

Form **990**

# Return of Organization Exempt From Income Tax

OMB No 1545-0047

# 2006

Department of the Treasury  
Internal Revenue Service

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

Open to Public Inspection

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

**A** For the 2006 calendar year, or tax year beginning **JUL 1, 2006** and ending **JUN 30, 2007**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	<b>C</b> Name of organization <b>CHRONICLE SEASON OF SHARING FUND</b> <b>C/O SAN FRANCISCO CHRONICLE</b>	<b>D</b> Employer identification number <b>94-3019992</b>	
		Number and street (or P O box if mail is not delivered to street address) <b>901 MISSION STREET</b>	Room/suite 	<b>E</b> Telephone number <b>(415) 777-7929</b>
		City or town, state or country, and ZIP + 4 <b>SAN FRANCISCO, CA 94103</b>		<b>F</b> Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify)

**G** Website: **WWW.SEASONOFSHARING.ORG**  
**J** Organization type (check only one)  501(c) ( 3 ) (insert no)  4947(a)(1) or  527  
**K** Check here  if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.  
**H** and **I** are not applicable to section 527 organizations.  
**H(a)** Is this a group return for affiliates?  Yes  No  
**H(b)** If "Yes," enter number of affiliates **N/A**  
**H(c)** Are all affiliates included? **N/A**  Yes  No (If "No," attach a list)  
**H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No  
**I** Group Exemption Number **N/A**

**L** Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 **5,198,944.**  
**M** Check  if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

## Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

SCANNED JUN 27 2008 Revenue

<b>1</b> Contributions, gifts, grants, and similar amounts received <b>a</b> Contributions to donor advised funds <b>b</b> Direct public support (not included on line 1a) <b>c</b> Indirect public support (not included on line 1a) <b>d</b> Government contributions (grants) (not included on line 1a) <b>e</b> Total (add lines 1a through 1d) (cash \$ <b>4,926,231.</b> noncash \$ <b>165,684.</b> )	1a					
	1b	<b>5,091,915.</b>				
	1c					
	1d					
	1e				<b>5,091,915.</b>	
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93) <b>3</b> Membership dues and assessments <b>4</b> Interest on savings and temporary cash investments <b>5</b> Dividends and interest from securities	2				
		3				
	<b>6</b> a Gross rents b Less rental expenses <b>c</b> Net rental income or (loss). Subtract line 6b from line 6a	6a				
		6b				
		6c				
	<b>7</b> Other investment income (describe ) <b>8</b> a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses <b>c</b> Gain or (loss) (attach schedule) <b>d</b> Net gain or (loss). Combine line 8c, columns (A) and (B)	(A) Securities		(B) Other		
		8a				
8b						
8c						
8d						
<b>9</b> Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/> <b>a</b> Gross revenue (not including \$ of contributions reported on line 1b) <b>b</b> Less direct expenses other than fundraising expenses <b>c</b> Net income or (loss) from special events. Subtract line 9b from line 9a	9a					
	9b					
	9c					
<b>10</b> a Gross sales of inventory, less returns and allowances b Less cost of goods sold <b>c</b> Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10a					
	10b					
	10c					
<b>11</b> Other revenue (from Part VII, line 103) <b>12</b> Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11 <b>13</b> Program services (from line 44, column (B)) <b>14</b> Management and general (from line 44, column (C)) <b>15</b> Fundraising (from line 44, column (D)) <b>16</b> Payments to affiliates (attach schedule) <b>17</b> Total expenses. Add lines 16 and 44, column (A)	11					
	12				<b>5,198,944.</b>	
	13				<b>4,925,742.</b>	
	14				<b>26,066.</b>	
	15					
<b>18</b> Excess or (deficit) for the year. Subtract line 17 from line 12 <b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A)) <b>20</b> Other changes in net assets or fund balances (attach explanation) <b>21</b> Net assets or fund balances at end of year. Combine lines 18, 19, and 20	17				<b>4,951,808.</b>	
	18				<b>247,136.</b>	
	19				<b>1,165,532.</b>	
	20				<b>0.</b>	
	21				<b>1,412,668.</b>	

**RECEIVED**  
**MAY 21 2008**  
**OGDEN, UT**

CHRONICLE SEASON OF SHARING FUND  
C/O SAN FRANCISCO CHRONICLE

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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

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
22a Grants paid from donor advised funds (attach schedule) (cash \$ 0 . noncash \$ 0 . If this amount includes foreign grants, check here <input type="checkbox"/> 22a				
22b Other grants and allocations (attach schedule) (cash \$ 4875000 . noncash \$ 0 . If this amount includes foreign grants, check here <input type="checkbox"/> 22b	4,875,000.	4,875,000.	STATEMENT 1	
23 Specific assistance to individuals (attach schedule) STATEMENT 2 23	50,742.	50,742.		
24 Benefits paid to or for members (attach schedule) 24				
25a Compensation of current officers, directors, key employees, etc listed in Part V-A 25a	0.	0.	0.	0.
b Compensation of former officers, directors, key employees, etc listed in Part V-B 25b	0.	0.	0.	0.
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 25c				
26 Salaries and wages of employees not included on lines 25a, b, and c 26				
27 Pension plan contributions not included on lines 25a, b, and c 27				
28 Employee benefits not included on lines 25a - 27 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 not covered above (itemize): a MISCELLANEOUS EXPENSES 43a	26,066.		26,066.	
b 43b				
c 43c				
d 43d				
e 43e				
f 43f				
g 43g				
44 Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15) 44	4,951,808.	4,925,742.	26,066.	0.

Joint Costs. Check  if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No

If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A , (ii) the amount allocated to Program services \$ N/A , (iii) the amount allocated to Management and general \$ N/A , and (iv) the amount allocated to Fundraising \$ N/A

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**Part III** Statement of Program Service Accomplishments (See the instructions.)

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.

What is the organization's primary exempt purpose? ► SEE STATEMENT 3	
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	Program Service Expenses (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others )
<b>a</b> FUNDS ARE DISTRIBUTED TO RESOLVE CRITICAL FAMILY NEEDS AND HOUSING ASSISTANCE ISSUES. FUNDS ARE ALSO DISTRIBUTED TO FOOD BANKS.  (Grants and allocations \$ 4,875,000. ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	4,925,742.
<b>b</b>  (Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>c</b>  (Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>d</b>  (Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>e</b> Other program services (attach schedule) (Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>f</b> Total of Program Service Expenses (should equal line 44, column (B), Program services) ►	4,925,742.

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**Part IV Balance Sheets** (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year	(B) End of year
Assets	45 Cash - non-interest-bearing		45
	46 Savings and temporary cash investments	1,155,820.	46 1,350,926.
	47 a Accounts receivable	47a	
	b Less: allowance for doubtful accounts	47b	47c
	48 a Pledges receivable	48a 61,302.	
	b Less: allowance for doubtful accounts	48b	48c 61,302.
	49 Grants receivable		49
	50 a Receivables from current and former officers, directors, trustees, and key employees		50a
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		50b
	51 a Other notes and loans receivable	51a	
	b Less: allowance for doubtful accounts	51b	51c
	52 Inventories for sale or use		52
	53 Prepaid expenses and deferred charges		53
	54 a Investments - publicly-traded securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54a
	b Investments - other securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54b
	55 a Investments - land, buildings, and equipment: basis	55a	
	b Less: accumulated depreciation	55b	55c
	56 Investments - other		56
	57 a Land, buildings, and equipment: basis	57a	
b Less: accumulated depreciation	57b	57c	
58 Other assets, including program-related investments (describe <input type="checkbox"/> INTEREST RECEIVABLE )	7,287.	58 440.	
59 <b>Total assets</b> (must equal line 74) Add lines 45 through 58	1,165,532.	59 1,412,668.	
Liabilities	60 Accounts payable and accrued expenses		60
	61 Grants payable		61
	62 Deferred revenue		62
	63 Loans from officers, directors, trustees, and key employees		63
	64 a Tax-exempt bond liabilities		64a
	b Mortgages and other notes payable		64b
	65 Other liabilities (describe <input type="checkbox"/> )		65
66 <b>Total liabilities.</b> Add lines 60 through 65	0.	66 0.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.		
	67 Unrestricted	1,165,532.	67 1,412,668.
	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)	1,165,532.	73 1,412,668.	
74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73	1,165,532.	74 1,412,668.	

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**Part IV-A** Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)

a	Total revenue, gains, and other support per audited financial statements		a	5,796,590.
b	Amounts included on line a but not on Part I, line 12:			
1	Net unrealized gains on investments	b1		
2	Donated services and use of facilities	b2	597,646.	
3	Recoveries of prior year grants	b3		
4	Other (specify): _____	b4		
	Add lines b1 through b4		b	597,646.
c	Subtract line b from line a		c	5,198,944.
d	Amounts included on Part I, line 12, but not on line a:			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify): _____	d2		
	Add lines d1 and d2		d	0.
e	Total revenue (Part I, line 12). Add lines c and d		e	5,198,944.

**Part IV-B** Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a	Total expenses and losses per audited financial statements		a	5,549,454.
b	Amounts included on line a but not on Part I, line 17:			
1	Donated services and use of facilities	b1	597,646.	
2	Prior year adjustments reported on Part I, line 20	b2		
3	Losses reported on Part I, line 20	b3		
4	Other (specify): _____	b4		
	Add lines b1 through b4		b	597,646.
c	Subtract line b from line a		c	4,951,808.
d	Amounts included on Part I, line 17, but not on line a:			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify): _____	d2		
	Add lines d1 and d2		d	0.
e	Total expenses (Part I, line 17). Add lines c and d		e	4,951,808.

**Part V-A** Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
FRANK VEGA C/O SF CHRONICLE, 901 MISSION ST. SAN FRANCISCO, CA 94103	DIRECTOR/PRESIDENT 0.50	0.	0.	0.
ELIZABETH CAIN C/O SF CHRONICLE, 901 MISSION ST. SAN FRANCISCO, CA 94103	TREASURER/SECRETARY 0.50	0.	0.	0.
PHIL BRONSTEIN C/O SF CHRONICLE, 901 MISSION ST. SAN FRANCISCO, CA 94103	DIRECTOR/VICE PRESIDENT 0.50	0.	0.	0.
IRA HIRSCHFIELD, EVELYN & WALTER HAAS ONE MARKET, LANDMARK, #400 SAN FRANCISCO, CA 94105	DIRECTOR 0.50	0.	0.	0.
GEORGE B. IRISH THE HEARST CORP., 959-8TH AVE, #220 NEW YORK, NY 10019	DIRECTOR 0.50	0.	0.	0.
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Part VI Other Information (continued)		Yes	No	
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 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		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b		
85	501(c)(4), (5), or (6) organizations			
a	Were substantially all dues nondeductible by members?	85a		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? 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.	85b		
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 on line 85f?	85g		N/A
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 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) organizations. 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) organizations. 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 a	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	88a		X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	88b		X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <u>0.</u> , section 4912 <u>0.</u> , section 4955 <u>0.</u>			
b	501(c)(3) and 501(c)(4) organizations. 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			<u>0.</u>
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization			<u>0.</u>
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e		X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f		X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g		X
90 a	List the states with which a copy of this return is filed <u>CA</u>			
b	Number of employees employed in the pay period that includes March 12, 2006	90b		<u>0</u>
91 a	The books are in care of <u>J. KIRSCHENBAUM, C/O SF CHRONICLE</u> Telephone no <u>415-777-7929</u> Located at <u>901 MISSION STREET, SAN FRANCISCO, CA</u> ZIP + 4 <u>94103</u>			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country <u>N/A</u> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	91b		X

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**Part VI Other Information** (continued) Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c    
If "Yes," enter the name of the foreign country N/A

92 Section 4947(a)(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 the instructions)

Note: 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) Exclu- sion 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	107,029.	
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))		0.		107,029.	0.
105 Total (add line 104, columns (B), (D), and (E))					107,029.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See the instructions)

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 the instructions)

(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
N/A	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See the instructions)

(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)

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**Part XI** Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13) N/A

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- -----			
b	----- -----			
c	----- -----			
<b>Totals</b>				

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- -----			
b	----- -----			
c	----- -----			
<b>Totals</b>				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No

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, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Please Sign Here**

Signature of officer: Elizabeth A. Cain Date: 5/15/08

Type or print name and title: Elizabeth A. Cain Treasurer

---

**Paid Preparer's Use Only**

Preparer's signature: Shaun Zebach Date: 5/14/08 Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: DELOITTE TAX LLP  
50 FREMONT STREET  
SAN FRANCISCO, CA 94105

Preparer's SSN or PTIN (See Gen. Inst. X): \_\_\_\_\_

EIN: \_\_\_\_\_

Phone no: 415-783-4000

Form 990 (2006)

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

Department of the Treasury  
Internal Revenue Service

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

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

**Supplementary Information-(See separate instructions.)**  
▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No 1545-0047

**2006**

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 2 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
NONE				
Total number of other employees paid over \$50,000	▶ 0			

**Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See page 2 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
NONE		
Total number of others receiving over \$50,000 for professional services	▶ 0	

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**  
(List each contractor who performed services other than professional services, whether individuals or firms If there are none, enter "None " See page 2 of the instructions )

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over \$50,000 for other services	▶ 0	

CHRONICLE SEASON OF SHARING FUND

**Part III** Statements About Activities (See page 2 of the instructions)

	Yes	No
<p><b>1</b> During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B )</p> <p>Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities</p>	1	X
<p><b>2</b> During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions )</p> <p><b>a</b> Sale, exchange, or leasing of property?</p> <p><b>b</b> Lending of money or other extension of credit?</p> <p><b>c</b> Furnishing of goods, services, or facilities? <span style="float: right;">SEE STATEMENT 4</span></p> <p><b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?</p> <p><b>e</b> Transfer of any part of its income or assets?</p>	2a 2b 2c 2d 2e	 X X X X
<p><b>3 a</b> Did the organization make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments ) <span style="float: right;">SEE STATEMENT 5</span></p> <p><b>b</b> Did the organization have a section 403(b) annuity plan for its employees?</p> <p><b>c</b> Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement</p> <p><b>d</b> Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?</p>	3a 3b 3c 3d	 X X X X
<p><b>4 a</b> Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g</p> <p><b>b</b> Did the organization make any taxable distributions under section 4966?</p> <p><b>c</b> Did the organization make a distribution to a donor, donor advisor, or related person?</p> <p><b>d</b> Enter the total number of donor advised funds owned at the end of the tax year</p> <p><b>e</b> Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year</p> <p><b>f</b> Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts</p> <p><b>g</b> Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year</p>	4a 4b 4c ► ► ► ►	 X X N/A N/A N/A N/A 0. 0.

**Part IV Reason for Non-Private Foundation Status** (See pages 4 through 7 of the instructions )

I certify that 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 )
- 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  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 otherwise meets the requirements of section 509(a)(3) Check the box that describes the type of supporting organization  
 Type I                       Type II                       Type III-Functionally Integrated                       Type III-Other

Provide the following information about the supported organizations (See page 7 of the instructions )

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
<b>Total</b>					►

- 14  An organization organized and operated to test for public safety Section 509(a)(4) (See page 7 of the instructions )

CHRONICLE SEASON OF SHARING FUND

Schedule A (Form 990 or 990-EZ) 2006 C/O SAN FRANCISCO CHRONICLE

94-3019992 Page 4

**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) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)	4,398,497.	4,475,647.	4,123,714.	3,849,254.	16,847,112.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related 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	73,148.	23,513.	1,844.	5,702.	104,207.
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	4,471,645.	4,499,160.	4,125,558.	3,854,956.	16,951,319.
24 Line 23 minus line 17	4,471,645.	4,499,160.	4,125,558.	3,854,956.	16,951,319.
25 Enter 1% of line 23	44,716.	44,992.	41,256.	38,550.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 339,026.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a Do not file this list with your return. Enter the total of all these excess amounts					26b 1,083,896.
c Total support for section 509(a)(1) test Enter line 24, column (e)					26c 16,951,319.
d Add Amounts from column (e) for lines 18 104,207. 19 19 22 22 1,083,896.					26d 1,188,103.
e Public support (line 26c minus line 26d total)					26e 15,763,216.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 92.9911%
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return Enter the sum of such amounts for each year	(2005) N/A	(2004) N/A	(2003) N/A	(2002) N/A	
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records 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 11b, as well as individuals) Do not file this list with your return. 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	(2005) N/A	(2004) N/A	(2003) N/A	(2002) N/A	
c Add Amounts from column (e) for lines 15 15 16 16 17 17 20 20 21 21					27c N/A
d Add Line 27a total and line 27b total					27d N/A
e Public support (line 27c total minus line 27d total)					27e N/A
f Total support for section 509(a)(2) test Enter amount on line 23, column (e)					27f N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A %
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant Do not file this list with your return. Do not include these grants in line 15	NONE				

CHRONICLE SEASON OF SHARING FUND

**Part V** Private School Questionnaire (See page 9 of the instructions)

N/A

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

		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?	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
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 )	32d	
	_____		
33	Does the organization discriminate by race in any way with respect to		
a	Students' rights or privileges?	33a	
b	Admissions policies?	33b	
c	Employment of faculty or administrative staff?	33c	
d	Scholarships or other financial assistance?	33d	
e	Educational policies?	33e	
f	Use of facilities?	33f	
g	Athletic programs?	33g	
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement )	33h	
	_____		
	_____		
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	
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	34b	
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	35	

CHRONICLE SEASON OF SHARING FUND

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 10 of the instructions)

N/A

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

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

**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred)

	(a) Affiliated group totals	(b) To be completed for all electing organizations
	N/A	
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	} 41	
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		
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 13 of the instructions)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				N/A (e) Total
	(a) 2006	(b) 2005	(c) 2004	(d) 2003	
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

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

(For reporting only by organizations that did not complete Part VI-A) (See page 13 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.)			0.

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





PROVIDE HOUSING & CRITICAL FAMILY NEEDS CATHOLIC CHARITIES - ALAMEDA 433 JEFFERSON ST OAKLAND, CA 94607	781,470.
PROVIDE HOUSING & CRITICAL FAMILY NEEDS EAST BAY COMM. FDN. - CONTRA COSTA 200 FRANK OGAWA PLAZA OAKLAND, CA	534,690.
PROVIDE HOUSING & CRITICAL FAMILY NEEDS COMMUNITY ACTION MARIN 29 MARY ST. SAN RAFAEL, CA	205,650.
PROVIDE HOUSING & CRITICAL FAMILY NEEDS COMMUNITY ACTION NAPA VALLEY 3273 CLAREMONT WAY NAPA, CA	246,780.
PROVIDE HOUSING & CRITICAL FAMILY NEEDS HOLY FAMILY DAY HOME - SF  SAN FRANCISCO, CA	781,470.
PROVIDE HOUSING & CRITICAL FAMILY NEEDS SAMARITAN HOUSE - SAN MATEO 1515 S. CLAREMONT ST. SAN MATEO, CA	534,690.
PROVIDE HOUSING & CRITICAL FAMILY NEEDS SUNNYVALE COMM SRV - SANTA CLARA 725 KIFER RD. SUNNYVALE, CA	534,690.
PROVIDE HOUSING & CRITICAL FAMILY NEEDS BENICIA COMM.ACTION COUNCIL-SOLANO 480 MILITARY EAST BENICIA, CA	246,780.
PROVIDE HOUSING & CRITICAL FAMILY NEEDS SALVATION ARMY - SONOMA CTY 401 AMADOR ST. VALLEJO, CA	246,780.
TOTAL INCLUDED ON FORM 990, PART II, LINE 22B	<hr/> <u>4,875,000.</u>



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SCHEDULE A	EXPLANATION OF TRANSACTIONS PART III, LINE 2C	STATEMENT	4
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THE SAN FRANCISCO CHRONICLE ("CHRONICLE") PROVIDES ADMINISTRATIVE SERVICES TO THE CHRONICLE 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 DURING THE DRIVE. THE CHRONICLE PROVIDES NEWSPAPER ADS AND RACK CARDS THROUGHOUT THE CAMPAIGN. THE CHRONICLE PROVIDES ACKNOWLEDGEMENT LETTERS FOR DONORS OF MORE THAN \$250.

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SCHEDULE A      EXPLANATION OF QUALIFICATIONS TO RECEIVE PAYMENTS      STATEMENT      5  
PART III, LINE 3A

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THE SAN FRANCISCO CHRONICLE HAS ASSUMED THE RESPONSIBILITY OF FUND ADMINISTRATION. AN ESTABLISHED NETWORK OF NONPROFIT COMMUNITY SERVICE ORGANIZATIONS COMPLETES FORMS FOR APPLICANTS, VERIFIES THE INFORMATION AND FORWARDS THE COMPLETED APPLICATIONS TO A CHRONICLE SEASON OF SHARING COORDINATING COUNCIL IN EACH COUNTY. THE COORDINATING COUNCIL PROCESSES THE APPLICATION, 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 CHECKS AND SENDS THEM OUT. A REPRESENTATIVE OF THE CHRONICLE MEETS AS NECESSARY WITH REPRESENTATIVES FROM THE NINE BAY AREA COUNTIES TO DETERMINE EFFECTIVENESS OF THE DISTRIBUTIONS 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.

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

▶ 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)
- 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)

**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*

**Electronic Filing (e-file).** Form 8868 can be filed electronically if you want a 3 month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990 T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile).

<b>Type or print</b>	Name of Exempt Organization <b>CHRONICLE SEASON OF SHARING FUND C/O SAN FRANCISCO CHRONICLE</b>	Employer identification number <b>94-3019992</b>
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. <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-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 |

- The books are in the care of ▶ **J. KIRSCHENBAUM, C/O SF CHRONICLE**  
Telephone No ▶ **415-777-7929** FAX No ▶ \_\_\_\_\_
- 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-months for a **Form 990-T corporation**) extension of time until **FEBRUARY 15, 2008** 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 **JUL 1, 2006**, and ending **JUN 30, 2007**.
- 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. \$ **N/A**

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

• If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only Part II and check this box

**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).

<b>Part II Additional (not automatic) 3-Month Extension of Time.</b> You must file original and one copy		
Type or print  File by the extended due date for filing the return. See instructions	Name of Exempt Organization <b>CHRONICLE SEASON OF SHARING FUND C/O SAN FRANCISCO CHRONICLE</b>	Employer identification number <b>94-3019992</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>901 MISSION STREET</b>	For IRS use only
	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).

- Form 990   
  Form 990-EZ   
  Form 990-T (sec. 401(a) or 408(a) trust)   
  Form 1041-A   
  Form 5227   
  Form 8870  
 Form 990-BL   
  Form 990-PF   
  Form 990-T (trust other than above)   
  Form 4720   
  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.**

• The books are in the care of **J. KIRSCHENBAUM, C/O SF CHRONICLE**

Telephone No **415-777-7929**

FAX No

• 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 **MAY 15, 2008**
- 5 For calendar year \_\_\_\_\_, or other tax year beginning **JUL 1, 2006**, and ending **JUN 30, 2007**
- 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 REQUIRED TO OBTAIN INFORMATION NEEDED 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	8a	\$	
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.	8b	\$	
c <b>Balance Due.</b> 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.	8c	\$	N/A

**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. A member of the staff of Deloitte Tax LLP

Signature Sharon Zerbach Title 50 Fremont Street, San Francisco, CA 94105 Date 2/11/08

**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 extended due date of the return for which an extension was requested.
- Other \_\_\_\_\_

Director \_\_\_\_\_ By \_\_\_\_\_ 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
	Number and street (include suite, room, or apt. no.) or a P.O. box number
	City or town, province or state, and country (including postal or ZIP code)