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Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

2008

Department of the Treasury

Open to Public Inspection

111101	I VEAC	the digitization may have to use a copy of unit return to suddiff state report	ng requirements			
	For the	\mathbf{e} 2008 calendar year, or tax year beginning $7/01$, 2008, and ending	6/30		, 2009	
В		applicable		yer Identi	fication Number	
_		* Please use	0/4-	-25970	088	
	\vdash	' or print C /O THE ENCY DAY COMMINITY POINTATION		hone numb		
	⊢ Nan	oritype. C/O THE EAST BAT COMMONITY FOUNDATION See 200 FRANK H. OGAWA PLAZA				
	Initia	specific Instruct OAKLAND, CA 94612	(5.	10) 48	2-2900	
	Terr	mination tions.				
	Ame	ended return	G Gross	receipts \$	1,849,424.	
	App	lication pending F Name and address of principal officer LEO HELZEL	H(a) Is this a group ret	urn for affi	liates? Yes X No	
			H(b) Are all affiliates in		Yes No	
$\overline{\mathbf{I}}$	Tay.	exempt status X 501(c) (3) (insert no) 4947(a)(1) or 527	If 'No,' attach a lis	t (see insi	tructions)	
<u>;</u>			W-> C			
			H(c) Group exemption			
K		forganization X Corporation Trust Association Other► L Year of Formation	on 1979 M	State of le	egal domicile CA	
<u>Pa</u>	ırt I	Summary				
		Briefly describe the organization's mission or most significant activities: $_{ t THE}$ $_{ t HELZE}$				
ø	_1	<u>FOR THE BENEFIT OF EAST BAY COMMUNITY FOUNDATION, WHIC</u>	H PROVIDES	<u>GRANT</u>	<u> </u>	
and	J	NON-PROFIT_ORGANIZATIONS_TO_SUPPORT_THEIR_CHARITABLE_F	UNCTIONS			
Ę	l _					
Activities & Governance	2 0	Check this box Fig. 1 if the organization discontinued its operations or disposed of mor	e than 25% of its	assets		
Ö	3 1	lumber of voting members of the governing body (Part VI, line 1a)		3	9	
တ္ဆ	4 N	lumber of independent voting members of the governing body (Part VI, line 1b)		4	0	
ŧ		otal number of employees (Part V, line 2a)		5	0	
듕	6 T	otal number of volunteers (estimate if necessary)		6	0	
⋖	7a ⊺	otal gross unrelated business revenue from Part VIII, line 12 column (C)		7a	0.	
	Ь١	let unrelated business taxable income from Form 990-T line 34		7Ь	0.	
_		Contributions and grants (Part VIII, line 1h)	Prior Yea	r	Current Year	
a a	8 0	Contributions and grants (Part VIII, line 1h)	526,		4,995.	
Je E	1 0 5)	3207			
Kevenue	10 i	nvestment income (Part VIII, column (A), lines 3, 4, and DEN, UT	-480,	616	451,572.	
₩	11 0	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e).		216.	13,772.	
_	1	otal revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		975.	470,339.	
			187,			
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	101,	300.	227,000.	
\supset		Benefits paid to or for members (Part IX, column (A), line 4)				
പ്ര		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			····	
SCENNEU	16a F	Professional fundraising fees (Part IX, column (A), line 11e)				
Z	ьт	otal fundraising expenses (Part IX, column (D), line 25) ▶				
É		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	70	286.	58,739.	
$\mathcal{L}_{\mathcal{L}}$		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	257,			
ינט					285,739.	
_	19 F	Revenue less expenses Subtract line 18 from line 12	-210,	811.	184,600.	
Net Assets or Fund Balances			Beginning of	Year	End of Year	
40	20 T	otal assets (Part X, line 16)	10,878,		8,893,883.	
ΑÃ	21 T	otal liabilities (Part X, line 26)	13,	401.	9,348.	
ŞΞ	22 N	let assets or fund balances Subtract line 21 from line 20	10,865,	593	8,884,535.	
Pa	rt II	Signature Block	1 20,000,	<u> </u>	0,001,000.	
		Under penalties of perjury. I declare that I have examined this return, including accompanying schedules and state true, correct, and complete Declaration of preparer other than officer) is based on all information of which preparer.	ements, and to the best rer has any knowledge	of my kno	owledge and belief, it is	
Ci.	.n /	IN PARARA President	1 4/2	3/10	•	
Siç He	ro (Signature of officer		7-0		
110	10		Date	,		
		LEO HELZEL				
		Type or print name and title				
		Date	Check if	Pre (se	eparer's identifying number ee instructions)	
Pai		Preparer's	self- employed	- X `	,	
Pre		signature Education Learn 9/19/10			00031717	
pai	rer's	Firm's name (or ACCURATE ASSETS	···			
Us		yours if self- employed). The property of the		65-12	65636	
On	ıy	address and	EIN > 65-1265636			
14-	. 46 - 17	ZIP + 4 WALNUT CREEK, CA 94598-1531	Phone no	925		
May	∕ tne IK	S discuss this return with the preparer shown above? (see instructions)			X Yes No	

BAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

TEEA0112L 12/22/08

Form 990 (2008)

Form 990 (2008) HELZEL FAMILY FOUNDATION

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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Х
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		Х
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	4		Х
5	Section 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors 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		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, 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
	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV.	9		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		Х
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If 'Yes,' complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable	11	х	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12		Х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
14 a	a Did the organization maintain an office, employees, or agents outside of the U.S?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If 'Yes,' complete Schedule F, Part I	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II	15		X
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III	16		Х
17	3,,	17		X
18 19	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II Did the organization report more than \$15,000 on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	18		X
20	Did the organization report more than \$15,000 on Part VIII, line 9a' if Yes, complete Schedule G, Part III Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20		X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21	Х	Α.
	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		Х
	Did the organization answer 'Yes' to Part VII, Section A, questions 3, 4, or 5? If 'Yes,' complete Schedule J	23		Х
24 a	a 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, and that was issued after December 31, 2002? If 'Yes,' answer questions 24b-24d and complete Schedule K. If 'No,'go to question 25	24a		Х
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	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		X
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If 'Yes,' complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27_		Х
BAA		Form	990 (2008)

Form 990 (2008)

BAA

Yes No 28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If 'Yes,' complete Schedule L, Part IV Х 28a **b** Have a family member who had a direct or indirect business relationship with the organization? *If 'Yes,' complete Schedule L, Part IV* 28b X **c** Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? *If 'Yes,' complete Schedule L, Part IV* Х 28c 29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M 29 Х Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If 'Yes,' complete Schedule M* 30 Х Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I 31 Х Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II 32 Х Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I 33 Х Was the organization related to any tax-exempt or taxable entity? If 'Yes.' complete Schedule R. Parts II. III. IV. and V. 34 Х Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2 35 Х 35 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? Îf 'Yes,' complete Schedule R, Part V, line 2 36 Х 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 X

TEEA0104L 12/18/08

Form 990 (2008) HELZEL FAMILY FOUNDATION

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U S Information Returns. Enter -0- if not applicable 1a 0			
b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c		
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 0			
2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		Х
b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	3 b		
4a 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)?	4a		Х
b If 'Yes,' enter the name of the foreign country: ▶			
See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , Report of Foreign Bank and Financial Accounts			-
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<u>X</u>
c If 'Yes,' to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5с		
6a Did the organization solicit any contributions that were not tax deductible?	6a		Х
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?	6ь		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7a		Χ
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7с		Х
d If 'Yes,' indicate the number of Forms 8282 filed during the year 7d			
e Did the organization, during the year, 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?	7 f		X
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		Х
h For all contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7 h		X
8 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?	9 a		
b Did the organization make any distribution to a donor, donor advisor, or related person?	9Ь		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12			ĺ
b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11 Section 501(c)(12) organizations. Enter.			l
a Gross income from other members or shareholders			ļ
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a]	
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b			
BAA	Form	990 (2008)

Part VI Governance, Management and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

