990

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury

Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990. Internal Revenue Service For the 2013 calendar year, or tax year beginning 7/1/2013 6/30/2014 Check if applicable: C Name of organization C.G. Jung Institute of San Francisco D Employer identification number Doing Business As Address change Number and street (or P.O. box if mail is not delivered to street address) 94-6108904 Name change 2040 Gouah St. E Telephone number Initial return City or town ZIP code State (415)771-8055 San Francisco CA 94109 Terminated Foreign country name Foreign province/state/county Foreign postal code Amended return G Gross receipts \$ 4,322,214 Application pending F Name and address of principal officer: H(a) Is this a group return for subordinates? Yes X No Howard Pollack 1040 Gough St., San Francisco, CA 94109 H(b) Are all subordinates included? X 501(c)(3) If "No," attach a list. (see instructions) Tax-exempt status: 501(c) () (insert no.) 4947(a)(1) or J Website: WWW.sfjung.org H(c) Group exemption number ▶ K Form of organization: X Corporation Trust L Year of formation: 1964 Association-Other: M State of legal domicile: CA Part I Summary Briefly describe the organization's mission or most significant activities: The Institute offers education and Activities & Governance information to other professionals and the general public and promotes research about Jungian anlaysis and psychotherapy. Through the James Goodrich Whitney Clinic, Jungian Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 17 Total number of individuals employed in calendar year 2013 (Part V, line 2a) 12 6 Total unrelated business revenue from Part VIII, column (C), line 12.... 0 Net unrelated business taxable income from Form 990-T, line 34. **Current Year** 8 Contributions and grants (Part VIII, line 1h) 1.117.862 2,139,597 Revenue 9 368,886 378,965 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 194,914 333,010 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 2,851,572 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 3,000 Benefits paid to or for members (Part IX, column (A), line 4) 14 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) and a 414,330 454,534 16a Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) ▶ 71,502 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 486.013 538,588 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 900,343 996,122 Revenue less expenses. Subtract line 18 from line 12 781.319 1,855,450 Assets or Balances **Beginning of Current Year End of Year** 20 Total assets (Part X, line 16) . . 6.944.374 9,336,932 Total liabilities (Part X, line 26) 21 51,908 22 Net assets or fund balances. Subtract line 21 from line 20 6.892.466 9,264,175 Signature Block 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. Sign Signature of officer Here Steve Hargis Bullen **Executive Director** Type or print name and title Print/Type preparer's name Date Check X if self-employed Paid 479-58-4491 Bradley Pence 5/10/15 **Preparer** Firm's name ▶ Bradley Pence Firm's EIN - 94-3222630 **Use Only** Firm's address > 560 Farakllon Ave Pacifica, May the IRS discuss this return with the preparer shown above? (see instructions) . . .

Pa		am Service Accomplishments contains a response or note to a	any line in this Part III	X
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•			ilization of	
			nd.	
	arialytical psychology and to dissi			
2	2 Did the organization undertake ar	v significant program services durin	ng the year which were not listed on	
_				Nο
	If "Yes," describe these new servi			
3		cting, or make significant changes in	in how it conducts, any program	
3	services?	-		No
	If "Yes," describe these changes		/ / / / / / / / / / / / / / / / / / /	110
4			ch of its three largest program services, as measured by	
: "			to report the amount of grants and allocations to others,	
		f any, for each program service repo		
	the total expenses, and revenue,	ally, for each program service repo	orted.	
4a	1a (Codo: \(\) (Eyponso	os \$ 160 304 including gran	nts of \$) (Revenue \$)	
44				
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	*************************			2007
		*************************	X	
		450 500 : 1 !!	(
4b			nts of \$) (Revenue \$)	

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4c	c (Code:) (Expense	s \$ 104.179 including gran	nts of \$) (Revenue \$)	
	Library	***************************************		
	Libid Carrantes and a service			
				n=n:
	***************************************			7.77

	***************************************		,	
4d	d Other program services. (Describe	in Schedule O.)		
	• •	including grants of \$	0) (Revenue \$ 0)	
4e		► 753,918		

Part IV Checklist of Required Schedules

			Yes	NO
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	 ^	X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		×
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II			
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	4		X
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	۲		<u> </u>
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		×
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			<u> </u>
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		Х
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," <i>complete</i>			
h	Schedule D, Parts XI and XII	12a		X
D	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Х	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Χ
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
45	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Χ.
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	4-		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	15	-	<u>X</u>
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u>X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions).	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
20a	If "Yes," complete Schedule G, Part III	19 20a	-	X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a	+	
	The state of the s	700		

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
22	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a			\ ,
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		Х
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		
	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	230		^
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If so, complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			v
28	entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III </i>	27	HI CO	X
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):	0.0	119	
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete</i>			
	Schedule L, Part IV	28b		Х
C	was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Χ
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
32	Part I	31		Х
02	If "Yes," complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		- 1	
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Χ
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,			
	Ill, or IV, and Part V, line 1	34	-	Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled	35a	-	
	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36		X
	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		y
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	31		<u>X</u>
	19? Note. All Form 990 filers are required to complete Schedule O.	38	х	
		Form 9		013)

C.G. Jung Institute of San Francisco
Statements Regarding Other IRS Filings and Tax Compliance Part V Check if Schedule O contains a response or note to any line in this Part V

-			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1000	11/2	TE.
	gaming (gambling) winnings to prize winners?	1c		_
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return . 2a 12	183	85.55	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	7e y
3a	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file.</i> (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year?	20		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3a 3b		^
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	30		
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		Х
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for FinCen Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Χ
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Χ
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		1	
L	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	-	Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	e h		
7	Organizations that may receive deductible contributions under section 170(c).	6b		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
_	and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		Χ
d	If "Yes," indicate the number of Forms 8282 filed during the year	370	15.1	
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	_	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h	-	
h 8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	m		
•	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	25.0		1
а	Did the organization make any taxable distributions under section 4966?	9a		Χ
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		Χ
0	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
1	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
a b	Gross income from members or shareholders		-61	
D	against amounts due or received from them.)			
2a		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	ani	Li l	
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а		13a		
	Note. See the instructions for additional information the organization must report on Schedule O.		3/	
b	Enter the amount of reserves the organization is required to maintain by the states in which		400	
_	the organization is licensed to issue qualified health plans			
C 12	Enter the amount of reserves on hand	14a		X
4a b	The state of the s	14a 14b	-	^

Part VI

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI.

Section A Governing Redu and Management

Sec	tion A. Governing body and Management			_	
1-	Enter the number of voting members of the severning hady at the and of the tay year	ا ا	7	Yes	No
ıa	Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or	1a 1	4	140	WA1
	if the governing body delegated broad authority to an executive committee or similar				201
	committee, explain in Schedule O.				200
b	Enter the number of voting members included in line 1a, above, who are independent	1b 17	7		1
2	Did any officer, director, trustee, or key employee have a family relationship or a business relati			11 48	
2	any other officer, director, trustee, or key employee?	•	2		
3	Did the organization delegate control over management duties customarily performed by or unc		2		X
3	supervision of officers, directors, or trustees, or key employees to a management company or c		,		_
4		- C - C - C - C - C - C - C - C - C - C	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 w		4		$\overline{}$
5	Did the organization become aware during the year of a significant diversion of the organization		5		X
6	Did the organization have members or stockholders?		6		
7a	Did the organization have members, stockholders, or other persons who had the power to elect		7-		V
L	one or more members of the governing body?		7a	_	X
b	Are any governance decisions of the organization reserved to (or subject to approval by) memb		71.		
	stockholders, or persons other than the governing body?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions underta	ken during		1130	
_	the year by the following:		0.0	V	
a	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?		8b	-	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be				V
C 4	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule (9		_X_
Sect	ion B. Policies (This Section B requests information about policies not required by the I	iternai Revenue C	oae.)	Yes I	Nia
100	Did the erganization have level chanters, branches, or effiliates?		10a	Yes	No X
	Did the organization have local chapters, branches, or affiliates?		Tua	_	
D	affiliates, and branches to ensure their operations are consistent with the organization's exempt		406		
110	Has the organization provided a complete copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of the c		10b	Х	
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	ore ming the form?.	11a	\rightarrow	-
b			42-	V	
12a b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could		12a 12b	X	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy?		120	$\stackrel{\sim}{-}$	
	describe in Schedule O how this was done	11 163,	12c	х	
13	Did the organization have a written whistleblower policy?		13	x	
14	Did the organization have a written document retention and destruction policy?		14	x	_
15	Did the process for determining compensation of the following persons include a review and app		140	^	
10	independent persons, comparability data, and contemporaneous substantiation of the deliberation		1		
2	The organization's CEO, Executive Director, or top management official.		15a	х	
b	Other officers or key employees of the organization		15b	$\hat{\mathbf{x}}$	
D	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		130	^	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arra	ngement	100		
104	with a taxable entity during the year?	•	16a	- 77	Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evo		104	2002	
	participation in joint venture arrangements under applicable federal tax law, and take steps to sa			3.31	
	the organization's exempt status with respect to such arrangements?		16b		
Secti	on C. Disclosure		100		
17	List the states with which a copy of this Form 990 is required to be filed ► CA				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and	990-T (Section 501(c)(3)s	only)	
	available for public inspection. Indicate how you made these available. Check all that apply.	, , , , , , , , , , , , , , , , , , , ,	, (- , -	,	
		olain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents		oolicy	and	
	financial statements available to the public during the tax year.			-	
20	State the name, physical address, and telephone number of the person who possesses the bool	s and records of the			
	organization: ► C.G Jung Institute of San Francisco				
	2040 Gough Street San Francisco CA 94109			~	

C.G. Jung I	nstitute of	San	Francisco
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Form 990 (2013)

94-6108904

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Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated	_
	Employees, and Independent Contractors	
	Check if Schedule O contains a response or note to any line in this Part VII	

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor a	ny related orgar	nizatio	on c	om	pen	sate	d an	y current officer	, director, or trus	stee.
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles er an	Pos neck	ersor direct	e than is bot tor/trus	h an tee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Mike Reding BOG	5.00	х								
(2) Anita Barzman BOG	5.00	Х								
(3) Susan Bostrom-Wong BOG	5.00	Х								
(4) Gail Grynbaum BOG	5.00	Х								
(5) Jean Kirsch BOG	5.00	Х								
(6) Tom Kirsch BOG	5.00	х								
(7) Betty Wheelwright BOG	5.00	х								
(8) Susan Ruskin BOG	5.00	х								
(9) Scott Alvarez BOG	5.00	х								
(10) Baruch Gould BOG	5.00	х								
(11) Johanna Baruch BOG	5.00	х								
(12) Mary Webster BOG	5.00	х								
(13) Jeffrey Sandler BOG	5.00	х								
(14) Howards Pollack President	5.00			x				9.000		

Part VII Section A. Officers, Directors, T	rustees, Key E	mplo	yee	s, a	nd	High	est	Compensated	Employees (co	ontinu	ied)	
					C)							
(A)	(B)	(do r	not ch		ition more	e than	one	(D)	(E)		(F)	
Name and title	Average	box.	unles	ss pe	erson	is bot	h an	Reportable	Reportable		Estimate	
	hours per week (list any	office				or/trus		compensation from	compensation from related	8	mount other	OT
	hours for	or div	nstitu	Officer	Key	mp light	Former	the	organizations		npensa	
	related organizations	ecto	tior	19	藚	oyee	역	organization (W-2/1099-MISC)	(W-2/1099-MISC)		from the ganizat	
	below dotted line)	or director	al tr		employee	l" a					nd relat aanizati	
	line)	Ê	Institutional trustee			Highest compensated employee					jai ii Zati	0113
			ן מי			ted						
(15) Robert Tyminski	5.00		\vdash									
President -elect				х								
(16) Catherine White	5.00							11				
Secretary				Х								
(17) Margo Leahy	5.00											
Treasurer				Х								
(18)												
(19)												
323/11111111111111111111111111111111111												
(20)												
70.0							_					
(21)												
(22)				\dashv			-					
\$65/												
(23)												
(24)												
(05)				-	-		-					_
(25)												
1b Sub-total			-	_		- V	▶	9,000	0			C
c Total from continuation sheets to Part VII,				s 8			•	0	0			C
d Total (add lines 1b and 1c)	10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						▶	9,000	0			C
2 Total number of individuals (including but not		listed	abo	ove)) wh	о гес	eiv	ed more than \$1	100,000 of			
reportable compensation from the organization	n 🕨			0								
0 011		l		-1		1-	la .		. 1		Yes	No
3 Did the organization list any former officer, di employee on line 1a? If "Yes," complete Sche					yee			est compensate		3		X
•										113	500	^
4 For any individual listed on line 1a, is the sum the organization and related organizations greater											8 34	
individual			·· .							4	200000	Х
5 Did any person listed on line 1a receive or acc	crue compensati	on fr	om :	anv	unr	elate	d o	rganization or in	dividual	13.5	5 17	11
for services rendered to the organization? If "										5		
Section B. Independent Contractors												
1 Complete this table for your five highest comp												
compensation from the organization. Report of	ompensation for	the	cale	nda	ar ye	ear ei	ndir	g with or within	the organization	ı's ta	K	
year.						- 1	_	(D)				
(A) Name and business add	ress							(B) Description of serv	rices C	(C) ompen		
None						-						0
												0
												0
												0
*							_			000		0
2 Total number of independent contractors (incl		iited 1	to th	iose	lisi	ted al	DOV	e) who received	THE PARTY OF			

Part VIII Statement of Revenue

		Check if Schedule O contains a response or note to an	ny line in this Part V	III.		Y 040 X
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
s s	1a	The state of the s	0		CENTRE LEADING	
ran	b	Membership dues	8,699			
. G	С		0	197		201-21-4
Contributions, Gifts, Grants and Other Similar Amounts	d		0		Marie Town	
S, m	е	Government grants (contributions) 1e	0			
tion	f	All other contributions, gifts, grants, and				
혈粪			0,898			
Conti	g		0			
C	h	Total. Add lines 1a–1f	2,139,59	97		
ē		Business			Arte Landing	STATE OF THE STATE OF
Program Service Revenue	2a	Public Programs	110,59	110,595		
₽ĕ.	ь		157,66			
<u>ic</u>	С	Professional Education	72,63			
ě	d	Royalties	7,80			
E	е	Friends of the Institute	5,58			
gra	f	All other program service revenue	24,69			
P	q	Total. Add lines 2a–2f				
	3	Investment income (including dividends, interest, and				
		other similar amounts)	. ▶ 193,58	36		193,586
	4	Income from investment of tax-exempt bond proceeds		0		1,20,000
	5	Royalties		0		
		(i) Real (ii) Perso	nal		Carolic Lucia	H MASS JUDISEL
	6a	Gross rents				
	b	Less: rental expenses				
	С	Rental income or (loss) 0	0			
	d	Net rental income or (loss)		0		
	7a	Gross amount from sales of (i) Securities (ii) Other		S British Later	in straining to	MARKET SHEET SEE
- 1		assets other than inventory 1,610,066	0			
- 1	b	Less: cost or other basis				
		and sales expenses 1,470,642	0			
	С	Gain or (loss)	0			
	d	Net gain or (loss)	139,42	4	Contract of the Contract of th	
		,	1 1/ 8 T RHSUA	A Mills Such House	Contract Contract	Section of Control
Other Revenue	8a	Gross income from fundraising events (not including \$0 of contributions reported on line 1c). See Part IV, line 18	0			
Ě	b	Less: direct expenses b	0			
9	С	Net income or (loss) from fundraising events .	.	0		
	9a	Gross income from gaming activities.	The state of		A. A.	
- 1		See Part IV, line 19	0			
	b	Less: direct expenses b	0			(3.1)
		Net income or (loss) from gaming activities	. >	0		
	10a	Gross sales of inventory, less				
		returns and allowances a	0			
		Less: cost of goods sold b	0			13.33
	C	Net income or (loss) from sales of inventory	. •	0		
		Miscellaneous Revenue Business C	ode			W-IIIS-W
	11a			0		
	b					
	C	***************************************				
	d	All other revenue				
	е	Total. Add lines 11a-11d war a war a war a war a war a			sit parititating	\$30 EVEL
	12	Total revenue See instructions	2 051 57	270 005		100 500

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete columi	ection 501	01(c)(3) and 501(c)(4)	organizations must complete	all columns. All other	ner organizations must complete column	A).
---	------------	------------------------	-----------------------------	------------------------	--	-----

	Check if Schedule O contains a response or note	e to any line in this l	Part IX		
	not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21	0			
2	Grants and other assistance to individuals in the				SUCCESSION TO THE
	United States. See Part IV, line 22	3,000	3,000		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors,	0.000	0.000		
	trustees, and key employees.	9,000	9,000		
6	Compensation not included above, to disqualified		1		
	persons (as defined under section 4958(f)(1)) and		1		
7	persons described in section 4958(c)(3)(B)	377,394	306,517	27 727	40.450
8	Pension plan accruals and contributions (include	311,394	300,517	27,727	43,150
U	section 401(k) and 403(b) employer contributions)	24,310	10.003	12.004	4.400
9	Other employee benefits	16,672	10,093 13,504	13,094 1,334	1,123 1,834
10	Payroll taxes	27,158	21,998	2,173	2,987
11	Fees for services (non-employees):	27,100	21,990	2,173	2,967
a	Management	0			
b	Legal	1,000		1,000	
C	Accounting	41,894	28,605	13,289	
d	Lobbying	0	20,000	10,200	
е	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	40,435		40,435	
g	Other, (If line 11g amount exceeds 10% of line 25, column				
_	(A) amount, list line 11g expenses on Schedule O.)	99,544	97,994		1,550
12	Advertising and promotion	0			
13	Office expenses	68,928	37,549	21,418	9,961
14	Information technology	15,250	6,484	8,667	99
15	Royalties	0			
16	Occupancy	43,748	24,180	19,443	125
17	Travel	0			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials .	0			
19	Conferences, conventions, and meetings	98,183	84,822	8,028	5,333
20	Interest	0			
21	Payments to affiliates	0	10.011	0.705	0.700
22	Depreciation, depletion, and amortization	21,789	16,341	2,725	2,723
23 24	Insurance	12,725	8,639	3,860	226
24	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	Bank Charges	7,566	3,778	3,758	30
b		0	0,770	0,700	- 50
C	Miscellanous	0			
ď	Dues	34,917	34,917		
e	All other expenses	52,609	46,542	3,706	2,361
25	Total functional expenses. Add lines 1 through 24e .	996,122	753,963	170,657	71,502
26	Joint costs. Complete this line only if the				113-3-3
	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here ▶ if				
	following SOP 98-2 (ASC 958-720)				

		Check if Schedule O contains a response or not	e to any line in this Part	X		
				(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			1	
	2	Savings and temporary cash investments		124,032	2	206,879
	3	Pledges and grants receivable, net	The state of the s	0	3	0
	4	Accounts receivable, net		33,771	4	36,724
	5	Loans and other receivables from current and forme			8 13	
		trustees, key employees, and highest compensated Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as 4958(f)(1)), persons described in section 4958(c)(3)(B), and cor	ntributing employers and			
rn.		sponsoring organizations of section 501(c)(9) voluntary employed		The state of the s	4970	
Assets	l _	organizations (see instructions). Complete Part II of Schedule L			6	
ASS	7	Notes and loans receivable, net	/F	0	7	0
1	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment: cost or	***			
	١.	other basis. Complete Part VI of Schedule D 10a		051.404	10	005.007
	b	Less: accumulated depreciation 10b		254,101		235,367
	11	Investments—publicly traded securities		6,494,976	11	8,813,281
	12	Investments—other securities. See Part IV, line 11.	-	0	12	0
	13	Investments—program-related. See Part IV, line 11		0	13	0
	14	Intangible assets		0	14	0
	15	Other assets. See Part IV, line 11	-	37,494	15	44,681
	16	Total assets. Add lines 1 through 15 (must equal lin		6,944,374	16	9,336,932
	17	Accounts payable and accrued expenses		20,840	17	32,846
	18	Grants payable		4.040	18	
	19	Deferred revenue		1,642	19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part			21	
Liabilities	22	Loans and other payables to current and former office		A DESIGNATION OF THE SECOND	185	
Ħ		trustees, key employees, highest compensated emp			20	
jat		disqualified persons. Complete Part II of Schedule L	-		22	
	23	Secured mortgages and notes payable to unrelated		0	23	0
	24	Unsecured notes and loans payable to unrelated thi	-	0	24	0
	25	Other liabilities (including federal income tax, payable				
		parties, and other liabilities not included on lines 17- Part X of Schedule D		29,426	25	39,911
	26	Total liabilities. Add lines 17 through 25		51,908	25 26	72,757
	20			31,300	20	72,737
seo		Organizations that follow SFAS 117 (ASC 958), c complete lines 27 through 29, and lines 33 and 3				
lan	27	Unrestricted net assets		5,950,463	27	7,199,126
Ba	28	Temporarily restricted net assets		849,487	28	1,967,377
미	29	Permanently restricted net assets		92,516	29	97,672
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC958), check complete lines 30 through 34.	here and			
ets	30	Capital stock or trust principal, or current funds			30	
SS	31	Paid-in or capital surplus, or land, building, or equipr			31	
I A	32	Retained earnings, endowment, accumulated incom			32	
ž	33	Total net assets or fund balances		6,892,466	33	9,264,175
	34	Total liabilities and net assets/fund balances		6,944,374	34	9,336,932

If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in

If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Schedule O.

Form **990** (2013)

Χ

2c

3a

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2013

Open to Public Inspection

Employer identification number

C.G. J	ung Institute of	San Francisco						_	94-6	3108904
Part			harity Status (All or						nstructio	ons.
	_	•	dation because it is: (F					•		
1 [=		urches, or association				ction 170	D(b)(1)(A)	(i).	
2			ion 170(b)(1)(A)(ii). (A							
3 [•	hospital service organ				. , ,			
4 _		esearch organi: ame, city, and s	zation operated in conj state:	unction w	vith a hosp	ital desc	ribed in s	ection 17	0(b)(1)(A	(iii). Enter the
5	_		or the benefit of a colle . (Complete Part II.)	ege or uni	versity ow	ned or o	perated b	y a goverr	mental ι	ınit described
6	A federal, s	tate, or local go	vernment or governme	ental unit	described	in section	on 170(b)	(1)(A)(v).		
7			illy receives a substant b)(1)(A)(vi). (Complete		f its suppo	rt from a	governm	ental unit	or from th	ne general public
8			ed in section 170(b)(1)		Complete	Part II.)				
9	receipts from support from acquired by	m activities rela n gross investm the organizatio	ally receives: (1) more to ted to its exempt function tent income and unrelated an after June 30, 1975.	ions—sub ated busir See sec t	oject to ce ness taxab tion 509(a	rtain exce le incom ı)(2). (Co	eptions, a e (less se mplete Pa	nd (2) no ection 511 art III.)	more tha tax) from	n 33 1/3% of its
10	= 1	-	and operated exclusive	•		-		, ,		
11 E	purposes of 509(a)(3). C a Type By checking persons oth	one or more put theck the box the el b	ify that the organization ion managers and other	nizations of of suppor e III–Fund n is not co	described ting organ ctionally in ontrolled d	in section and tegrated irectly or	n 509(a)(nd comple d indirectly	1) or section ete lines 1 Type III–N by one or	on 509(a 1e throug on-functi more di)(2). See section gh 11h. onally integrated squalified
f			a written determinatio	n from the	e IRS that	it is a Ty	pe I, Type	e II, or Typ	e III sup	porting
	-	, check this box								
g	_		the organization acce	epted any	gift or cor	ntribut i on	from any	of the		
	following pe		2 12 11 11 11 11	. 20 1						
			or indirectly controls, overning body of the su		_		-			Yes No
			person described in (i							11g(i) 11g(ii)
			ty of a person describe							11g(iii)
h			ation about the suppo							
	me of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	in col. (i) li	organization sted in your document?	the orga	you notify nization in of your port?	organizat (i) organi	is the tion in col. zed in the S.?	(vii) Amount of monetary support
				Yes	No	Yes	No	Yes	No	
(A)										
(B)										
(C)							-			
(D)										
(E)										
Total						Type 1 = 1			e ve si	C

_	dule A (Form 990 or 990-EZ) 2013 C.G. Jung Instit			470/1-1/41/		94-6108904	
Pa	Support Schedule for Organizati						
	(Complete only if you checked the						under
_	Part III. If the organization fails to o	luality under t	ne tests liste	d below, pleas	se complete i	-аπ III.)	
	tion A. Public Support	() 2222 T					
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						0
2	Tax revenues levied for the organization's		1				
	benefit and either paid to or expended on						
_	its behalf						0
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						0
4	Total. Add lines 1 through 3	0	0	0	0	0	0
5	The portion of total contributions by each		8.00				
	person (other than a governmental unit						
	or publicly supported organization)						
	included on line 1 that exceeds 2% of the amount shown on line 11,						
6	column (f)		U. Cristian	1/2 - 1/5 (FOO 1001)			0
	tion B. Total Support		e - A Die se ZAL	10.00	Control of the second	ASTERNA MENSOLOGICAL	0
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4	0	0	0	0	0	0
8	Gross income from interest, dividends,	- 0	- 0	- 0	- 0	- 4	
0	payments received on securities loans,						
	rents, royalties and income from similar		1	4			
	sources						0
9	Net income from unrelated business						0
	activities, whether or not the business is				1		
	regularly carried on						0
10	Other income. Do not include gain or						
	loss from the sale of capital assets			1			
	(Explain in Part IV.)						0
11	Total support. Add lines 7 through 10			A PARTY OF			0
12	Gross receipts from related activities, etc. (se	e instructions)	m 10 00 00 00 00	#0 0# 00 0900 00 F		12	
13	First five years. If the Form 990 is for the org						
	organization, check this box and stop here .						x 0x ▶
Sect	ion C. Computation of Public Support F	Percentage					
14	Public support percentage for 2013 (line 6, co	olumn (f) divide	d by line 11, c	column (f)) 💩 🌼	2 8 36 8	14	0.00%
5	Public support percentage from 2012 Schedu					15	0.00%
6a	33 1/3% support test—2013. If the organization						
	and stop here . The organization qualifies as						
b	33 1/3% support test—2012. If the organization						
	box and stop here. The organization qualifies		-				
7a	10%-facts-and-circumstances test—2013.	If the organizat	ion did not che	eck a box on lir	ne 13, 16a, or	16b, and line 14	ļ

Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

18

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.)

If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Cal	endar year (or fiscal year beginning in) 🕒	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						0
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished						
	in any activity that is related to the						
	organization's tax-exempt purpose						0
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						0
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5	The value of services or facilities furnished by a governmental unit to the						V-1
_	organization without charge						0
6	Total. Add lines 1 through 5	0	0	0	0	0	0
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b	Amounts included on lines 2 and 3 received		1	4			
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year				1		0
r	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support (Subtract line 7c from	mession since		STILL SEVE	Einhanan est	dullie skier etki	
	line 6.)						0
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨 📗	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6	0	o	0	o	0	0
10a	Gross income from interest, dividends,						
	payments received on securities loans,			1			
•	rents, royalties and income from similar sources						0
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses	1					
	acquired after June 30, 1975						0
	Add lines 10a and 10b	0	0	0	0	0	0
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12	Other income. Do not include gain or						
12	loss from the sale of capital assets						0
4.0	(Explain in Part IV.)						0
13	Total support. (Add lines 9, 10c, 11, and 12.)	0	0	0	0	0	0
14	First five years. If the Form 990 is for the organization organization, check this box and stop here			r fifth tax year as			x 12 x ▶
Sect	ion C. Computation of Public Support P	ercentage					
15	Public support percentage for 2013 (line 8, column (_	15	0.00%
16	Public support percentage from 2012 Schedule A, P			E X 5 E 9 S	30 73 (0: 90 0)	16	0.00%
	ion D. Computation of Investment Incom					47 1	0.000/
17	Investment income percentage for 2013 (line 10c, co				-	17	0.00%
18	Investment income percentage from 2012 Schedule					18	0.00%
19a	33 1/3% support tests—2013. If the organization did						
h	not more than 33 1/3%, check this box and stop her 33 1/3% support tests—2012. If the organization di	-	· ·		-		
b	line 18 is not more than 33 1/3%, check this box and						
20	Private foundation. If the organization did not check	-					ST SI X
	at the organization did not check	. a pox on line 1	,, , , , u, , u, , l , b, , t	TOOK THO DOX ALL	a acc manucion	O 100 . 100	4- 18 341

	n 990 or 990-EZ) 2013	C.G. Jung In	stitute of San Fr	ancisco		94-6108904	Page 4
Part IV	Supplementa	l Information.	Provide the ex	kplanations requ	ired by Part II,	line 10; Part II, line 17a oi	r 17b;
	and Part III, lir	ne 12. Also con	nplete this part	for any addition	nal information.	(See instructions).	

					•••••		
DESCRIBERANCE							

				(1905.6.201) 7(120.702000 100.903			

							nin distribution

					*************	***************************************	

SCHEDULE O (Form 8865)

Department of the Treasury Internal Revenue Service

Name of transferor

Transfer of Property to a Foreign Partnership (under section 6038B)

► Attach to Form 8865. See Instructions for Form 8865.

▶ Information about Schedule O (Form 8865) and its separate instructions is at www.irs.gov/form8865.

OMB No. 1545-1668

Filer's identifying number

	stitute of San Fra	ancisco				94-6108904			
Name of foreign	partnership			EIN (if any)		Reference ID number (s	see instructions)		
Part I	Transfers Repo	rtable Under S	ection 6038B	-					
Type of property	(a) Date of transfer	(b) Number of items transferred	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Section 704(c allocation method	(f) Gain recognized on transfer	(g) Percentage interes in partnership after transfer		
Cash									
Stock, notes receivable and payable, and oth securities	er								
Inventory									
Tangible property used in trade or business									
Intangible property									
Other property									
Supplement	al Information R	equired To Be	Reported (see	instructions):		.			
					=				
Part II	Dispositions Re _l	portable Under	Section 6038E	3					
(a) Type of property	(b) Date of original transfer	(c) Date of disposition	(d) Manner of disposition	(e) Gain recognized by partnership	(f) Depreciation recapture recognized by partnership	(g) Gain allocated to partner	(h) Depreciation recapture allocated to partner		
Part III	s any transfer ren	orted on this so	hedule subject	to gain recognition i	Inder section 9	904(f)(3) or			
S	ection 904(f)(5)(f	=)?		-		▶ ☐ Ye	s No		

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

2013

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name	of the organization	Employer identification number
C.G.	Jung Institute of San Francisco	94-6108904
Par	Organizations Maintaining Donor Advised Funds or Other Similar Fund	ds or Accounts.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year) .	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in	donor advised
	funds are the organization's property, subject to the organization's exclusive legal control?	? Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant for	unds can be
	used only for charitable purposes and not for the benefit of the donor or donor advisor, or	for any other
	purpose conferring impermissible private benefit?	Yes No
Par		
ı aı	Complete if the organization answered "Yes" to Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
1		an historically important land area
	a transfer of control of the control	
	Protection of natural habitat Preservation of	a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution	
	easement on the last day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
С	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a	
	historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or term	inated by the organization
	during the tax year	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection,	nandling of
	violations, and enforcement of the conservation easements it holds?	Yes . No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation e	asements during the year
	(Contractive Contractive Contr	
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easen	nents during the year
_	S	feetien
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of	
_	170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	*1 17 TO 100 17 EX 18
9	balance sheet, and include, if applicable, the text of the footnote to the organization's final	ncial statements that describes
	the organization's accounting for conservation easements.	ilciai statements that describes
Part		Other Similar Assets.
ган	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	other carrier records.
		statement and belence about
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its re	evenue statement and balance sneet
	works of art, historical treasures, or other similar assets held for public exhibition, education	on, or research in furtherance
	of public service, provide, in Part XIII, the text of the footnote to its financial statements the	at describes these items.
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its reven	ne statement and palance sneet
	works of art, historical treasures, or other similar assets held for public exhibition, education	on, or research in furtherance
	of public service, provide the following amounts relating to these items:	• •
	(i) Revenues included in Form 990, Part VIII, line 1	
_	(ii) Assets included in Form 990, Part X	to for financial gain, provide the
2	If the organization received or held works of art, historical treasures, or other similar asset	
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these its	
a	Revenues included in Form 990, Part VIII, line 1	
b	Assets included in Form 990, Part X	8 N 3 N P P

Pai	t III Organizations Maintaining Coll	lections of A	rt, Histo	rical Tre	asures, or	Other S	imilar Asset	s (conti	nued)	
3	Using the organization's acquisition, acce	ssion, and oth	er record	ls, check a	any of the fol	lowing th	at are a signifi	cant		
	use of its collection items (check all that a	pply):		_						
а	Public exhibition		d	Loan	or exchange	program	IS			
b	Scholarly research		е	Othe	r					
С	Preservation for future generations		_	_	*********					
4	Provide a description of the organization's	collections ar	nd evnlaiı	n how they	further the	organizat	ion's evennt r	ournose	in	
7	Part XIII.	Collections at	iu expiaii	i now the	y luither the	organizat	ion's exempt p	Jurpose	11 1	
5	During the year, did the organization solic									
	assets to be sold to raise funds rather that	n to be mainta	ined as p	part of the	organization	's collecti	on?	Y	es	No
Par	ESCROW and Custodial Arrange	ements.								
	Complete if the organization ans	wered "Yes"	to Form	990, Par	t IV, line 9,	or report	ted an amou	nt on Fo	orm	
	990, Part X, line 21.					·				
1a	Is the organization an agent, trustee, custo	odian or other	intermed	liary for co	ntributions o	r other as	ssets not			
	included on Form 990, Part X?				- 48 42 V4 4	2 340 92 40	9		es 🗌	No
b	If "Yes," explain the arrangement in Part X	III and comple	te the fo	llowing tal	ole:		11	3		·
								Amount		
С	Beginning balance					1c				0
d	Additions during the year					1d				
е	Distributions during the year									
f	Ending balance			• 60 00 ±		1f				0
2a	Did the organization include an amount on	Form 990, Pa	art X, line	21?	£1 00 H 050 H	60 06 36 1060	8 8 3 8 16	Y	es X	No
b	If "Yes," explain the arrangement in Part X	III. Check here	e if the ex	kplanation	has been pr	ovided in	Part XIII.		. 🔲	
Part	V Endowment Funds.									
	Complete if the organization ans	wered "Yes"	to Form	990. Par	t IV. line 10					
) Current year		ior year	(c) Two years		l) Three years back	k (e) F	our years	back
1a	Beginning of year balance	0		0		0		0		0
b	Contributions									
C	Net investment earnings, gains,									
	and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance	0		0		0		0		0
2	Provide the estimated percentage of the cu	irrent year end	l balance	e (line 1g,	column (a)) l	neld as:				
a	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
C	Temporarily restricted endowment		201							
3a	The percentages in lines 2a, 2b, and 2c sh			tion that a	ما معمل معمل					
Ja	Are there endowment funds not in the poss organization by:	session of the	organiza	uon mat a	re neid and a	acımınıste	rea for the	Ī	Yes	No
	(i) unrelated organizations							30/i)	162	NO
	(ii) related organizations							3a(i) 3a(ii)	-	
b	If "Yes" to 3a(ii), are the related organization							3b		
4	Describe in Part XIII the intended uses of the		•					_ 3 D		
Part			no chao	WITTOTIC TOTI	40.					
	Complete if the organization answ		o Form	990 Part	IV line 11a	See Fr	orm 990 Par	t X. line	10	
	Description of property	(a) Cost or oth			st or other		cumulated		ok value	
	2000. Property	(investme		. ,	s (other)		eciation	(4) 150	-on value	•
1a	Land		0		76,800	e 401	1135377		76	3,800
	Buildings		0		438,161		358,611			9,550
	Leasehold improvements		0		0		0			0
d	Equipment		0		61,424		1,957		61	,424
е	Other		0		0		0			0
	Add lines 1a through 1e. (Column (d) must		90. Part	X. column	(B) line 100	c))			217	7.774

(a)	Description of security or category	(b) Book value	(c) Method of	
	(including name of security)		Cost or end-of-yea	r market value
	derivatives	0		
	eld equity interests	0		
(A)				
- (Ē) - 7ō∫				
(F)				
(G)				
(H)				
	must equal Form 990, Part X, col. (B) line 12)	0		
Part VIII	Investments—Program Related			
	Complete if the organization answ		Part IV, line 11c. See For	m 990, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of	
	(2) Bessi paeri et investitient	(b) book value	Cost or end-of-year	market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
	1			
(7)				
(8)				
(8)	must count Form 990. Part V. col. /P. lina 12.)	0		
(8) (9) Fotal. (Column (b) n	must equal Form 990, Part X, col. (B) line 13.)	0		
(8) (9) otal. (Column (b) n	Other Assets.		Part IV line 11d See For	n 990 Part X line 15
(8) (9) otal. (Column (b) n	Other Assets. Complete if the organization answ	ered "Yes" to Form 990, F	Part IV, line 11d. See Form	
(8) (9) Fotal. (Column (b) n	Other Assets. Complete if the organization answ		Part IV, line 11d. See For	m 990, Part X, line 15.
(8) (9) fotal. (Column (b) n Part IX	Other Assets. Complete if the organization answ	ered "Yes" to Form 990, F	Part IV, line 11d. See For	
(8) (9) fotal. (Column (b) n Part IX (1) (2)	Other Assets. Complete if the organization answ	ered "Yes" to Form 990, F	Part IV, line 11d. See For	
(8) (9) Fotal. (Column (b) n Part IX (1) (2) (3)	Other Assets. Complete if the organization answ	ered "Yes" to Form 990, F	Part IV, line 11d. See For	
(8) (9) Fotal. (Column (b) n Part IX	Other Assets. Complete if the organization answ	ered "Yes" to Form 990, F	Part IV, line 11d. See Forr	
(8) (9) fotal. (Column (b) n Part IX (1) (2) (3) (4)	Other Assets. Complete if the organization answ	ered "Yes" to Form 990, F	Part IV, line 11d. See Forn	
(8) (9) Fotal. (Column (b) n Part IX (1) (2) (3) (4) (5)	Other Assets. Complete if the organization answ	ered "Yes" to Form 990, F	Part IV, line 11d. See For	
(8) (9) fotal. (Column (b) n Part IX (1) (2) (3) (4) (5) (6)	Other Assets. Complete if the organization answ	ered "Yes" to Form 990, F	Part IV, line 11d. See For	
(8) (9) Fotal. (Column (b) n Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answ (a) De	ered "Yes" to Form 990, F		(b) Book value
(8) (9) rotal. (Column (b) n Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) rotal. (Column	Other Assets. Complete if the organization answ (a) Definition (b) must equal Form 990, Part X, col.	ered "Yes" to Form 990, F		(b) Book value
(8) (9) Fotal. (Column (b) n Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answ (a) Definition (b) must equal Form 990, Part X, col. Other Liabilities.	ered "Yes" to Form 990, Fescription		(b) Book value
(8) (9) Fotal. (Column (b) n Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column	Other Assets. Complete if the organization answ (a) Do (b) must equal Form 990, Part X, col. Other Liabilities. Complete if the organization answer	ered "Yes" to Form 990, Fescription		(b) Book value
(8) (9) Fotal. (Column (b) n Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X	Other Assets. Complete if the organization answ (a) Do (b) must equal Form 990, Part X, col. Other Liabilities. Complete if the organization answelline 25.	ered "Yes" to Form 990, Fescription (B) line 15.) ered "Yes" to Form 990, F		(b) Book value
(8) (9) Fotal. (Column (b) n Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X	Other Assets. Complete if the organization answ (a) Do on (b) must equal Form 990, Part X, col. Other Liabilities. Complete if the organization answelline 25. (a) Description of liability	ered "Yes" to Form 990, Fescription		(b) Book value
(8) (9) Fotal. (Column (b) n Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X	Other Assets. Complete if the organization answ (a) Description of liability Income taxes	ered "Yes" to Form 990, Fescription (B) line 15.) ered "Yes" to Form 990, F		(b) Book value
(8) (9) Fotal. (Column (b) n Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X (1) Federal in (2) Vacation	Other Assets. Complete if the organization answ (a) Description of liability Income taxes	ered "Yes" to Form 990, Fescription (B) line 15.) ered "Yes" to Form 990, F		(b) Book value
(8) (9) Fotal. (Column (b) n Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X (1) Federal in (2) Vacation (3)	Other Assets. Complete if the organization answ (a) Description of liability Income taxes	ered "Yes" to Form 990, Fescription (B) line 15.) ered "Yes" to Form 990, F		(b) Book value
(8) (9) Fotal. (Column (b) n Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X (1) Federal in (2) Vacation (3) (4)	Other Assets. Complete if the organization answ (a) Description of liability Income taxes	ered "Yes" to Form 990, Fescription (B) line 15.) ered "Yes" to Form 990, F		(b) Book value
(8) (9) Fotal. (Column (b) n Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X (1) Federal in (2) Vacation (3) (4) (5)	Other Assets. Complete if the organization answ (a) Description of liability Income taxes	ered "Yes" to Form 990, Fescription (B) line 15.) ered "Yes" to Form 990, F		(b) Book value
(8) (9) Fotal. (Column (b) n Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X (1) Federal in (2) Vacation (3) (4) (5) (6)	Other Assets. Complete if the organization answ (a) Description of liability Income taxes	ered "Yes" to Form 990, Fescription (B) line 15.) ered "Yes" to Form 990, F		(b) Book value
(8) (9) Fotal. (Column (b) n Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X (1) Federal in (2) Vacation (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answ (a) Description of liability Income taxes	ered "Yes" to Form 990, Fescription (B) line 15.) ered "Yes" to Form 990, F		(b) Book value
(8) (9) otal. (Column (b) n Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column Part X (1) Federal in (2) Vacation (3) (4) (5) (6) (7) (8)	Other Assets. Complete if the organization answ (a) Description of liability Income taxes	ered "Yes" to Form 990, Fescription (B) line 15.) ered "Yes" to Form 990, F		(b) Book value
(8) (9) fotal. (Column (b) n Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column Part X (1) Federal in (2) Vacation (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answ (a) Description of liability Income taxes	ered "Yes" to Form 990, Fescription (B) line 15.) ered "Yes" to Form 990, F		(b) Book value

Pai	Reconciliation of Revenue per Audited Financial Statements With Revenue per I Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	Return	
1	Total revenue, gains, and other support per audited financial statements	1	3,367,831
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	S INC	0,007,00
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants	201	
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	516,259
3	Subtract line 2e from line 1	3	2,851,572
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	300 au	number and the
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
C	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	2,851,572
Par	Reconciliation of Expenses per Audited Financial Statements With Expenses per	Retu	rn
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	996,122
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1007	
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	996,122
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	STATE OF THE PERSON NAMED IN	
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)		
С	Add times As and 41.	4c	0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	996,122
Part	XIII Supplemental Information		000,111
}; Pa	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	nation.	
	***************************************		*************

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Schedule D (Form	n 990) 2013	C.G. Jung In:	stitute of San Fr	rancisco			94-6108904	Page 5
Part XIII	Supple	emental Infor	mation (contin	ued)				
		********			********			

						***********	***********	**********
						************		***********
***********								TOTO TOTO TOTO TO SECURE
<u>Personananaana</u>							**************	

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	Brand-Charles							

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SCHEDULE E (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

C.G. Jung Institute of San Francisco

Schools

 Complete if the organization answered "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.
 ► Attach to Form 990 or Form 990-EZ.
 Information about Schedule E (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

94-6108904

1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter,		YES	NO
	bylaws, other governing instrument, or in a resolution of its governing body?	1	х	
2	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?	2	x	
3	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, use Part II	3	X	
	The Institute's Commitment to Diversity is available via the Institute's website. The Institute welcomes people of differing races, colors, national orgins, sexual orientations and genders. The Institute does not practice discrimination in hiring, in application to admission to training or membership, or in acess to any of its programs and services on any of these grounds	3	^	
4	Does the organization maintain the following?			
a b	Records indicating the racial composition of the student body, faculty, and administrative staff? Records documenting that scholarships and other financial assistance are awarded on a racially	4a	Х	
С	nondiscriminatory basis?	4b	X	
	with student admissions, programs, and scholarships?	4c	Х	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	X	W St
5	Does the organization discriminate by race in any way with respect to:			
а	Students' rights or privileges?	5a		Х
b	Admissions policies?	5b		Х
С	Employment of faculty or administrative staff?	5c		Х
d	Scholarships or other financial assistance?	5d		Х
е	Educational policies?	5e		Х
f	Use of facilities?	5f		Х
g	Athletic programs?	5g		X
h	Other extracurricular activities?	5h	- 2/2	X
6a	Does the organization receive any financial aid or assistance from a governmental agency?	6a		Х
b	Has the organization's right to such aid ever been revoked or suspended?	6b		Χ
7	If you answered "Yes" to either line 6a or line 6b, explain on Part II.		43	
7	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," explain on Part II.	7	x	

Schedule E (F	Form 990 or 990-EZ) (2013)	C.G. Jung Institute of San Francisco	94-6108904 Pa	ge 2
Part II	Supplemental Infor applicable. Also com	mation. Provide the explanations require plete this part to provide any other addition	d by Part I, lines 3, 4d, 5h, 6b, and 7, as onal information (see instructions).	

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SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

C.G. Jung Institute of San Francisco	94-6108904
Form 990, Part III, Line 4d: Program Service Expenses: 45,956, Grants and allocations: 0,	
Revenue: 0 Professional Education Programs	
Form 990, Part III, Line 4d: Program Service Expenses: 165,591, Grants and allocations: 0,	
Revenue: 0 Membership	
Form 990, Part III, Line 4d: Program Service Expenses: 11,334, Grants and allocations: 0	
Revenue: 0 ARAS/Friends of ARAS	*****************************
Form 990, Part III, Line 4d: Program Service Expenses: 6,821, Grants and allocations: 0,	******************************
Revenue: 0 Institute Commuinty	
Form 990, Part III, Line 4d: Program Service Expenses: 6,962, Grants and allocations: 0,	
Revenue: 0 Child Training Program	**********************
Form 990, Part III, Line 4d: Program Service Expenses: 11,745, Grants and allocations: 0,	
Revenue: 0 Friends of the Institute	
Form 990, Part III, Line 4d: Program Service Expenses: 9,616, Grants and allocations: 0,	
Revenue: 0 BOG	******************************
Form 990, Part III, Line 4d: Program Service Expenses: 72,820, Grants and allocations: 0,	
Revenue: 0 Other	
Form 990, Part VI, Section B, Line 11a: Policy is to present Form 990 to the full Board of	nanaannanaanaanaanaananana
Directors including significant schedules. The Finance Committee Chairperson will receive a	*************
copy of Form 990 prior to submisssion of the form to the IRS. after review the Treasurer will	
present the Form 990 to the full Board of Directors electronically allowing each member to	DANA SANA BARANSA BARAN
review and comment.	
Form 990, Part VI, Section B, Line 12b: Policy is reviewed with members and annually with the	
Board of Governors.	
Form 990, Part VI, Section C, Line 19: The form 990 is available to the public upon request.	
Copies will be provided immediately in the case of in-person requestrs during normal business	

hours of the Institute. Requests received by written, phone, fax or e-mail means will be