t expenses from gaming and fundraising e		6c	L	00	Marie V	1000	1≝
<u> </u>	d		e or (loss) from gaming and fundraising eve	ents (aud lines 6a	a and 6b a	nd subtract		The Party	11 1	
5		,						6d		0
Ď			s of inventory, less returns and allowances		7a			8.34		
Ó			of goods sold		7b					
	С		it or (loss) from sales of inventory (Subtract					7c		0
	8	Other rever	nue (describe in Schedule O)					8		
_	9	Cranto and	nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	<del></del>	<u>····</u>	<u> </u>	<u> P</u>	9		0
	10 11		I similar amounts paid (list in Schedule O) . aid to or for members					10		
s	12	Salaries of	ther compensation, and employee henofits	· · · · · · ·				11 12		
Expenses	13	Profession:	laries, other compensation, and employee benefits							
Sen	14	Occupancy	r, rent, utilities, and maintenance	Contractors .			• •	13		
EX	15	Printing, pu	ublications, postage, and shipping	· · · · · · · ·				15		
	16	Other expe	nses (describe in Schedule O)				• •	16		
	17	Total expe	nses. Add lines 10 through 16					17		0
S	18	Excess or (	(deficit) for the year (Subtract line 17 from I	ine 9)				18		0
Net Assets	19	Net assets	or fund balances at beginning of year (from	n line 27, column	(A)) (mus	t agree wit	h	٠ <u>٠</u> - ا		
As		end-of-yea	r figure reported on prior year's return)					19		
et	20	Other chan	iges in net assets or fund balances (explair	n in Schedule O)				20		
Z	21	Net assets	or fund balances at end of year. Combine	lines 18 through	20		▶	21		0

For Paperwork Reduction Act Notice, see the separate instructions.

(HTA)

	990-EZ (2011) 4 CORNERS FOUNDATION		AND FOUNDATIO	<u> </u>	0-2422	2068	Page	
Par	Balance Sheets. (see the instructions for Check if the organization used Schedule O to		in this Port II				Г	_
	Check if the organization used Schedule O to	respond to any question	- III ulis Fait II	(A) Beginning of		· ·	(B) End of year	=
22	Cash, savings, and investments			(A) Beginning of	year	22	(B) Lild of year	—
23	Land and buildings					23		_
24	Other assets (describe in Schedule O)					24		_
25	Total assets				0	25		0
26	Total liabilities (describe in Schedule O)					26		
27	Net assets or fund balances (line 27 of column				0	27	<del></del>	0
Pa	rt III Statement of Program Service Accompl	,			$\overline{}$	(0	Expenses	
	Check if the organization used Schedule C				Ш	501(c	uired for section c)(3) and 501(c)(4)	
	at is the organization's primary exempt purpose?				her 50	orgar	nizations and section	
	cribe the organization's program service accomplis		• •				(a)(1) trusts, optional hers)	
	neasured by expenses. In a clear and concise man		es provided, the n	umber of		10, 00	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
pers 28	ons benefited, and other relevant information for e						<del></del>	_
20								
						ļ		
		nt includes foreign grants	s. check here		ĬŢŢ	28a		
29	, , , , , , , , , , , , , , , , , , , ,		<del></del>			200	-	
	(Grants \$ ) If this amour	nt includes foreign grants	s, check here	•		29a		
30								_
4		nt includes foreign grants				30a		_
· 31	Other program services (describe in Schedule O)				$\overline{}$			
		nt includes foreign grants				31a		_
	Total program service expenses. (add lines 28a					32		<u>0</u>
Pa	rt IV List of Officers, Directors, Trustees, and							$\neg$
	Check if the organization used Schedule O	to respond to any quest						ᆜ
		(b) Title and average	(c) Reportable compensation	(-,	th benefit: stions to		(e) Estimated amount of	of
	(a) Name and address	hours per week devoted to position	(Forms W-2/1099-N	MISC) employee b	enefit pla		other compensation	
155	FREY R. ALIPIO	<u> </u>	(if not paid, enter	-0) and deferred	compens	ation		
	2 MAYFAIR AVENUE DALY CITY CA. 94015	_ Title CEO	00	o				
	-MICHAEL SANTOS	Title VP	JU			<del></del> -		—
	30 MONTEREY WAY FREMONT CA 94538		00	o				
	NDA MANANGAN	Title TREASURER	,,,	<del>-  </del>				
	LAKESHIRE DRIVE DALY CITY CA 94015	-1	00	o		Ī		
	GEL SARMIENTO	Title MEMBER			_			—
4015	EGRET COURT FREMONT CA 94555	- ;	ool	o				
STA	NLEY SIGMILLER	Title MARKETING						_
321	BARBARA LANE DALY CITY CA. 94015	Hr/WK .(	00	0				
		Title						_
		Hr/WK .(	00	0				_
<b>-</b>		Title						
		Hr/WK .(	00	0				_
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		_ Title						
		Hr/WK	ool	01		- 1		