		Governing Body and Management				
	For each	'Yes' response to lines 2-7b below, and for a 'No' response to lines 8 or 9b below, des	scribe the circumstances,		Yes	No
1	a Enter the	e number of voting members of the governing body	1a 9		1	ł
	b Enter the	e number of voting members that are independent	l b			
2	? Did any officer, d	officer, director, trustee, or key employee have a family relationship or a business relative irector, trustee or key employee? SEE SCHEDULE O .	ionship with any other	2	Х	
3	Did the o	organization delegate control over management duties customarily performed by or und s, directors or trustees, or key employees to a management company or other person?	er the direct supervision	3		Х
4		organization make any significant changes to its organizational documents approximately prior Form 990 was filed?		4		X
5		organization become aware during the year of a material diversion of the organization's	assets?	5	,	Х
6		organization have members or stockholders?		6		X
7		organization have members, stockholders, or other persons who may elect one or mor	re members of the	7a	Х	
	•	decisions of the governing body subject to approval by members, stockholders, or other	r persons?	7Ь		X
8	•	organization contemporaneously document the meetings held or written actions underta	·			
		erning body?		8a	Х	
	-	nmittee with authority to act on behalf of the governing body?	Ī	8b	Х	
9		organization have local chapters, branches, or affiliates?	. [9a		X
		does the organization have written policies and procedures governing the activities of s ches to ensure their operations are consistent with those of the organization?	uch chapters, affiliates,	9 b		
10	Was a co	opy of the Form 990 provided to the organization's governing body before it was filed? A in Schedule O the process, if any, the organization uses to review the Form 990 SEE	All organizations must C SCHEDULE O	10	Х	
11	ls there a organiza	any officer, director or trustee, or key employee listed in Part VII, Section A, who cannotion's mailing address? If 'Yes,' provide the names and addresses in Schedule O	ot be reached at the	11		Х
Se	ction B.	Policies				
	CHOILD.	Folicies				
	CHOILD.	Folicies			Yes	No
		organization have a written conflict of interest policy? If 'No,' go to line 13	<u></u>	12a	Yes X	No
	2a Does the	organization have a written conflict of interest policy? If 'No,' go to line 13 ers, directors or trustees, and key employees required to disclose annually interests that	at could give rise	12a 12b		No
12	a Does the b Are office to conflic	organization have a written conflict of interest policy? If 'No,' go to line 13 ers, directors or trustees, and key employees required to disclose annually interests that	at could give rise		X X X	No
12	a Does the b Are office to conflic c Does the Schedule	organization have a written conflict of interest policy? If 'No,' go to line 13 ers, directors or trustees, and key employees required to disclose annually interests thats?	at could give rise	12b	X X X X	No
12	a Does the b Are office to conflice c Does the Schedule Does the	organization have a written conflict of interest policy? If 'No,' go to line 13 ers, directors or trustees, and key employees required to disclose annually interests that organization regularly and consistently monitor and enforce compliance with the policy of how this is done SEE SCHEDULE O	at could give rise	12b 12c	X X X	No
12	a Does the b Are office to conflice C Does the Schedule Does the	organization have a written conflict of interest policy? If 'No,' go to line 13 ers, directors or trustees, and key employees required to disclose annually interests that its? organization regularly and consistently monitor and enforce compliance with the policy of the organization have a written whistleblower policy?	at could give rise i? If 'Yes,' describe in	12b 12c 13	X X X X	No
12	c Does the Schedule Does the Does the Does the persons,	organization have a written conflict of interest policy? If 'No,' go to line 13 ers, directors or trustees, and key employees required to disclose annually interests that organization regularly and consistently monitor and enforce compliance with the policy of the Ohow this is done SEE SCHEDULE O organization have a written whistleblower policy?	of could give rise If 'Yes,' describe in proval by independent on:	12b 12c 13	X X X X	No
12	c Does the Schedule Does the D	organization have a written conflict of interest policy? If 'No,' go to line 13 ers, directors or trustees, and key employees required to disclose annually interests that organization regularly and consistently monitor and enforce compliance with the policy of the organization have a written whistleblower policy? