

Return of Organization Exempt From Income Tax

2000

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

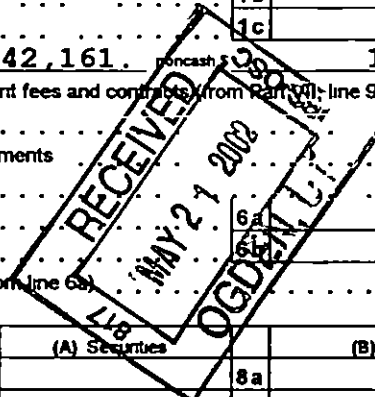
A For the 2000 calendar year, OR tax year period beginning 07/01, 2000, and ending 06/30/2001

B Check if applicable: Change of address, Change of name, Initial return, Final return, Amend return. C Name of organization: CHRONICLE SEASON OF SHARING FUND, C/O SAN FRANCISCO CHRONICLE. D Employer identification number: 94-3019992. E Telephone number: (415) 777-7120.

G Organization type (check only one): X 501(c) (03), 527 OR, 4947 (a)(1). H(a) Is this a group return for affiliates? Yes [X] No. H(b) If "Yes" enter number of affiliates. H(c) Are all affiliates included? Yes [ ] No [X]. H(d) Is this a separate return filed by an organization covered by a group ruling? Yes [ ] No [X]. I Enter 4-digit group exemption no (GEN). L Check this box if the organization is not required to attach Schedule B (Form 990 or 990-EZ) [ ]

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions on page 16)

Table with 21 rows and 4 columns. Rows include: 1 Contributions, gifts, grants, and similar amounts received; 2 Program service revenue including government fees and contracts; 3 Membership dues and assessments; 4 Interest on savings and temporary cash investments; 5 Dividends and interest from securities; 6a Gross rents; 6b Less rental expenses; 6c Net rental income or (loss); 7 Other investment income; 8a Gross amount from sales of assets other than inventory; 8b Less cost or other basis and sales expenses; 8c Gain or (loss); 8d Net gain or (loss); 9 Special events and activities; 10a Gross sales of inventory, less returns and allowances; 10b Less cost of goods sold; 10c Gross profit or (loss) from sales of inventory; 11 Other revenue; 12 Total revenue; 13 Program services; 14 Management and general; 15 Fundraising; 16 Payments to affiliates; 17 Total expenses; 18 Excess or (deficit) for the year; 19 Net assets or fund balances at beginning of year; 20 Other changes in net assets or fund balances; 21 Net assets or fund balances at end of year.



SCANNED JUL 23 2002 Revenue

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**Part II Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See Specific Instructions on page 20.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) (cash \$ <u>4,393,431</u> noncash \$ _____)	22	4,393,431.	4,393,431.	STMT 2	
23 Specific assistance to individuals (attach schedule)	23				
24 Benefits paid to or for members (attach schedule)	24				
25 Compensation of officers, directors, etc	25	NONE			
26 Other salaries and wages	26				
27 Pension plan contributions	27				
28 Other employee benefits	28				
29 Payroll taxes	29				
30 Professional fundraising fees	30				
31 Accounting fees	31				
32 Legal fees	32				
33 Supplies	33				
34 Telephone	34				
35 Postage and shipping	35				
36 Occupancy	36				
37 Equipment rental and maintenance	37				
38 Printing and publications	38				
39 Travel	39				
40 Conferences, conventions, and meetings	40				
41 Interest	41				
42 Depreciation, depletion, etc (attach schedule)	42				
43 Other expenses (itemize) a <u>STMT 4</u>	43a	35,220.	16,298.	18,922.	
b _____	43b				
c _____	43c				
d _____	43d				
e _____	43e				
44 Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44	4,428,651.	4,409,729.	STMT 9 18,922.	

**Reporting of Joint Costs.** Did you report in column (B) (Program services) any joint costs from a combined educational campaign and fundraising solicitation?  Yes  No  
 If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_, (ii) the amount allocated to Program services \$ \_\_\_\_\_, (iii) the amount allocated to Management and general \$ \_\_\_\_\_, and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments (See Specific Instructions on page 23)**

What is the organization's primary exempt purpose? <u>SEE STATEMENT 5</u>	Program Service Expenses (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts but optional for others)
a <b>DONATIONS TO PUBLIC FOOD BANKS &amp; RELATED EXPENSES</b>	
(Grants and allocations \$ _____)	4,409,729.
b _____	
(Grants and allocations \$ _____)	
c _____	
(Grants and allocations \$ _____)	
d _____	
(Grants and allocations \$ _____)	
e Other program services (attach schedule) (Grants and allocations \$ _____)	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	4,409,729.

**Part IV Balance Sheets** (See Specific Instructions on page 23 )

		(A) Beginning of year		(B) End of year		
<b>Note:</b> Where required, attached schedules and amounts within the description column should be for end-of-year amounts only -						
<b>Assets</b>	45	Cash - non-interest-bearing . . . . .	1,039,460.	45	1,271,166.	
	46	Savings and temporary cash investments . . . . .		46		
	47a	Accounts receivable . . . . .	47a			
	b	Less allowance for doubtful accounts . . . . .	47b	47c		
	48a	Pledges receivable . . . . .	48a	NONE		
	b	Less allowance for doubtful accounts . . . . .	48b	NONE	48c	NONE
	49	Grants receivable . . . . .		49		
	50	Receivables from officers, directors, trustees, and key employees (attach schedule) . . . . .		50		
	51a	Other notes and loans receivable (attach schedule) . . . . .	51a			
	b	Less allowance for doubtful accounts . . . . .	51b	51c		
	52	Inventories for sale or use . . . . .		52		
	53	Prepaid expenses and deferred charges . . . . .		53		
	54	Investments - securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV . . . . .		54		
	55a	Investments - land, buildings, and equipment basis . . . . .	55a			
	b	Less accumulated depreciation (attach schedule) . . . . .	55b	55c		
	56	Investments - other (attach schedule) . . . . .		56		
	57a	Land, buildings, and equipment basis . . . . .	57a			
	b	Less accumulated depreciation (attach schedule) . . . . .	57b	57c		
	58	Other assets (describe <input type="checkbox"/> ) . . . . .		58		
59	<b>Total assets</b> (add lines 45 through 58) (must equal line 74) . . . . .	1,039,460.	59	1,271,166.		
<b>Liabilities</b>	60	Accounts payable and accrued expenses . . . . .		60		
	61	Grants payable . . . . .		61		
	62	Deferred revenue . . . . .		62		
	63	Loans from officers, directors, trustees, and key employees (attach schedule) . . . . .		63		
	64a	Tax-exempt bond liabilities (attach schedule) . . . . .		64a		
	b	Mortgages and other notes payable (attach schedule) . . . . .		64b		
	65	Other liabilities (describe <input type="checkbox"/> ) . . . . .		65		
66	<b>Total liabilities</b> (add lines 60 through 65) . . . . .		66			
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74					
	67	Unrestricted . . . . .	1,039,460.	67	1,271,166.	
	68	Temporarily restricted . . . . .		68		
	69	Permanently restricted . . . . .		69		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74					
	70	Capital stock, trust principal, or current funds . . . . .		70		
	71	Paid-in or capital surplus, or land, building, and equipment fund . . . . .		71		
	72	Retained earnings, endowment, accumulated income, or other funds . . . . .		72		
	73	<b>Total net assets or fund balances</b> (add lines 67 through 69 OR lines 70 through 72, column (A) must equal line 19 and column (B) must equal line 21) . . . . .	1,039,460.	73	1,271,166.	
	74	<b>Total liabilities and net assets/fund balances</b> (add lines 66 and 73) . . . . .	1,039,460.	74	1,271,166.	

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.



Part VI Other Information (See Specific Instructions on page 26)

Yes No

76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity . . . . . 76   X

77 Were any changes made in the organizing or governing documents but not reported to the IRS? . . . . . 77  X

If "Yes," attach a conformed copy of the changes

78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . . 78a   X  
 b If "Yes," has it filed a tax return on Form 990-T for this year? . . . . . 78b  N/A

79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement . . . . . 79   X

80 a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? . . . . . 80a  X   
 b If "Yes," enter the name of the organization SAN FRANCISCO CHRONICLE and check whether it is  exempt OR  nonexempt

81 a Enter the amount of political expenditures, direct or indirect, as described in the instructions for line 81 . . . . . 81a NONE  
 b Did the organization file Form 1120-POL for this year? . . . . . 81b   X

82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? . . . . . 82a  X   
 b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II (See instructions for reporting in Part III) . . . . . 82b

83 a Did the organization comply with the public inspection requirements for returns and exemption applications? . . . . . 83a  X   
 b Did the organization comply with the disclosure requirements relating to quid pro quo contributions? . . . . . 83b  X

84 a Did the organization solicit any contributions or gifts that were not tax deductible? . . . . . 84a  N/A   
 b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . . 84b  N/A

85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? . . . . . 85a  N/A   
 b Did the organization make only in-house lobbying expenditures of \$2,000 or less? . . . . . 85b  N/A   
 If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year  
 c Dues, assessments, and similar amounts from members . . . . . 85c  N/A   
 d Section 162(e) lobbying and political expenditures . . . . . 85d  N/A   
 e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices . . . . . 85e  N/A   
 f Taxable amount of lobbying and political expenditures (line 85d less 85e) . . . . . 85f  N/A   
 g Does the organization elect to pay the section 6033(e) tax on the amount in 85f? . . . . . 85g  N/A   
 h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? . . . . . 85h  N/A

86 501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12 . . . . . 86a  N/A   
 b Gross receipts, included on line 12, for public use of club facilities . . . . . 86b  N/A

87 501(c)(12) orgs. Enter: a Gross income from members or shareholders . . . . . 87a  N/A   
 b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) . . . . . 87b  N/A

88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX . . . . . 88   X

89 a 501(c)(3) organizations Enter: Amount of tax imposed on the organization during the year under section 4911 NONE, section 4912 NONE, section 4955 NONE  
 b 501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction . . . . . 89b   X  
 c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . .  NONE  
 d Enter: Amount of tax on line 89c, above, reimbursed by the organization . . . . .  N/A

90 a List the states with which a copy of this return is filed CALIFORNIA  
 b Number of employees employed in the pay period that includes March 12, 2000 (See inst) . . . . . 90b  NONE

91 The books are in care of MARY KAY MITCHELL Telephone no 415-777-7120  
 Located at SAN FRANCISCO CHRONICLE ZIP code 94103

92 Section 4947(b)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here   
 and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . 92  N/A

**Part VII Analysis of Income-Producing Activities (See Specific Instructions on page 30)**

Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	105,260.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))				105,260.	
105 Total (add line 104 columns (B) (D) and (E))					105,260.