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		6-2422	068	Page 3
Par	Other Information (Note the Schedule A and personal benefit contract statement requirements in	n the		
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in	this Pa	rt V.	
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a			1
	detailed description of each activity in Schedule O	33		x
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed	"	<b>-</b>	<del>  ^`</del>
• •	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the		i	ļ
	change on Schedule O (see instructions)	34		x
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business		├ —	<del>  ^</del>
<b>55 G</b>	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		v
b	remarkation and a second of the second of th	35b	<del>                                     </del>	X
		338	<del></del>	<del>  ^</del>
С	( ), // · · · · · · · · · · · · · · · · · ·	1		١.,
20	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets	1	ļ	l
<b>07</b> -	during the year? If "Yes," complete applicable parts of Schedule N	36	<del> </del>	X
	Enter amount of political expenditures, direct or indirect, as described in the instructions.		ļ	
b	,	37b	2 - 2 32, 447	X
38 a	, , , , , , , , , , , , , , , , , , ,	14	المنتقب	
L	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	A-7 \ 230	X
	If "Yes," complete Schedule L, Part II and enter the total amount involved	<b>-</b> ₹;; **	N TY	1
39	Section 501(c)(7) organizations. Enter:	· · ·	X# 7	
	Initiation fees and capital contributions included on line 9	-{: <i>}</i> ^```		
	Gross receipts, included on line 9, for public use of club facilities			
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			4.7
	section 4911 ► ; section 4912 ► ; section 4955 ►	- 5% C	i y	
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit		Mrs.	<u> </u>
	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been			
	reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		X
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on	1203		
	organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958	الإيثار".		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c			
	reimbursed by the organization	14.5		
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	1	11101	
	transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed. ► <u>CALIFORNIA</u>			
42 a	The organization's books are in care of ► JEFFREY R. ALIPIO Telephone no. ►	(650) 5	33-92	28
	1 1 1 5 4040 1441 (244)		90 92	
L				
Đ	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		X
	If "Yes," enter the name of the foreign country:		Kar i	
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	ر	7. T.	
_		<u>`</u>	<u> </u>	كُـــُـــا
C	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		X
	If "Yes," enter the name of the foreign country: ▶			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here			$\triangleright X$
	and enter the amount of tax-exempt interest received or accrued during the tax year			_
	To the state of th	I	Yes	No
14 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be	<del></del>	162	140
	completed instead of Form 990-EZ			
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be	44a		X
-	completed instead of Form 990-EZ	- <u></u> -		
c	Did the organization receive any payments for indoor tanning services during the year?	44b		X
d	If "Yes" to line 44c, has the organization filed a Form 700 to recent the same of 0 to the 0 to the same of	44c		X
u	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			لنحجح
15 ~	explanation in Schedule O	44d		X
+J d 15 ⊾	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
15 b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the			.
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			
	Form 990-EZ (see instructions).	45h		~

Form **990-EZ** (2011)

Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	
Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47–49b and 52 and complete the tables for lines 50 and 51.	es No
Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47–49b and 52 and complete the tables for lines 50 and 51.	
501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.	X
and 52 and complete the tables for lines 50 and 51.	
ally Jz. ally complete the tables for mice of and or.	
Check if the organization used Schedule O to respond to any question in this Part VI	. 🔲
	es No
47 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	X
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	X
49 a Did the organization make any transfers to an exempt non-chantable related organization?	<u> </u>
b If "Yes," was the related organization a section 527 organization?	<u> </u>
50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key	
employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."	<del></del>
(a) Name and address of each employee (b) Title and average (c) Reportable (d) Health benefits, contributions to employee (e) Estimated	d amount of
hours per week compensation paid more than \$100,000 hours per week devoted to position (Forms W-2/1099-MISC) benefit plans, and deferred compensation	ensation
Name None         Str         Title           City         ST         ZIP         Hr/WK         .00	
Name Str Title	
City ST ZIP Hr/WK .00	
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O.b. OT ZID $[U-MAV]$ $[OI]$	
City ST ZIP Hr/WK .00	
f Total number of other employees paid over \$100,000 ▶	
f Total number of other employees paid over \$100,000 ▶  51 Complete this table for the organization's five highest compensated independent contractors who each received more than	
f Total number of other employees paid over \$100,000 ▶  51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."	
f Total number of other employees paid over \$100,000 ▶  51 Complete this table for the organization's five highest compensated independent contractors who each received more than	1
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f Total number of other employees paid over \$100,000 ▶  Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."  (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation  Name None Str  City ST ZIP  Name Str  Str  Str	n
f Total number of other employees paid over \$100,000	n
f Total number of other employees paid over \$100,000 ▶  Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."  (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation  Name None Str  City ST ZIP  Name Str  Str  Str	n
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