EXTENDED TO NOVEMBER 15, 2017

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

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.irs.gov/form990.

Open to Public Inspection

OMB No. 1545-0047

A	For the	2016 calendar year, or tax year beginning and ending		
В	Check if applicable	C Name of organization	D Employer identifi	cation number
	Addres change	SAN FRANCISCO FORTY NINERS FOUNDATION		
	Name change	Doing business as	77-0	287514
Ļ	Initial return		uite E Telephone numbe	
	Final return/ termin-	4949 MARIE P. DEBARTOLO WAY		562-4949
_	ated Amend	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	4,424,463.
F	lreturn	BANTA CHARA, CA 93034	H(a) Is this a group re	
	Applica tion pendin		for subordinates	
_		SAME AS C ABOVE	H(b) Are all subordinates in	
		mpt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or e: ► WWW. 49 ERS.COM/COMMUNITY/FOUNDATION.HTML		list. (see instructions)
			H(c) Group exemption /ear of formation: 1991	
		Summary	rear or formation. 1991 N	A State of legal doffliche, CA
		Briefly describe the organization's mission or most significant activities: TO HARNE	SS FOOTBALL T	O EDUCATE
Activities & Governance	' ;	AND EMPOWER BAY AREA YOUTH THROUGH COMMUNITY	FOCUSED STRA	TEGIES.
na	-	Check this box if the organization discontinued its operations or disposed of r		
S/e		- · · · · · · · · · · · · · · · · · · ·	3	10
Ğ	1	Number of independent voting members of the governing body (Part VI, line 1b)		9
es &		Fotal number of individuals employed in calendar year 2016 (Part V, line 2a)		0
Ϋ́Ē	6	Total number of volunteers (estimate if necessary)	6	12
Λcti		Fotal unrelated business revenue from Part VIII, column (C), line 12		0.
_	l d	Net unrelated business taxable income from Form 990-T, line 34	7b	0.
			Prior Year	Current Year
ē	1	Contributions and grants (Part VIII, line 1h)	3,375,176.	3,209,833.
Revenue	1	Program service revenue (Part VIII, line 2g)	0.	0.
Вè		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	195.	1,173.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,336.	102,402.
		Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,380,707. 3,722,222.	3,313,408. 4,297,291.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,722,222.	4,291,291.
		Benefits paid to or for members (Part IX, column (A), line 4)	123,260.	124,997.
ses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	123,200.	0.
Expenses	loa i	Professional fundraising fees (Part IX, column (A), line 11e) Fotal fundraising expenses (Part IX, column (D), line 25) ■ 62,499.		· ·
Ä	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	167,732.	117,026.
		Fotal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	4,013,214.	4,539,314.
	19	Revenue less expenses. Subtract line 18 from line 12	-632,507.	-1,225,906.
Net Assets or Fund Balances		•	Beginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)	3,741,775.	2,553,963.
t As	21	Total liabilities (Part X, line 26)	0.	38,094.
<u>S</u>	22 1	Net assets or fund balances. Subtract line 21 from line 20	3,741,775.	2,515,869.
	art II	Signature Block		
	-	ties of perjury, I declare that I have examined this return, including accompanying schedules and st		y knowledge and belief, it is
true	, correct	t, and complete. Declaration of preparer (other than officer) is based on all information of which prepare	parer has any knowledge.	
٠.		Signature of officer	 Date	
Sig		JUSTIN PRETTYMAN, EXECUTIVE DIRECTOR	Duto	
Hei	re	Type or print name and title		
		Print/Type preparer's name Preparer's signature	Date	TI PTIN
Pai		THOMAS W. DAVIS THOMAS W. DAVIS	11/15/17 self-employ	P00058448
		Firm's name HILL, BARTH & KING LLC	Firm's EIN	34-1897225
	· L	Firm's address 6603 SUMMIT DRIVE	I IIIII 3 LIIV	
	, l	CANFIELD, OH 44406	Phone no. (3	30) 758-8613
Ma	v the IR	S discuss this return with the preparer shown above? (see instructions)	1	X Yes No

Page 2

		RANCISCO FORTY NINERS F	OUNDATION	77-0287514	Page 2
Pa	rt III Statement of Program S	Service Accomplishments			
		response or note to any line in this Part III			X
1	Briefly describe the organization's mis	sion: ON HARNESSES FOOTBALL T	O EDIICATE AND F	MPOWER RAV	
		COLLECTIVE INNOVATIVE			
		THE FOUNDATION'S AWARD-			
		IONALLY RECOGNIZED YOU			
2		gnificant program services during the year w		, , , , , ,	
_		grimourit program sorvious during the year w		Yes	X No
	If "Yes," describe these new services				
3		g, or make significant changes in how it cond	ducts, any program services?	Yes	X No
Ū	If "Yes," describe these changes on S		adoto, driy program corvideo.		
4	_	service accomplishments for each of its three	e largest program services, as	measured by expenses	
•		zations are required to report the amount of	- · -	• •	
	revenue, if any, for each program serv		grame and amorations to ours	,	
4a	(Code:) (Expenses \$	1,297,291. including grants of \$	4,297,291.) (Revenu	ne \$)
		ARITABLE AGENCIES IN AN			BAY
	AREA THAT SUPPORTS	YOUTH EDUCATION, ATHLE	TICS AND WELLNE	ESS.	
	150,000 PARTICIE	PANTS FOR THE STEM EDUC	CATION PROGRAM S	SINCE 2014	
	(60,000 ANNUALLY).				
	31,000+ YOUTH FO	OTBALL PROGRAM PARTICI	PANTS IN 2016.		
	OVER \$1 MILLION	TO THE FOLLOWING CHAIR	RTIES: 49ERS ACA	ADEMY, TIPPIN	1G
		SHIP INSTITUE (SLI), CI			
	SAN JOSE), FRESH LI	FELINES FOR YOUTH (FLY	(), AND SAN FRAN	CISCO CENTER	₹.
	FOR YOUTH WELLNESS.				
4b	(Code:) (Expenses \$	including grants of \$) (Revenu	ne \$)
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4b	(Code:) (Expenses \$	including grants of \$)
)
)
		including grants of \$			
4c	(Code:) (Expenses \$	including grants of \$			

Form 990 (2016) SAN FRANCISC Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	1	х	
2	If "Yes," complete Schedule A	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
3	public office? If "Yes," complete Schedule C, Part I	3		Х
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		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			х
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			Х
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		x
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	10		
• •	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	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			
	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			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
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			v
	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	40-	Х	
L	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	12a	77	
b	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
	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		Х
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		Х
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		3.7	
	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,"	4.	Х	
	complete Schedule G, Part III	19	Λ	

Form 990 (2016) SAN FRANCISCO FORT Part IV Checklist of Required Schedules (continued)

			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			l
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
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			37
	Schedule K. If "No", go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
_	any tax-exempt bonds?	24c		
	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			x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	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	051		x
00	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		
21	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	21		
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
	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		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
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	Х	<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			,,
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		37	
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

Form 990 (2016) SAN FRANCISCO FORTY NINERS 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					Ш
			_		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	7			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eporta	ble gaming			
	(gambling) winnings to prize winners?			1c	X	
2 a	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	2a	0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns?		2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			За		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	0		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	autho	ity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	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 A	ccour	its (FBAR).			
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	action?		5b		Х
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ne orga	anization 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 contribute	tions o	r gifts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices p	rovided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as req	uired			
	to file Form 8282?			7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	contrac	t?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control	ract?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file February	orm 88	399 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation f	le a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by th	е			
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
	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? \dots			9b		
10	Section 501(c)(7) organizations. Enter:		l			
	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:		I			
	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1	?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
_	Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the	l	1			
	organization is licensed to issue qualified health plans	13b				
	Enter the amount of reserves on hand	13c				v
				14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	e O		14b		

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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.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a	Х	
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	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	37
b	Each committee with authority to act on behalf of the governing body?	8b		Х
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			3,7
	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 Revenue Code.)			
			Yes	No X
	Did the organization have local chapters, branches, or affiliates?	10a		
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	40.		
44-	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	X	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Λ	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	40-		х
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	12b		
C		12c		
12	in Schedule O how this was done Did the organization have a written whistleblower policy?	13		х
13		14	Х	
14 15	Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent	14	21	
13	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		х
	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	- Tou		
-	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶CA			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) and 990-T (Section 501(c)(3)s only) are section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) are section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) are section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) are section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) are section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) are section 6104 requires an organization of the forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) are section 6104 requires at the forms 1023 (or 1024 if applicable).	availab	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	SF 49ERS FOUNDATION - 408-562-4949			
	4949 MARIE P. DEBARTOLO WAY, SANTA CLARA, CA 95054			

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.

Check this box if neither the organiz (A)	(B)							(D)	(E)	(F)	
Name and Title	Average	(do		Pos heck		than	one	Reportable	Reportable	Estimated	
	hours per week					is bot or/trus		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) ROBERT FISCHBACH	6.00							_	_	_	
DIRECTOR		Х						0.	0.	0.	
(2) JAN KATZOFF	6.00	ļ									
DIRECTOR	2.00	Х						0.	0.	0.	
(3) RICK FRISBIE	2.00	ļ.,							_	_	
DIRECTOR (A) GPEN GERGY	2.00	Х						0.	0.	0.	
(4) SETH GERSH DIRECTOR	2.00	X						0.	0.	0.	
(5) JOANNE PASTERNACK	20.00	125						0.	· ·	0.	
EXECUTIVE DIRECTOR	20100	x		x				0.	96,730.	28,267	
(6) JOHN C. YORK	10.00	 							2271221		
PRESIDENT		x		х				0.	0.	0.	
(7) KARA BERG	2.00										
DIRECTOR		Х						0.	0.	0.	
(8) CLOTHILDE HEWLETT	2.00	↓									
DIRECTOR	0.00	Х						0.	0.	0.	
(9) MIKE LATHAM	2.00	ļ.,							_	_	
DIRECTOR (10) MIND MIND MIND MIND MIND MIND MIND MIND	2.00	Х						0.	0.	0 .	
(10) MIKE WIRTH DIRECTOR	2.00	X						0.	0.	0.	
(11) ERIC HEITMANN	2.00	122							0.	0.	
DIRECTOR	2.00	x						0.	0.	0.	
(12) HANNAH GORDON	6.00	 									
SECRETARY		x		х				0.	0.	0.	
		_					_				
		$\frac{1}{2}$									
	I		_	_		_		1	I	000 (004.0	

632007 11-11-16 Form **990** (2016)

Form 990 (2016) SAN FRANC	CISCO FO	DRT	Ϋ́	N	INI	ERS	S 1	FOUNDATION	77-028	7514	<u> </u>	age 8
Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, and	d Hi	ghe	st C	ompensated Employe	es (continued)			
(A) Name and title	(B) Average hours per week	box,	not c unle	ss pe	ition more rson i	than is bot or/trus	h an	(D) Reportable compensation from	(E) Reportable compensation from related		(F) Estimat mount other	t of
	(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)	orç ar	mpens from th ganiza nd rela ganizat	ne ition ited
									06 736			
1b Sub-total c Total from continuation sheets to Part V							▶	0.	_	١.		267. 0.
d Total (add lines 1b and 1c)							no re	0 • eceived more than \$100	96,730 0,000 of reportable	. 2	18,2	267. 0
compensation from the organization											Yes	
3 Did the organization list any former officer,	director, or tru	ustee	e, ke	y er	nplo	yee	, or	highest compensated e	mployee on		1.00	
line 1a? If "Yes," complete Schedule J for s										. 3		Х
4 For any individual listed on line 1a, is the su									the organization			X
and related organizations greater than \$15Did any person listed on line 1a receive or a									idual for services	. 4		┼^
rendered to the organization? If "Yes," com	•				-			_		5		х
Section B. Independent Contractors												
1 Complete this table for your five highest co										ensation	from	
the organization. Report compensation for	the calendar y	ear e	endi	ng v	vith	or w	ithir I		year.		<u></u>	
(A) Name and business	address	NC	NE	3				(B) Description of s	services	Compe	(C) ensatio	on
2 Total number of independent contractors (i	including but n	ot lir	nite	d to	tho	se lis	sted	above) who received n	nore than			

\$100,000 of compensation from the organization

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Form 990 (2016) SAN FRAI
Part VIII Statement of Revenue

		Check if Schedule O cont	ains a response	or note to any lin	e in this Part VIII			
			·		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
nts nts	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues						
S, C	С	Fundraising events	1c	1,723,400.				
ar,		Related organizations						
imi		Government grants (contribut						
rior S	f	All other contributions, gifts, gran	ts, and					
the		similar amounts not included above	ve 1f	1,486,433.				
함	g	Noncash contributions included in lines	1a-1f: \$	40,144.				
<u>වූ ළ</u>	h	Total. Add lines 1a-1f		>	3,209,833.			
				Business Code				
e e	2 a							
و چَ	b							
Program Service Revenue	С							
lev.	d							
<u>б</u>	е							
₫	f	All other program service reve	nue					
	g	Total. Add lines 2a-2f		>				
	3	Investment income (including	dividends, intere	est, and				
		other similar amounts)		▶	1,173.			1,173.
	4	Income from investment of tax	x-exempt bond p	oroceeds >				
	5	Royalties		>				
			(i) Real	(ii) Personal				
	6 a	Gross rents						
	b	Less: rental expenses						
	С	Rental income or (loss)						
	d	Net rental income or (loss)		>				
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
		Gain or (loss)						
	d	Net gain or (loss)		· <u>·····</u>				
e	8 a	Gross income from fundraising						
		including \$ 1,723						
Be		contributions reported on line	•					
Other Reven		Part IV, line 18						
₹		Less: direct expenses		1,009,456.				
		Net income or (loss) from fund		>	0.			
	9 a	Gross income from gaming ac		105 343				
		Part IV, line 19						
		Less: direct expenses			04 540	04.740		
		Net income or (loss) from gam	-	······	94,749.	94,749.		
	10 a	Gross sales of inventory, less						
		and allowances						
		Less: cost of goods sold						
-	С	Net income or (loss) from sale						
-	44	Miscellaneous Revenu	е	Business Code	7 (5)			7.653
		OTHER REVENUE		900099	7,653.			7,653.
	b							
	C	All alla au uc						
		All other revenue			7,653.			
		Total. Add lines 11a-11d Total revenue. See instructions.			3,313,408.	94,749.	0.	8,826.
	12	i otal levellue. See ilisti uctiolis.		🖊 📗	٠,٥±٥,٠٤٥٥.	l 24,/43•	υ.	1 0,040.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (B) (D) (C) Do not include amounts reported on lines 6b. Total expenses Program service expenses Management and general expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 4,297,291 4,297,291. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 96,729. 48,364. 48,365. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 Pension plan accruals and contributions (include 2,828. 1,414. 1,414. section 401(k) and 403(b) employer contributions) 20,242. 10,121. 10,121. Other employee benefits 9 5,198. 2,599. 2,599. Payroll taxes 10 Fees for services (non-employees): 11 a Management Legal 39,388. 39,388. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other, (If line 11g amount exceeds 10% of line 25, 4,026. 4,026. column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 9,831. 9,831. Office expenses 13 14 Information technology Royalties 15 16 Occupancy 6,002. 6,002. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials Conferences, conventions, and meetings 19 Interest 20 Payments to affiliates 21 Depreciation, depletion, and amortization 22 2,520. 2,520. 23 Other expenses. Itemize expenses not covered 24 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.) 43,684. 43,684. MISCELLANEOUS LICENSES & PERMITS 10,640. 10,640. PRINTING & PUBLICATIONS 935. 935. С d All other expenses е 4,539,314. 4,297,291. 179,524. 62,499. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

Check here

if following SOP 98-2 (ASC 958-720)

Part X | Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 1,431,967. 2,631,030. Cash - non-interest-bearing 1 1,110,745. 1,111,852. 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net **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 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 employees' beneficiary organizations (see instr). Complete Part II of Sch L Assets 6 Notes and loans receivable, net 7 8 Inventories for sale or use Prepaid expenses and deferred charges 9 **10a** Land, buildings, and equipment: cost or other 2,372. basis. Complete Part VI of Schedule D _____ 10a 0. 0. b Less: accumulated depreciation 10b 10c 10,144. Investments - publicly traded securities 11 11 12 Investments - other securities. See Part IV, line 11 Investments - program-related. See Part IV, line 11 13 13 14 Intangible assets 14 15 Other assets. See Part IV, line 11 15 3,741,775. 2,553,963. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 17 17 Accounts payable and accrued expenses 18 18 Grants payable 19 19 Deferred revenue 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, _iabilities key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 38,094. 0. 25 Schedule D 38,094. Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here ▶ X and complete lines 27 through 29, and lines 33 and 34. **Net Assets or Fund Balances** 2,018,396. 2,094,281. 27 Unrestricted net assets 1,723,379. 421,588. 28 Temporarily restricted net assets Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 32 3,741,775. 2,515,869. Total net assets or fund balances 33 3,741,775. 2,553,963. Total liabilities and net assets/fund balances

Form **990** (2016)

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,31		
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,53		
3	Revenue less expenses. Subtract line 2 from line 1	3 -	1,22		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,74	1,7	75.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	2,51	5,8	69.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
	Accounting method used to prepare the Form 990: X Cash Accrual Other			Yes	No
1	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule				
0-			2a		Х
2a			. <u>Za</u>		21
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	ıona			
	separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis				
b	·		2b	х	
D	Were the organization's financial statements audited by an independent accountant?		. 20	72	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis				
_	·				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the		0-	х	
	review, or compilation of its financial statements and selection of an independent accountant?		. 2c	Λ	
٥-	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
зa	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si		0-		х
1.	Act and OMB Circular A-133?		. 3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ		0.		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		. 3b		

Form **990** (2016)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

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

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

77-0287514

Name of the organization

SAN FRANCISCO FORTY NINERS FOUNDATION

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 12, 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 (Form 990 or 990-EZ).) 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, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X 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.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 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.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions)) Total

Schedule A (Form 990 or 990-EZ) 2016 SAN FRANCISCO FORTY NINERS FOUNDATION 77-0287514 Page 2

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.)

Section A. Public Support											
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total				
1	Gifts, grants, contributions, and										
	membership fees received. (Do not										
	include any "unusual grants.")	3,940,779.	4,458,432.	5,052,169.	3,360,176.	3,209,833.	20,021,389.				
2	Tax revenues levied for the organ-										
	ization's benefit and either paid to										
	or expended on its behalf										
3	The value of services or facilities										
	furnished by a governmental unit to										
	the organization without charge										
4	Total. Add lines 1 through 3	3,940,779.	4,458,432.	5,052,169.	3,360,176.	3,209,833.	20,021,389.				
5	The portion of total contributions										
	by each person (other than a										
	governmental unit or publicly										
	supported organization) included										
	on line 1 that exceeds 2% of the										
	amount shown on line 11,										
	column (f)						2,774,067.				
_6	Public support. Subtract line 5 from line 4.						17,247,322.				
Sec	ction B. Total Support										
Cale	ndar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total				
7	Amounts from line 4	3,940,779.	4,458,432.	5,052,169.	3,360,176.	3,209,833.	20,021,389.				
8	Gross income from interest,										
	dividends, payments received on										
	securities loans, rents, royalties										
	and income from similar sources \dots	13,905.	332.	207.	195.	1,173.	15,812.				
9	Net income from unrelated business										
	activities, whether or not the										
	business is regularly carried on										
10	Other income. Do not include gain										
	or loss from the sale of capital										
	assets (Explain in Part VI.)	9,379.	315.	3,461.	5,336.	7,653.	26,144.				
11	Total support. Add lines 7 through 10						20,063,345.				
12	Gross receipts from related activities,	•	,			12					
13	First five years. If the Form 990 is for	-	first, second, third	d, fourth, or fifth ta	x year as a sectio	n 501(c)(3)					
<u> </u>	organization, check this box and stor ction C. Computation of Publ	here	roomtogo				>				
							<u> </u>				
	Public support percentage for 2016 (14	20 60				
	Public support percentage from 2015					15					
16a	33 1/3% support test - 2016. If the control to the	•		•		•	x and				
	stop here. The organization qualifies						······				
D	33 1/3% support test - 2015. If the condition have						IS DOX				
17.	and stop here. The organization qual										
17 a	10% -facts-and-circumstances tes										
	and if the organization meets the "fact				•	-	Ization				
J.	meets the "facts-and-circumstances"	-		• • •							
D	10% -facts-and-circumstances tes										
	more, and if the organization meets the										
10	organization meets the "facts-and-circ			•	,						
10	Private foundation. If the organization	ni did not check a		ı, 100, 17a, 01 170	, crieck triis DUX a	110 300 1113111111111111111111111111111	········				

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support	, 1	,				
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
ŀ	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
(Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6					, ,	
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources						
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital						
13	assets (Explain in Part VI.)						
	First five years. If the Form 990 is for	r the organization'	s first, second, thi	rd, fourth, or fifth t	ax vear as a section	on 501(c)(3) organi:	zation.
		-			•		
Se	ction C. Computation of Publ						
	Public support percentage for 2016 (column (f))		15	%
	Public support percentage from 2015					16	%
	ction D. Computation of Inves					1	,,
	Investment income percentage for 20					17	%
	Investment income percentage from					18	//
	a 33 1/3% support tests - 2016. If the						
	more than 33 1/3%, check this box a						
ŀ	33 1/3% support tests - 2015. If the						
•	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete 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 12a or 12b 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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **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 9a) 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 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b 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.)

	Yes	No
1		
•		
2		
3a		
3b		
3с		
4a		
4b		
4c		
5a		
J.,		
5b		
5с		
6		
7		
0		
8		
9a		
9b		
ອນ		
9с		
10a		
iva		
10b		
	0-EZ	2016

b	The organization is the parent of each of its supported organizations. Complete line 3 below.
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in
2	Activities Test. Answer (a) and (b) below.
а	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

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

activities but for the organization's involvement.

- **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.

2a

2b

За

Yes No

Schedule A (Form 990 or 990-EZ) 2016 SAN FRANCISCO FORTY NINERS FOUNDATION 77-0287514 Page 6 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (optional) 1 Net short-term capital gain Recoveries of prior-year distributions 2 2 Other gross income (see instructions) 3 4 Add lines 1 through 3 Depreciation and depletion 5 5 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or 6 maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior 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 e Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt-use assets 2 3 Subtract line 2 from line 1d 3 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, 4 see instructions) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by .035 6 6 Recoveries of prior-year distributions 7 7 8 Minimum Asset Amount (add line 7 to line 6) Section C - Distributable Amount Current Year Adjusted net income for prior year (from Section A, line 8, Column A) 1 Enter 85% of line 1 2 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 4 Enter greater of line 2 or line 3 5 5 Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to

☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

6

Schedule A (Form 990 or 990-EZ) 2016

emergency temporary reduction (see instructions)

instructions).

	dule A (Form 990 or 990-EZ) 2016 SAN FRANCISCO			7-0287514 Page 7
Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Organic	anizations _(continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exempt	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	ns	
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 to	he organization is responsive	e	
	(provide details in Part VI). See instructions			
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount	·	i	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reason-			
	able cause required- explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2016:			
а				
b				
С	From 2013			
d	From 2014			
е	From 2015			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2016. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions			
7	Excess distributions carryover to 2017. Add lines 3j			
	and 4c			
8	Breakdown of line 7:			
а				
b	Excess from 2013			

Schedule A (Form 990 or 990-EZ) 2016

c Excess from 2014d Excess from 2015e Excess from 2016

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

SAN FRANCISCO FORTY NINERS FOUNDATION

Employer identification number 77-0287514

Pa	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts. Complete if the							
	organization answered "Yes" on 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	_								
	are the organization's property, subject to the organization's									
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can b	e used only							
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose								
Da										
Pa	Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.									
1	Purpose(s) of conservation easements held by the organizat									
	Preservation of land for public use (e.g., recreation or e		torically important land area							
	Protection of natural habitat	Preservation of a cel	rtified historic structure							
_	Preservation of open space									
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the forn								
	day of the tax year.		Held at the End of the Tax Year							
a	Total number of conservation easements									
b	Total acreage restricted by conservation easements									
С.	Number of conservation easements on a certified historic str									
d	Number of conservation easements included in (c) acquired		I I							
_	listed in the National Register									
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by tr	ne organization during the tax							
4	year ▶ Number of states where property subject to conservation ea	account is leasted								
4		-	:							
5	Does the organization have a written policy regarding the pe violations, and enforcement of the conservation easements i									
6	Staff and volunteer hours devoted to monitoring, inspecting,									
Ü	Land volunteer riours devoted to morntoning, inspecting,	Thanding of violations, and emorcing con	iservation easements during the year							
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserv	ation easements during the year							
•	▶ \$	aming of violations, and emoroming content	and readoments daring the year							
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 17	O(h)(4)(B)(i)							
_	and section 170(h)(4)(B)(ii)?									
9	In Part XIII, describe how the organization reports conservat									
	include, if applicable, the text of the footnote to the organiza	-								
	conservation easements.		3							
Pa	rt III Organizations Maintaining Collections o	f Art, Historical Treasures, or 0	Other Similar Assets.							
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.								
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue state	ement and balance sheet works of art,							
	historical treasures, or other similar assets held for public ex	hibition, education, or research in further	ance of public service, provide, in Part XIII,							
	the text of the footnote to its financial statements that descr	ibes these items.								
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statemer	nt and balance sheet works of art, historical							
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of p	ublic service, provide the following amounts							
	relating to these items:									
	(i) Revenue included on Form 990, Part VIII, line 1		> \$							
	(ii) Assets included in Form 990, Part X		> \$							
2	If the organization received or held works of art, historical tre									
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:								
а	Revenue included on Form 990, Part VIII, line 1		> \$							
b	Assets included in Form 990, Part X									

	t III Organizations Maintaining C	collections of A							ts /conti		age Z
•	Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):										
а	Public exhibition	c	, 🖂	Loan or excl	hange progra	ams					
b	Scholarly research	6		Other	nango progn	21110					
C	Preservation for future generations	•	,								
4	Provide a description of the organization's co	ollections and explai	in how tl	nev further th	he organizati	ion's ever	mnt nurna	nse in Par	· XIII		
5	During the year, did the organization solicit of							Joe IIII ai	C XIII.		
·	to be sold to raise funds rather than to be ma								Yes		No
Pai	t IV Escrow and Custodial Arran									 r	
	reported an amount on Form 990, Pal			, o. ga				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	Is the organization an agent, trustee, custod	ian or other intermed	diary for	contribution	s or other as	sets not	included				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII										
-		aa. 00p.010 10 1.							Amoun	t	
С	Beginning balance						1c				
	Additions during the year										
	Distributions during the year										
f	Ending balance										
	Did the organization include an amount on F								Yes		No
	If "Yes," explain the arrangement in Part XIII.]
	t V Endowment Funds. Complete i										
	•	(a) Current year		Prior year	(c) Two yea		(d) Three y	ears back	(e) Fou	r years	back
1a	Beginning of year balance	,		·							
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	rent year end baland	ce (line 1	g, column (a	a)) held as:						
а	Board designated or quasi-endowment	,	%	· ·	,,						
b	Permanent endowment	%									
С	Temporarily restricted endowment ▶										
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
За	Are there endowment funds not in the posse	ession of the organiz	ation th	at are held a	nd administe	ered for th	ne organiz	zation			
	by:	_								Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza	ations listed as requi	red on S	Schedule R?					3b		
4	Describe in Part XIII the intended uses of the										
Pai	t VI Land, Buildings, and Equipm	nent.									
	Complete if the organization answere	d "Yes" on Form 99	0, Part I	√, line 11a. S	See Form 990), Part X,	line 10.				
	Description of property	(a) Cost or o	ther	(b) Cost	or other	(c) Ac	cumulate	ed	(d) Boo	k value	e
		basis (investr	ment)	basis	(other)	dep	reciation				
1a	Land										
	Buildings										
	Leasehold improvements										
d	Equipment				2,372.		2,3	72.			0.
	Other										

Schedule D (Form 990) 2016

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

Schedule D	(Form 990) 2016	SHI
D 1 1/11		<u> </u>

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation	n: Cost or end-of-year market value
1) Financial derivatives			
2) Closely-held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990 Part IV line	11c Soc Form 000 Part V	lino 13
(a) Description of investment	(b) Book value	(c) Method of valuation	n: Cost or end-of-year market value
·····	(5) 20011 14.00	(c) monitor or randamon	
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Complete if the organization answered "Yes" (a)	on Form 990, Part IV, line Description	e 11d. See Form 990, Part X,	line 15. (b) Book value
(1)			
(2)			
(3)			
(4)			
(4)			
(4) (5)			
(4) (5) (6) (7)			
(4) (5) (6) (7) (8)			
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)		
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line		e 11e or 11f. See Form 990,	Part X, line 25.
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes"		e 11e or 11f. See Form 990, (b) Book value	
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability			
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	on Form 990, Part IV, line	(b) Book value	
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) ADVANCES FROM AFFILIATED	on Form 990, Part IV, line	(b) Book value 9 , 503 .	Part X, line 25.
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) ADVANCES FROM AFFILIATED (3) OTHER LIABILITIES	on Form 990, Part IV, line	(b) Book value	Part X, line 25.
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" I. (a) Description of liability (1) Federal income taxes (2) ADVANCES FROM AFFILIATED (3) OTHER LIABILITIES (4)	on Form 990, Part IV, line	(b) Book value 9 , 503 .	Part X, line 25.
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" [a] Description of liability (1) Federal income taxes (2) ADVANCES FROM AFFILIATED (3) OTHER LIABILITIES (4) (5)	on Form 990, Part IV, line	(b) Book value 9 , 503 .	
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" I. (a) Description of liability (1) Federal income taxes (2) ADVANCES FROM AFFILIATED (3) OTHER LIABILITIES (4) (5) (6)	on Form 990, Part IV, line	(b) Book value 9 , 503 .	
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) ADVANCES FROM AFFILIATED (3) OTHER LIABILITIES (4) (5) (6) (7)	on Form 990, Part IV, line	(b) Book value 9 , 503 .	
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) ADVANCES FROM AFFILIATED (3) OTHER LIABILITIES (4) (5) (6) (7) (8)	on Form 990, Part IV, line	(b) Book value 9 , 503 .	Part X, line 25.
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) ADVANCES FROM AFFILIATED (3) OTHER LIABILITIES (4) (5) (6) (7)	on Form 990, Part IV, line	(b) Book value 9 , 503 .	Part X, line 25.

Par	rt XI Reconciliation of Revenue per Audited Financial		iue per Return	l .
	Complete if the organization answered "Yes" on Form 990, Part	IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statement	ts	1	3,313,408
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1		
	Net unrealized gains (losses) on investments			
	Donated services and use of facilities			
	Recoveries of prior year grants			
	Other (Describe in Part XIII.)			0
	Add lines 2a through 2d			3,313,408
	Subtract line 2e from line 1		3	3,313,400
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1.1		
	Investment expenses not included on Form 990, Part VIII, line 7b			
	Other (Describe in Part XIII.) Add lines 4a and 4b		1.	0
-	Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (<i>This must equal Form</i> 990, <i>Part I, lin</i>			3,313,408
	rt XII Reconciliation of Expenses per Audited Financia			
. u.	Complete if the organization answered "Yes" on Form 990, Part	_	noco per rieta	• • • • • • • • • • • • • • • • • • • •
1	Total expenses and losses per audited financial statements		1	4,539,314
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		·····	1,000,011
	Donated services and use of facilities	2a		
	Prior year adjustments	I		
	Other losses			
	Other (Describe in Part XIII.)			
	Add lines 2a through 2d		2e	0
	Subtract line 2e from line 1			4,539,314
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
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, I	line 18.)	5	4,539,314
Paı	rt XIII Supplemental Information.			
	ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to prov		Part V, line 4; Part	X, line 2; Part XI,

Schedule D (Form 990) 2016

SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

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

2016

Open to Public Inspection

Name of the organization

SAN FRANCISCO FORTY NINERS FOUNDATION

Employer identification number 77-0287514

Part I Fundraising Activities required to complete this par	 Complete if the organization answe t. 	red "Y	es" oı	n Form 990, Part IV,	line 17. Form 990-EZ	I filers are not
 Indicate whether the organization rais Mail solicitations Internet and email solicitations Phone solicitations In-person solicitations Did the organization have a written of key employees listed in Form 990, P If "Yes," list the 10 highest paid individed compensated at least \$5,000 by the 	e Solicitat f Solicitat g Special or oral agreement with any individual cart VII) or entity in connection with p viduals or entities (fundraisers) pursu	ion of ion of fundra (includerofess	non-g gover lising ding o ional f	overnment grants nment grants events fficers, directors, true fundraising services?	stees, or Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have cr or con contribu	trol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
otal			•			
3 List all states in which the organization or licensing.	on is registered or licensed to solicit o	ontrib	utions	s or has been notified	d it is exempt from re	egistration

Schedule G (Form 990 or 990-EZ) 2016 SAN FRANCISCO FORTY NINERS FOUNDATION

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 **(b)** Event #2 (c) Other events (d) Total events BLACKROCK (add col. (a) through 3 WINTER FEST GIVING DAYS col. (c)) (event type) (event type) (total number) Revenue 1,083,148. 922,543. 2,732,856. 1 Gross receipts 727,165. 727,165. 272,634 723,601. 1,723,400. 2 Less: Contributions 810,514 198,942. 1,009,456. 3 Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 7 Food and beverages 8 Entertainment 810,515. 0. 198,941. 1,009,456. 9 Other direct expenses 1,009,456. 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) 196,348. 196,348. Gross revenue 62,592. 62,592. 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 39,007. 39,007. 5 Other direct expenses Yes Yes Yes 6 Volunteer labor No 101,599. 7 Direct expense summary. Add lines 2 through 5 in column (d) 94,749. 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: CA a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes X No

b If "Yes," explain:

Sch	iedule G (Form 990 or 990-EZ) 2016 SAN FRANCISCO FORTY NINERS FOUNDATION 77-0	287514	Page 3
11	Does the organization conduct gaming activities with nonmembers?	X Yes	☐ No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	X No
13	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility	13a	.00 %
	An outside facility	_{13b} 100	.00 %
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name JUSTIN PRETTYMAN Address Justin Prettyman - Santa Clara, CA 95054		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	└── Yes	∟X. No
b	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party > \$		
C	If "Yes," enter name and address of the third party:		
	Name ▶		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation ▶ \$		
	Description of condens annotated N		
	Description of services provided		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17	Mandatory distributions:		
	I Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	X Yes	□ No
r	• Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	100	
~	organization's own exempt activities during the tax year > \$ 98,174.		
Pa	Int IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, I	ines 9 9b 10	0h 15h
	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions		55, 155,

Schedule G	G (Form 990 or 990-EZ) Supplemental Infor	SAN FRANCISCO	FORTY	NINERS	FOUNDATION	77-0287514	Page 4
Part IV	Supplemental Infor	rmation (continued)					

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

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

Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization SAN FRANCE	CISCO FORT	TY NINERS FO	OUNDATION				Employer identification number 77-0287514
Part I General Information on Grants							
Does the organization maintain records	to substantiate th	e amount of the grants	s or assistance, the	grantees' eligibilit	ty for the grants or ass	sistance, and the selec	ction
criteria used to award the grants or ass							X Yes No
2 Describe in Part IV the organization's p	rocedures for mon	itoring the use of grant	t funds in the Unite	d States.			
Part II Grants and Other Assistance to	Domestic Organ	izations and Domest	ic Governments.	complete if the org	anization answered "\	es" on Form 990, Par	t IV, line 21, for any
recipient that received more than	\$5,000. Part II ca	n be duplicated if addit	tional space is need	ded.			
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
49ERS ACADEMY		501(C)(3)	1,158,816.	0.			CHARITABLE PURPOSE
49ERS ACADEMI		501(0)(3)	1,130,010.	0.			CHARITABLE PURPOSE
ADOLESCENT COUNSELING SERVICES		501(C)(3)	10,000.	0.			CHARITABLE PURPOSE
ALAMEDA COUNTY COURT APPOINTED SPECIAL ADV		501(C)(3)	10,000.	0.			CHARITABLE PURPOSE
AMERICAN CANCER SOCIETY		501(C)(3)	6,597.	0.			CHARITABLE PURPOSE
BREAKTHROUGH COLLABORATIVE		501(C)(3)	22,600.	0.			CHARITABLE PURPOSE
ENDINGUIGO CODENDOMITIVE		551(5)(5)	22,500.	0.			

15,000.

0

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

501(C)(3)

48.

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

Schedule I (Form 990) (2016)

CHARITABLE PURPOSE

CDE FOUNDATION

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

Part II Continuation of Grants and Other	Assistance to Go	overnments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa	art II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR YOUTH WELLNESS		501(C)(3)	10,000.	0.			CHARITABLE PURPOSE
CHILD ABUSE PREVENTION COUSEL OF CONTRA COSTA		501(C)(3)	10,000.	0.			CHARITABLE PURPOSE
CHILDREN'S HOSPITAL AND RESEARCH		501(C)(3)	15,000.	0.			CHARITABLE PURPOSE
CENTER		501(C)(3)	15,000.	0.			CHARITABLE PURPUSE
CITY YEAR		501(C)(3)	50,000.	0.			CHARITABLE PURPOSE
EAST BAY CHILDREN'S LAW OFFICES		501(C)(3)	15,000.	0.			CHARITABLE PURPOSE
EAST BAY COMMUNITY RECOVERY PROJECT		501(C)(3)	17,500.	0.			CHARITABLE PURPOSE
EASTSIDE COLLEGE PREPARATORY		501(C)(3)	10,000.	0.			CHARITABLE PURPOSE
EDGEWOOD CENTER FOR CHILDREN AND FAMILIES		501(C)(3)	17,500.	0.			CHARITABLE PURPOSE
FIRST PLACE FOR YOUTH		501(C)(3)	17,500.	0.			CHARITABLE PURPOSE

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)											
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
FRESH LIFELINES FOR YOUTH, INC.		501(C)(3)	55,000.	0.			CHARITABLE PURPOSE				
HACK THE HOOD		501(C)(3)	120,000.	0.			CHARITABLE PURPOSE				
HEDGE FUNDS CARE		501(C)(3)	25,100.	0.			CHARITABLE PURPOSE				
JEWISH FAMILY & CHILDREN'S SERVICES		501(C)(3)	15,000.	0.			CHARITABLE PURPOSE				
KHAN ACADEMY		501(C)(3)	250,000.	0.			CHARITABLE PURPOSE				
KONOCTI UNIFIED SCHOOL DISTRICT		501(C)(3)	10,000.	0.			CHARITABLE PURPOSE				
LA CASA DE LAS MADRES		501(C)(3)	40,100.	0.			CHARITABLE PURPOSE				
JA COCINA		501(C)(3)	120,000.	0.			CHARITABLE PURPOSE				
LITTLE KIDS ROCK		501(C)(3)	22,600.	0.			CHARITABLE PURPOSE				

Part II Continuation of Grants and Other As	ssistance to Go	vernments and Orga	nizations in the U	nited States (Scho	edule I (Form 990), Pa	art II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LOS GATOS ORTHOPEDIC SPORTS THERAPY		501(C)(3)	50,000.	0.			CHARITABLE PURPOSE
MISSSEY		501(C)(3)	17,500.	0.			CHARITABLE PURPOSE
NATIONAL CENTER FOR YOUTH LAW		501(C)(3)	17,500.	0.			CHARITABLE PURPOSE
PENINSULA POP-WARNER LITTLE SCHOLARS		501(C)(3)	10,000.	0.			CHARITABLE PURPOSE
PLAYNICE PRODUCTIONS, INC.		501(C)(3)	10,000.	0.			CHARITABLE PURPOSE
RONALD MCDONALD HOUSE AT STANFORD		501(C)(3)	22,600.	0.			CHARITABLE PURPOSE
SAFE COVERAGE		501(C)(3)	10,000.	0.			CHARITABLE PURPOSE
SAN FRANCISCO CHILD ABUSE		501(C)(3)	27,500.	0.			CHARITABLE PURPOSE
GAN TRANSTAGO GOURT ARROTATA							
SAN FRANCISCO COURT APPOINTED SPECIAL ADV		501(C)(3)	17,500.	0.			CHARITABLE PURPOSE

Part II Continuation of Grants and Other A	ssistance to G	overnments and Orga	nizations in the U	nited States (Scho	edule I (Form 990), Pa	art II.)	T
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NECA FAMILY OF AGENCIES		501(C)(3)	15,000.	0.			CHARITABLE PURPOSE
' AIDS FOUNDATION		501(C)(3)	50,000.	0.			CHARITABLE PURPOSE
F MARIN FOOD BANK		501(C)(3)	50,000.	0.			CHARITABLE PURPOSE
CILICON VALLEY EDUCATION		501(C)(3)	754,196.	0.			CHARITABLE PURPOSE
ILICON VALLEY FACES		501(C)(3)	22,600.	0.			CHARITABLE PURPOSE
OMOS MAYFAIR		501(C)(3)	22,600.	0.			CHARITABLE PURPOSE
TARVISTA		501(C)(3)	17,500.	0.			CHARITABLE PURPOSE
HE GIVING BACK PROJECT		501(C)(3)	10,000.	0.			CHARITABLE PURPOSE
THE WARRIORS COMMUNITY FOUNDATION		501(C)(3)	150,000.	0.			CHARITABLE PURPOSE

Part II Continuation of Grants and Other	Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)											
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance					
TIPPING POINT COMMUNITY		501(C)(3)	250,000.	0.			CHARITABLE PURPOSE					
URBAN SERVICES YMCA OF SAN												
FRANCISCO		501(C)(3)	10,000.	0.			CHARITABLE PURPOSE					
WEST COST CHILDREN'S CLINIC		501(C)(3)	17,500.	0.			CHARITABLE PURPOSE					
YEAR UP BAY AREA		501(C)(3)	150,000.	0.			CHARITABLE PURPOSE					
YEAR UP, INC.		501(C)(3)	47,840.	0.			CHARITABLE PURPOSE					
YOUTH CATALYSTS		501(C)(3)	25,000.	0.			CHARITABLE PURPOSE					
			,									

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information. Provide the information red	quired in Part I, lin	e 2; Part III, colum	n (b); and any other a	dditional information.	
PART I, LINE 2:					
HEDGE FUNDS MONITORS ALL GRANTS MA	ADE UNDER	THE HEDGI	E FUNDS CAR	E UMBRELLA.	
THERE ARE NO OTHER RESTRICTIONS ON	N ANY GRA	NTS MADE (OTHER THAN	TO BE SURE IT	
FURTHERS THE ORGANIZATION'S CHARIT	TABLE PUR	POSE.			

SCHEDULE M (Form 990)

Noncash Contributions

16

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

Employer identification number

	SAN FRANCISC	O FORT	Y NINERS	FOUNDATION	77-0	287	5 I 4	
Pa	rt I Types of Property				•			
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu			:s
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X	1	10,144.	MARKET VALU	Έ		
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other (USE OF DONOR')	Х	2	30.000.	FAIR MARKET	VA	LUE	
26	Other ()		_					
27	Other ()							
28	Other ()							
29	Number of Forms 8283 received by the organi	zation durin	n the tax vear for c	contributions				
	for which the organization completed Form 82		•					
	To Whom the digametation completed from CE	00,1 4111,1	Donoo / torarowioa;	goment			Yes	No
30a	During the year, did the organization receive b	v contributio	on any property rea	oorted in Part I lines 1 throu	nh 28 that it			110
-	must hold for at least three years from the date							
	exempt purposes for the entire holding period					30a		х
h	If "Yes," describe the arrangement in Part II.	•				Ou		
31	Does the organization have a gift acceptance	policy that re	equires the review	of any nonstandard contribu	ıtions?	31		х
	Does the organization hire or use third parties							
JŁd			_	· ·		32a		x
h	contributions? If "Yes," describe in Part II.					0Za		
33	If the organization didn't report an amount in o	olumn (c) fo	r a type of proport	y for which column (a) is cho	rked			
55	describe in Part II.	, G. G. T. T. (C) TO	a type of propert	y 13. William Column (a) is one	onou,			

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

Schedule M (Form 990) (2016)

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.
SCHEDULE M, PART I, COLUMN (B):
AMOUNTS REPORTED ABOVE ARE THE NUMBER OF CONTRIBUTIONS

Schedule M (Form 990) (2016) SAN FRANCISCO FORTY NINERS FOUNDATION

77-0287514

Page 2

SCHEDULE O (Form 990 or 990-EZ)

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.

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.

2016
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

SAN FRANCISCO FORTY NINERS FOUNDATION

Employer identification number 77-0287514

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: IMPACTFUL COMMUNITY PARTNERSHIPS WITH LEADING NON-PROFITS, WE ARE DEDICATED TO INSPIRING THE CONFIDENCE AND COLLABORATION OUR YOUTH NEED TO TACKLE PROBLEMS. FORM 990, PART VI, SECTION A, LINE 6: JOHN YORK AND DENISE YORK ARE THE TWO MEMBERS OF THE ORGANIZATION WHO HOLD EXCLUSIVE VOTING POWERS AS SET FORTH IN THE BYLAWS. FORM 990, PART VI, SECTION A, LINE 7A: JOHN AND DENISE YORK ARE THE TWO MEMBERS OF THE ORGANIZATION WHO HOLD EXCLUSIVE RIGHTS TO ELECT THE BOARD OF DIRECTORS. FORM 990, PART VI, SECTION A, LINE 7B: JOHN YORK AND DENISE YORK ARE THE TWO MEMBERS OF THE ORGANIZATION WHO HOLD EXCLUSIVE VOTING POWERS AS SET FORTH IN THE BYLAWS. FORM 990, PART VI, SECTION A, LINE 8B: THERE IS NO OTHER COMMITTEE WHO WAS THE AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY. FORM 990, PART VI, SECTION B, LINE 11B: THE CFO AND BOARD OF DIRECTORS REVIEWS THE RETURN.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION'S FINANCIAL STATEMENTS WILL BE MADE AVAILABLE UPON

Schedule O (Form 990 or s	990-EZ) (2016)						Page 2
Name of the organization	SAN	FRANCISCO	FORTY	NINERS	FOUNDAT	ION	Employer identi	fication number 7514
REQUEST.								
_								
_								
_								

SCHEDULE R (Form 990)

Part I

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

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

OMB No. 1545-0047

2016

Open to Public

Inspection

Name of the organization

Department of the Treasury Internal Revenue Service

SAN FRANCISCO FORTY NINERS FOUNDATION

SUPPORT OF PUBLIC

CHARITABLE ORGANIZATIONS

COLLEGE SCHOLARSHIPS

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

Employer identification number 77-0287514

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state of foreign country)	r Total inco	me End-of-year	assets Direct c	(f) ontrolling atity)
Part II Identification of Related Tax-Exempt Organizations during the tax year.	tions. Complete if the organization a	nswered "Yes" on Form 990), Part IV, line 34 b	ecause it had one	or more related tax-exe	mpt	
(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		1) 512(b)(13) colled ity?
JOHN AND DENISE YORK FOUNDATION - 31-1536162				501(c)(3))		Yes	No

оніо

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

THE EDWARD J. DEBARTOLO MEMORIAL SCHOLARSHIP

- 31-1527910, 7620 MARKET STREET

Schedule R (Form 990) 2016

Х

Х

YORK FAMILY

YORK FAMILY

TRUSTEE

TRUSTEE

501(C)(3)

501(C)(3)

МО

МО

7620 MARKET STREET

YOUNGSTOWN, OH 44512

YOUNGSTOWN, OH 44512

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(I	ո)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets	Disproportionate allocations?		I 20 of Schedule	managing partner?	Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes No	
ALFORD AVE, LLC - 46-2696254											
7620 MARKET STREET			.,,		0			v	NT / 7		
YOUNGSTOWN, CA 44512	MANAGEMENT	CA	N/A	N/A	0.	0.		X	N/A	X	
APPETENCY LLC - 46-2522152											
7620 MARKET STREET											
YOUNGSTOWN, OH 44512	MANAGEMENT	DE	N/A	N/A	0.	0.		X	N/A	X	
CURIOUS 1 VENTURES, LLC -											
26-4241193, 7620 MARKET	1							L_		L_	
STREET, YOUNGSTOWN, OH 44512	MANAGEMENT	OH	N/A	N/A	0.	0.		X	N/A	X	
DBCT LLC 7620 MARKET STREET											
YOUNGSTOWN, OH 44512	MANAGEMENT	DE	N/A	N/A	0.	0.		X	N/A	X	

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

(a)	(b)	(c)	(d)	(e)	(e) (f)		(h)	(i) Section	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership	512(b contr	b)(13)
		country)		,				Yes	No
JOHN C YORK CHARITABLE REMAINDER UNI -]								
31-1536158, 7620 MARKET STREET, YOUNGSTOWN,									
OH 44512	INVESTMENT	OH	N/A	TRUST	0.	0.			X
DEBARTOLO CORPORATION - 94-2408606									
7620 MARKET STREET	1								1
YOUNGSTOWN, OH 44512	SPORTS MANAGEMENT	CA	N/A	C CORP	0.	0.			Х
WICK-MAR, INC 34-6520652									
7620 MARKET STREET									1
YOUNGSTOWN, OH 44512	OFFICE RENTAL	OH	N/A	C CORP	0.	0.			Х
DEYOR GROUP, INC 34-1636189									
7620 MARKET STREET	1								1
YOUNGSTOWN, OH 44512	MANAGEMENT	OH	N/A	S CORP	0.	0.			Х
LAD LLC - 34-1865482									
7620 MARKET STREET]								1
YOUNGSTOWN, OH 44512	INVESTMENT	OH	N/A	S CORP	0.	0.			Х

Part III Continuation of Identification of Related Organizations Taxable as a Partnership

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(H	n)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Direct controlling	Predominant income	Share of total	Share of	Dispro	portion-	Code V-UBI	General or managing	Percentage
of related organization		(state or foreign	entity	(related, unrelated, excluded from tax under	income	end-of-year assets	ate allo	cations?	amount in box 20 of Schedule	partner?	ownership
		country)		sections 512-514)		4,000,00	Yes	No	K-1 (Form 1065)	Yes No	
DEYOR FAMILY LLC - 46-4156296											
7620 MARKET STREET									_		
YOUNGSTOWN, OH 44512	MANAGEMENT	DE	N/A	N/A	0.	0.		X	N/A	X	
FORTY NINERS FITNESS COMPANY											
LLC, 7620 MARKET STREET,	INVESTMENT IN										
YOUNGSTOWN, OH 44512	FITNESS CENTERS	DE	N/A	N/A	0.	0.		X	N/A	X	
FORTY NINERS FOOTBALL											
COMPANY, LLC - 94-2412031,											
7620 MARKET STREET,											
YOUNGSTOWN, OH 44512	NFL FRANCHISE	DE	N/A	N/A	0.	0.		X	N/A	X	
FORTY NINERS HOLDINGS LP -											
45-4806251, 7620 MARKET											
STREET, YOUNGSTOWN, OH 44512	MANAGEMENT	DE	N/A	N/A	0.	0.		X	N/A	x	
FORTY NINERS SC STADIUM											
COMPANY LLC - 80-0795561,											
7620 MARKET STREET,											
YOUNGSTOWN, OH 44512	MANAGEMENT	DE	N/A	N/A	0.	0.		X	N/A	x	
FORTY NINERS STADIUM											
MANAGEMNT COMPANY LLC -											
37-1667538, 7620 MARKET	1										
STREET, YOUNGSTOWN, OH 44512	MANAGEMENT	DE	N/A	N/A	0.	0.		X	N/A	x	
JAMESTOWN REALTY CO., LLC -	1										
34-1956662, 7620 MARKET	1										
STREET, YOUNGSTOWN, OH 44512	PARKING/RENT	OH	N/A	N/A	0.	0.		X	N/A	x	
JMTJ LLC - 45-2437846	1										
7620 MARKET STREET	1										
YOUNGSTOWN, OH 44512	MANAGEMENT	ОН	N/A	N/A	0.	0.		X	N/A	x	
•					-	-			-		
MOCKINGBIRD VENTURES, LLC -	1										
26-4675214, 7620 MARKET	1										
STREET, YOUNGSTOWN, OH 44512	MANAGEMENT	ОН	N/A	N/A	0.	0.		X	N/A	x	
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Part III Continuation of Identification of Related Organizations Taxable as a Partnership

				·							
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total	Share of	Dispro	portion-	Code V-UBI amount in box 20 of Schedule	General or	Percentage ownership
of related organization		(state or	entity	(related, unrelated, lexcluded from tax under	income	end-of-year assets	ate allo	cations?	amount in box	partner?	ownership
		foreign country)		sections 512-514)		833013	Yes	No	K-1 (Form 1065)	Yes No	
SAN FRANCISCO FORTY-NINERS											
II, LLC - 90-0605881, 7620	1										
MARKET STREET, YOUNGSTOWN, OH	1										
44512	PARTNERSHIP IN	DE	N/A	N/A	0.	0.		X	N/A	x	
					•				,		
YORK PARTNERS, LP -	†										
34-1863682, 7620 MARKET	+										
STREET, YOUNGSTOWN, OH 44512	MANACEMENIII	ОН	N/A	N/A	0.	0.		X	N/A	x	
STREET, YOUNGSTOWN, OH 44512	MANAGEMENT	On	N/A	N/A	0.	0.		^	N/A	<u> </u>	
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Yes No

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)											
c Gift, grant, or capital contribution from related organization(s)											
d Loans or loan guarantees to or for related organization(s)											
e Loans or loan guarantees by related organization(s)											
							X				
f Dividends from related organization(s)											
g Sale of assets to related organization(s)											
h Purchase of assets from related organization(s)											
i Exchange of assets with related organization(s)											
j Lease of facilities, equipment, or other assets to related organization(s)											
					1k		X				
	k Lease of facilities, equipment, or other assets from related organization(s)										
Performance of services or membership or fundraising solicitations for related organization(s)											
m Performance of services or membership or fundraising solicitations by related organization(s)											
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)											
o Sharing of paid employees with related organization(s)											
P. Deiroburgement neid to related every extension (a) for expenses											
p Reimbursement paid to related organization(s) for expenses q Reimbursement paid by related organization(s) for expenses											
q rioinibaro	omone paid by rolated organization(b) for expenses				1q	Х					
r Other transfer of cash or property to related organization(s)											
s Other transfer of cash or property from related organization(s)											
	wer to any of the above is "Yes," see the instructions for information on v										
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining am	nount involved						
(1) FORTY NINERS FOOTBALL COMPANY, LLC C 338,753.FMV											
(2) FORTY NINERS FOOTBALL COMPANY, LLC P 186,275.FMV											
(3) FORTY NINERS FOOTBALL COMPANY, LLC Q 11,674.FMV											
(4)											
(5)											
		1	I								

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

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

(a)	(b)	(c)	(d)	(e) Are a partners 501(c) orgs.)	(f)	(g)	(h)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related, unrelated, excluded from tax under sections 512-514)	partners	S Sec.	Share of	Share of	Disp	ropor-	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera	Percentage
of entity		(state or foreign	excluded from tax under	orgs.)(3) .?	total	end-of-year	alloca	itions?	of Schedule K-1	partne	ownership
		country)	sections 512-514)	Yes I		income	assets	Yes	No	(Form 1065)	Yes N	ю
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