Note. Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See Specific Instructions on page 31)**

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
▼	

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See Specific Instructions on page 31)**

(A) Name, address, and EIN of corporation partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See Specific Instructions on page 31)**

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, this return and the information furnished hereon are true, correct, and complete. I understand that anyone who furnishes false or misleading information on a tax return or who omits material or information on a tax return is guilty of tax evasion, tax fraud, and filing a fraudulent tax return in violation of the Internal Revenue Code and the laws of the United States. The preparer (other than officer) is based on all information of which preparer has any knowledge.

15/10/02  
Date

Elizabeth Cain  
CFO  
Type or print name and title

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

**Organization Exempt Under Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

**Supplementary Information - (See separate instructions.)**

OMB No 1545 0047

**2000**

Department of the Treasury  
Internal Revenue Service

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization **CHRONICLE SEASON OF SHARING FUND**  
**C/O SAN FRANCISCO CHRONICLE**

Employer identification number  
**94-3019992**

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 1 of the instructions List each one If there are none, enter "None")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
<b>NONE</b>				
Total number of other employees paid over \$50,000	▶ <b>NONE</b>			

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See page 1 of the instructions List each one (whether individuals or firms) If there are none, enter "None")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
<b>NONE</b>		
Total number of others receiving over \$50,000 for professional services	▶ <b>NONE</b>	

For Paperwork Reduction Act Notice, see page 1 of the instructions for Form 990 and Form 990-EZ.

Schedule A (Form 990 or 990-EZ) 2000

Part III Statements About Activities

Table with 3 columns: Question, Yes, No. Contains questions 1 through 4a regarding lobbying activities and grants.

Part IV Reason for Non-Private Foundation Status (See pages 2 through 5 of the instructions)

The organization is not a private foundation because it is (Please check only ONE applicable box.)

- 5 [ ] A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
6 [ ] A school Section 170(b)(1)(A)(ii) (Also complete Part V, page 5)
7 [ ] A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
8 [ ] A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
9 [ ] A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state
10 [ ] An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the Support Schedule in Part IV-A.)
11a [X] An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)
11b [ ] A community trust Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)
12 [ ] 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 charitable, etc., 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) (Also complete the Support Schedule in Part IV-A.)
13 [ ] An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))

Provide the following information about the supported organizations. (See page 5 of the instructions)

Table with 2 columns: (a) Name(s) of supported organization(s), (b) Line number from above.

- 14 [ ] An organization organized and operated to test for public safety Section 509(a)(4) (See page 5 of the instructions)

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) *Use cash method of accounting.*

Note You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 1999	(b) 1998	(c) 1997	(d) 1996	(e) Total	
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)	4,136,479.	3,329,149	3,001,051.	2,918,251.	13384930.	
16 Membership fees received						
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is not a business unrelated to the organization's charitable, etc., purpose						
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	81,893.	46,194.			128,087.	
19 Net income from unrelated business activities not included in line 18						
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
21 The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge						
22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets						
23 Total of lines 15 through 22	4,218,372.	3,375,343.	3,001,051.	2,918,251.	13513017.	
24 Line 23 minus line 17	4,218,372.	3,375,343.	3,001,051.	2,918,251.	13513017.	
26 Enter 1% of line 23	42,184.	33,753.	30,011.	29,183.		
26 Organizations described in lines 10 or 11	a Enter 2% of amount in column (e), line 24				26a 270,260.	
b Attach a list (which is not open to public inspection) showing the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1996 through 1999 exceeded the amount shown in line 26a Enter the sum of all these excess amounts	STMT. 1				26b 29,740.	
c Total support for section 509(a)(1) test Enter line 24, column (e)					26c 13513017.	
d Add Amounts from column (e) for lines	18 128,087.	19	22	26b 29,740.	26d 157,827.	
e Public support (line 26c minus line 26d total)					26e 13355190.	
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 98.8320 %	
27 Organizations described on line 12	a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," attach a list (which is not open to public inspection) to show the name of, and total amounts received in each year from, each "disqualified person" Enter the sum of such amounts for each year				NOT APPLICABLE	
(1999)	(1998)	(1997)	(1996)			
b For any amount included in line 17 that was received from a nondisqualified person, attach a list to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11, as well as individuals) After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year	(1999)	(1998)	(1997)	(1996)		
c Add Amounts from column (e) for lines	15	16	17	20	21	27c
d Add Line 27a total and line 27b total					27d	
e Public support (line 27c total minus line 27d total)					27e	
f Total support for section 509(a)(2) test Enter amount on line 23, column (e)					27f	
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g %	
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h %	
28 Unusual Grants For an organization described in line 10, 11, or 12 that received any unusual grants during 1996 through 1999, attach a list (which is not open to public inspection) for each year showing the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant Do not include these grants in line 15 (See page 5 of the instructions)						

**Part V** Private School Questionnaire (See page 5 of the instructions)

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

NOT APPLICABLE

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement )		
32	Does the organization maintain the following		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d	Copies of all material used by the organization or on its behalf to solicit contributions?		
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement.)		
33	Does the organization discriminate by race in any way with respect to		
a	Students' rights or privileges?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities?		
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement.)		
34a	Does the organization receive any financial aid or assistance from a governmental agency?		
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.		
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation		

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 7 of the instructions)

(To be completed ONLY by an eligible organization that filed Form 5768)

**NOT APPLICABLE**

- Check here  a  if the organization belongs to an affiliated group
- Check here  b  if you checked "a" above and "limited control" provisions apply

<b>Limits on Lobbying Expenditures</b>		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
(The term "expenditures" means amounts paid or incurred)			
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount Enter the amount from the following table - If the amount on line 40 is - The lobbying nontaxable amount is -		
	Not over \$500,000 . . . . . 20% of the amount on line 40		
	Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000	41	
	Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000 . . . . . \$1,000,000		
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43	
44	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44	

**Caution** If there is an amount on either line 43 or line 44, you must file Form 4720

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below  
See the instructions for lines 45 through 50 on page 9 of the instructions)

Calendar year (or fiscal year beginning in) ▶	<b>Lobbying Expenditures During 4-Year Averaging Period</b>				
	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
45	Lobbying nontaxable amount				
46	Lobbying ceiling amount (150% of line 45(e))				
47	Total lobbying expenditures				
48	Grassroots nontaxable amount				
49	Grassroots ceiling amount (150% of line 48(e))				
50	Grassroots lobbying expenditures				

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 9 of the instructions)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	Yes	No	Amount
a Volunteers		X	
b Paid staff or management (Include compensation in expenses reported on lines c through h)		X	
c Media advertisements		X	
d Mailings to members, legislators, or the public		X	
e Publications, or published or broadcast statements		X	
f Grants to other organizations for lobbying purposes		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		X	
i Total lobbying expenditures (add lines c through h)			

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities



**Schedule B**  
**(Form 990 or 990-EZ)**

**Schedule of Contributors**

OMB No 1545-0047

Department of the Treasury  
Internal Revenue Service

Supplementary Information for line 1d of Form 990 or  
line 1 of Form 990-EZ (see instructions)

**2000**

Name of organization

Employer identification number

**CHRONICLE SEASON OF SHARING FUND**

**94-3019992**

Organization type (check only one) - Section  501(c)(03) (enter number)  527 or  4947(a)(1) nonexempt charitable trust

**A Section 501(c)(7), (8), or (10) organizations -**

Check this box if the organization had no charitable contributors who contributed more than \$1,000 during the year (But see General rule below)

Enter here the total gifts received during the year for a religious, charitable, etc., purpose **\$**

**Note: This form is generally not open to public inspection except for section 527 organizations**

**General Instructions**

**Purpose of Form**

Schedule B (Form 990 or 990-EZ) is used by organizations required to file Form 990, Return of Organization Exempt From Income Tax, or Form 990-EZ, Short Form Return of Organization Exempt From Income Tax, to provide the information regarding their contributors that is required for line 1d of Form 990 (or line 1 of Form 990-EZ)

Attach the Schedule B (Form 990 or 990-EZ) to Form 990 or 990-EZ. Attach Schedule B after Schedule A (Form 990 or 990-EZ), Organization Exempt Under Section 501(c)(3), if that return is required for the organization.

**Who Must File Schedule B (Form 990 or 990-EZ)**

All organizations must file Schedule B (Form 990 or 990-EZ) unless they certify that they do not meet the filing requirements of Schedule B (Form 990 or 990-EZ) by checking the box in item L of the heading of their Form 990 or Form 990-EZ.

See the instructions for item L in the Instructions for Form 990 and Form 990-EZ.

**Caution:** Schedule B (Form 990 or 990-EZ) is not a substitute for the list of "contributors" required for Part IV-A, Support Schedule, of Schedule A (Form 990 or 990-EZ).

**Public Inspection**

Schedule B (Form 990 or 990-EZ) is

- Open to public inspection for a section 527 political organization
- Generally not open to public inspection for the other organizations that must file this form

If a non-section 527 organization files a copy of Form 990, or Form 990-EZ, and attachments with any state, it should not include its Schedule B (Form 990 or 990-EZ) in the attachments for the state, unless a schedule of contributors is specifically required by the state. States that do not require the information might make the schedule available for public inspection along with the rest of the Form 990 or Form 990-EZ.

See the instructions for Form 990 and Form 990-EZ for phone help and the public inspection rules for those forms and their attachments, which include Schedule B (Form 990 or 990-EZ).

**Contributors Required To Be Listed on Part I**

"Contributor" includes individuals, fiduciaries, partnerships, corporations, associations, trusts, and exempt organizations.

**General Rule.** Unless the organization is covered by one of the special rules below, it must list on Part I every contributor who, during the year, gave the organization directly or indirectly, money, securities, or any other type of property totaling \$5,000 or more for the year. Also complete Part II for a noncash contribution. In determining the \$5,000 amount, total all of the contributor's gifts of \$1,000 or more for the year.

**Section 501(c)(3) organizations.** For an organization described in section 501(c)(3) that meets the 33 1/3% support test of the Regulations under sections 509(a)(1)/170(b)(1)(A)(vi) (whether or not the organization is otherwise described in section 170(b)(1)(A))-

List in Part I only those contributors whose contribution of \$5,000 or more is greater than 2% of the amount reported on line 1d of Form 990 (or line 1 of Form 990-EZ) (Regulations section 1.6033-2(a)(2)(iii)(a)).

**Example:** A section 501(c)(3) organization, of the type described above, reported \$700,000 in total contributions, gifts, grants, and similar amounts received on line 1d of its Form 990. The organization is only required to list in Parts I and II of its Schedule B (Form 990 or 990-EZ) each person who contributed more than the greater of \$5,000 or \$14,000 (2% of \$700,000). Thus, a contributor who gave a total of \$11,000 would not be reported in Parts I and II for this section 501(c)(3) organization. Even though the \$11,000 contribution to the organization exceeded \$5,000, it did not exceed \$14,000.

**Section 501(c)(7), (8), or (10) organizations.** For noncharitable contributions to one of these organizations, list in Part I contributors who gave \$5,000 or more as described in the General Rule discussed above.

If a section 501(c)(7), (8), or (10) organization received contributions or bequests for use exclusively for religious, charitable, etc., purposes (sections 170(c)(4), 2055(a)(3), or 2522(a)(3)) -

List in Part I each contributor whose contributions total more than \$1,000 during the year that were for a religious, charitable, etc., purpose. To determine the \$1,000, aggregate all of a contributor's gifts for the year (regardless of amount). For a noncash contribution, complete Part II.

All section 501(c)(7), (8), or (10) organizations that received any charitable contributions and listed any charitable contributors on Part I must also complete Part III.

If a section 501(c)(7), (8), or (10) organization received charitable gifts, but is not required to list any charitable contributors on Part I, check the box on line A at the top of Schedule B (Form 990 or 990-EZ) and enter the amount of charitable contributions received in the space provided. The organization need not complete and attach Part III.

### Specific Instructions

**Note.** You may duplicate Parts I, II, and III if more copies are needed. Number each page of each Part.

**Part I.** In column (a), identify the first contributor listed as no. 1 and the second contributor as no. 2, etc. Number consecutively. Show the contributor's name, address, aggregate contributions for the year, and the type of contribution (e.g., whether an individual, payroll, or noncash contribution). Report payroll contributions by listing the employer's name, address, and total amount given (unless an employee gave enough to be listed individually).

**Part II.** In column (a), show the number that corresponds to the contributor's number in Part I. Describe the noncash contribution fully. Report on property with readily determinable market value (i.e., market quotations for securities) by listing its fair market value (FMV). For marketable securities registered and listed on a recognized securities exchange, measure market value by the average of the highest and lowest quoted selling prices (or the average between the bona fide bid and asked prices) on the contribution date. See Regulations section 20.2031-2 to determine the value of contributed stocks and bonds. When market value cannot be readily determined, use an appraised or estimated value. To determine the amount of a noncash contribution that is subject to an outstanding debt, subtract the debt from the property's fair market value.

**Part III.** Section 501(c)(7), (8), or (10) organizations that received contributions or bequests for use exclusively for religious, charitable, etc., purposes must complete Parts I through III for those persons whose gifts totaled more than \$1,000 during the year. Show also, in the heading of Part III, total gifts that were \$1,000 or less and were for a religious, charitable, etc., purpose. Complete this information only on the first Part III page.

If an amount is set aside for a religious, charitable, etc., purpose, show in column (d) how the amount is held (e.g., whether it is mingled with amounts held for other purposes). If the organization transferred the gift to another organization, show the name and address of the transferee organization in column (e) and explain the relationship between the two organizations.

Name of organization

Employer identification number

**CHRONICLE SEASON OF SHARING FUND**

**94-3019992**

**Part I** Contributors

(a) No.	(b) Name, address and zip code	(c) Aggregate contributions	(d) Type of contribution
1		100,000.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
2		100,000.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
3		100,000.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
4		100,468.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
			Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
			Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)

SCH. A, PART IV-A - ORGANIZATIONS DESCRIBED IN PART IV, BOX 10 OR 11  
(NOT OPEN TO PUBLIC INSPECTION)

CONTRIBUTOR NAME	TOTAL CONTRIBUTION	MINUS 2% OF LINE 24	EXCESS CONTRIBUTION AMOUNT
	300,000.	270,260.	29,740.
TOTAL	300,000.		29,740.

- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only Part II and check this box  **X**
- Note: **Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.**
- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1)

**Part II Additional (not automatic) 3-Month Extension of Time - Must File Original and One Copy.**

Type or print	Name of Exempt Organization <b>CHRONICLE SEASON OF SHARIN</b>	Employer identification number
	<b>C/O SAN FRANCISCO CHRONICLE</b>	<b>94-3019992</b>
File by the extended due date for filing the return. See instructions	Number, street, and room or suite no. If a P O box, see instructions	For IRS use only
	<b>901 MISSION STREET</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
	<b>SAN FRANCISCO, CA 94103</b>	

**Check type of return to be filed (File a separate application for each return)**

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust)	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 5227	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 6069	

**STOP Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868**

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the whole group, check this box  If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for \_\_\_\_\_

4 I request an additional 3-month extension of time until 05/15/2002

5 For calendar year \_\_\_\_\_, or other tax year beginning 07/01/2000 and ending 06/30/2001

6 If this tax year is for less than 12 months, check reason  Initial return  Final return  Change in accounting period

7 State in detail why you need the extension ADDITIONAL TIME IS NEEDED TO GATHER THE INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE TAX RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ \_\_\_\_\_

b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ \_\_\_\_\_

c **Balance Due** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ \_\_\_\_\_

**Signature and Verification**

Under penalties of perjury I declare that I have examined this form including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete, and that I am authorized to prepare this form.

Signature Sharon L Zerbach Title DELOITTE & TOUCHE Date 2/13/02

**Notice to Applicant - To Be Completed by the IRS**

- We have approved this application. Please attach this form to the organization's return.
- We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.
- We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
- We cannot consider this application because it was filed after the due date of the return for which an extension was requested.
- Other \_\_\_\_\_

**EXTENSION APPROVED**  
By L. R. 05 2002  
DIRECTOR, SAN FRANCISCO

Director \_\_\_\_\_ Date \_\_\_\_\_

**Alternate Mailing Address** - Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or print	Name
	<b>DELOITTE &amp; TOUCHE</b>
	Number and street (include suite, room, or apt. no.) Or a P O box number
	<b>50 FREMONT STREET</b>
	City or town, province or state, and country (including postal or ZIP code)
	<b>SAN FRANCISCO, CA 94105</b>

JSA

# Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ File a separate application for each return

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box
- If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II (on page 2 of this form)

Note: Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

### Part I Automatic 3-Month Extension of Time - Only submit original (no copies needed)

Note. Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041

Type or print	Name of Exempt Organization	CHRONICLE SEASON OF SHARING FUND	Employer identification number
	C/O SAN FRANCISCO CHRONICLE		94-3019992
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P O box, see instructions		
	901 MISSION STREET		
	City, town or post office, state, and ZIP code. For a foreign address, see instructions		
SAN FRANCISCO, CA 94103			

Check type of return to be filed (file a separate application for each return)

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T(sec 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the whole group, check this box  If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6-month, for 990-T corporation) extension of time until 02/15, 2002, to file the exempt organization return for the organization named above. The extension is for the organization's return for  calendar year \_\_\_\_\_ or  tax year beginning 07/01, 2000, and ending 06/30, 2001

2 If this tax year is for less than 12 months, check reason  Initial return  Final return  Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. \$ \_\_\_\_\_

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. \$ \_\_\_\_\_

c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. \$ \_\_\_\_\_

### Signature and Verification

Under penalties of perjury I declare that I have examined this form including accompanying schedules and statements and to the best of my knowledge and belief it is true, correct and complete and that I am authorized to prepare this form.

Signature ▶ Sharon Zorback Title ▶ DELOITTE & TOUCHE Date ▶ 11/13/01

For Paperwork Reduction Act Notice, see instruction Form 8868 (12-2000)

FORM 990, PART II - GRANTS AND ALLOCATIONS PAID DURING THE YEAR

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR  
AND  
FOUNDATION STATUS OF RECIPIENT

RECIPIENT NAME AND ADDRESS	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
GRANTS PAID		
NORTHERN CALIFORNIA GRANTMAKERS 116 NEW MONTGOMERY STREET, SUITE 720 SAN FRANCISCO, CA 94105	CRITICAL NEEDS AND HOUSING ASSISTANCE	3,727,563
ALAMEDA FOOD COUNTY BANK 700 MURMANSK, OAKLAND, CA	FOOD	122,969
CONTRA COSTA COUNTY FOOD BANK 4010 NELSON AVENUE, CONCORD, CA	FOOD	95,716
MARIN COUNTY FOOD BANK 75 DIGITAL, NOVATO, CA	FOOD	36,044
NAPA COUNTY FOOD BANK 1755 INDUSTRIAL WAY, CONCORD, CA	FOOD	42,253
SAN FRANCISCO FOOD BANK 900 PENNSYLVANIA AVENUE, SAN FRANCISCO, CA	FOOD	122,969
SECOND HARVEST FOOD BANK 1051 BING STREET, SAN CARLOS, CA	FOOD	67,089
SOLANO FOOD COUNTY BANK 631 RAILROAD AVE, FAIRFIELD, CA	FOOD	42,253
REDWOOD EMPIRE FOOD BANK 3320 INDUSTRIAL DRIVE, SANTA ROSA, CA	FOOD	42,253

FORM 990, PART II - GRANTS AND ALLOCATIONS PAID DURING THE YEAR

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

AND

RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
SECOND HARVEST FOOD BANK 750 CURTNER AVENUE, SAN JOSE, CA	NONE 501(C)(3)	FOOD	104,342
TOTAL CONTRIBUTIONS PAID			4,393,431

FORM 990, PART II - OTHER EXPENSES

DESCRIPTION	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL
CONFERENCE COSTS	13,102.	13,102	
SPOTLIGHT PROMOTIONS	720.	720.	
BANK FEES	18,922.		18,922.
MISCELLANEOUS EXPENSES	2,476.	2,476.	
TOTALS	35,220.	16,298.	18,922.

FORM 990, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE  
=====

RAISE DONATIONS FOR CRITICAL FAMILY NEEDS, HOUSING ASSISTANCE AND FOOD PROGRAMS AND DISTRIBUTE THE DONATIONS TO HELP PEOPLE IN NEED THROUGHOUT THE GREATER SAN FRANCISCO BAY AREA.

FORM 990, PART V - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
JAMES CLANCY C/O SAN FRANCISCO CHRONICLE 901 MISSION STREET SAN FRANCISCO, CA 94103	SECRETARY/TREASURER PART TIME	NONE	NONE	NONE
STEVEN B. FALK C/O SAN FRANCISCO CHRONICLE 901 MISSION STREET SAN FRANCISCO, CA 94103	VICE PRES/DIRECTOR PART TIME	NONE	NONE	NONE
JODIE W KING C/O HEARST CORPORATION 959 - 8TH AVENUE NEW YORK, NY 10019	ASSIST SEC/DIRECTOR PART TIME	NONE	NONE	NONE
VICTOR F GANZI C/O HEARST CORPORATION 959 - 8TH AVENUE NEW YORK, NY 10019	DIRECTOR PART TIME	NONE	NONE	NONE
GEORGE B IRISH C/O HEARST CORPORATION 959 - 8TH AVENUE NEW YORK, NY 10019	DIRECTOR PART TIME	NONE	NONE	NONE
RON DOERFLER C/O HEARST CORPORATION 959 - 8TH AVENUE NEW YORK, NY 10019	DIRECTOR PART TIME	NONE	NONE	NONE
IRA HIRSCHFELD	DIRECTOR PART TIME	NONE	NONE	NONE

FORM 990, PART V - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
EVELYN AND WALTER HAAS, JR FUND ONE MARKET, LANDMARK, STE 400 SAN FRANCISCO, CA 94105				
NAN TUCKER MCEVOY C/O SAN FRANCISCO CHRONICLE 901 MISSION STREET SAN FRANCISCO, CA 94103	PRESIDENT/DIRECTOR PART TIME	NONE	NONE	NONE
W. RONALD INGRAM C/O SAN FRANCISCO CHRONICLE 901 MISSION STREET SAN FRANCISCO, CA 94103	SECRETARY/DIRECTOR PART TIME	NONE	NONE	NONE
AMY S. MCCOMBS C/O KRON TV CHANNEL 4 1001 VAN NESS AVENUE SAN FRANCISCO, CA 94109	DIRECTOR PART TIME	NONE	NONE	NONE
CONSUELO T. MARTIN C/O SAN FRANCISCO CHRONICLE 901 MISSION STREET SAN FRANCISCO, CA 94103	DIRECTOR PART TIME	NONE	NONE	NONE
JOHN B. SIAS C/O SAN FRANCISCO CHRONICLE 901 MISSION STREET SAN FRANCISCO, CA 94103	DIRECTOR PART TIME	NONE	NONE	NONE
PHELPS DEWEY C/O SAN FRANCISCO CHRONICLE 901 MISSION STREET	DIRECTOR PART TIME	NONE	NONE	NONE

FORM 990, PART V - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
SAN FRANCISCO, CA 94103				
ALAN H. NICHOLS JR. C/O SAN FRANCISCO CHRONICLE 901 MISSION STREET SAN FRANCISCO, CA 94103	CFO/DIRECTOR PART TIME	NONE	NONE	NONE
GRAND TOTALS				
		NONE	NONE	NONE

SCHEDULE A, PART III - EXPLANATION FOR LINE 2C  
=====

THE SAN FRANCISCO CHRONICLE ("CHRONICLE") PROVIDES ADMINISTRATIVE SERVICES TO THE SEASON OF SHARING FUND (SOS). THE CHRONICLE ALSO PAYS FEES TO COUNTY COORDINATORS AND FISCAL AGENTS FOR THEIR WORK IN DISTRIBUTING THE FUNDS WITHIN THEIR COUNTIES. THE CHRONICLE PUBLISHES STORIES FEATURING SOS RECIPIENTS AND DONORS, AND A LIST OF CONTRIBUTORS ON A DAILY BASIS DURING THE DRIVE. THE CHRONICLE PROVIDES NEWSPAPER ADS AND RACK CARDS THROUGHOUT THE CAMPAIGN. THE CHRONICLE PROVIDES ACKNOWLEDGEMENT LETTERS FOR LARGE DONORS.

SCHEDULE A, PART III - EXPLANATION FOR LINE 4

=====

FUNDS ARE ADMINISTERED BY THE NORTHERN CALIFORNIA GRANTMAKERS. AN ESTABLISHED NETWORK OF NONPROFIT COMMUNITY SERVICE ORGANIZATIONS COMPLETES FORMS FOR APPLICANTS, VERIFIES THE INFORMATION AND FORWARDS THE COMPLETED APPLICATIONS TO A SEASON OF SHARING COORDINATING COUNCIL IN EACH COUNTY.

THE COORDINATING COUNCIL PROCESSES THE APPLICATIONS, COMPLETES ANY REMAINING APPLICANT INFORMATION, AND APPROVES OR DENIES THE REQUESTS. UPON APPROVAL, A DESIGNATED FISCAL AGENT IN THE COUNTY, TYPICALLY A COMMUNITY FOUNDATION, WRITES THE CHECK AND SENDS IT OUT.

A REPRESENTATIVE OF THE CHRONICLE MEETS QUARTERLY WITH THE NORTHERN CALIFORNIA GRANTMAKERS AND REPRESENTATIVES FROM THE NINE BAY AREA COUNTIES TO DETERMINE EFFECTIVENESS OF THE DISTRIBUTION TO DATE.

A REPRESENTATIVE FROM THE CHRONICLE ALSO MEETS INFORMALLY WITH COMMUNITY SERVICE REPRESENTATIVES TO KEEP ABREAST OF PROGRAM EFFECTIVENESS, POTENTIAL PROBLEM AREAS, AND THE FOCUS OF THE PROGRAM FOR FUTURE YEARS.

OF  
CHRONICLE SEASON OF SHARING FUND

The undersigned, being all the Directors of Chronicle Season of Sharing Fund, a California non-profit public benefit corporation, in lieu of an annual meeting, hereby consent to the adoption of the following resolutions:

RESOLVED, that Section 4.02 of the bylaws of this corporation is hereby amended in its entirety to read as follows:

"4.02. Number of Directors. The authorized number of directors of the corporation shall be four (4)."

FURTHER RESOLVED, that Section 4.03 of the bylaws of this corporation is hereby amended in its entirety to read as follows:

"4.03. Appointment and Term of Office. All of the directors shall be designated by the Chief Executive Officer of The Hearst Corporation, a Delaware corporation. Each director, including a director elected to fill a vacancy, shall hold office until the expiration of the term for which designated and until a successor has been elected and qualified."

FURTHER RESOLVED, that Sections 4.04(a) and (d) of the bylaws of this corporation are hereby amended to read as follows:

"4.04. Vacancies.

(a) A director may be removed without cause by order of the Chief Executive Officer of The Hearst Corporation.

(d) Vacancies in the board of directors may be filled by a majority of the remaining directors, though less than a quorum, or by a sole remaining director. The Chief Executive Officer of The Hearst Corporation may fill any vacancy not filled by the directors."

FURTHER RESOLVED, that Section 4.06 of the bylaws of this corporation is hereby amended to read as follows:

"4.06. Annual Meeting. The board of directors shall hold a regular meeting for the purpose of organization, election of officers, and transaction of other business. Notice of such meeting shall not be required."

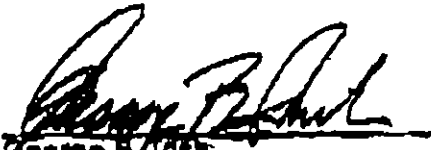
FURTHER RESOLVED, that the following persons are elected to the offices set forth opposite their names below to serve until a successor is elected and qualified:

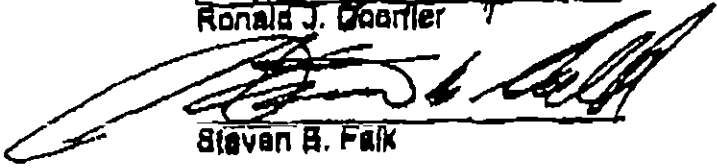
John F. Oppedahl  
Steven B. Falk  
Jodie W. King


President  
Vice President  
Secretary

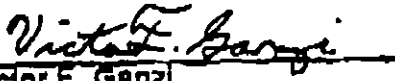
DATED: November 7, 2001

  
Ronald J. Doanler

  
George B. Fish

  
Steven B. Falk

  
Jodie W. King

  
Victor F. Ganzl

Certificate

Pursuant to Section 4.04 of the By-Laws of the Chronicle Season of Sharing Fund,  
I hereby remove the board of directors consisting of:

Steven B. Falk  
Victor F. Ganzl  
George B. Insh  
Ron Doerfler  
Jodie W. King

and replace them with the following board of directors consisting of:

John F. Oppedahl  
Steven B. Falk  
Ira Hirschfeld  
George B. Irish

DATED: November 7, 2001



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Frank A. Bennack, Jr.  
President and Chief Executive Officer  
The Hearst Corporation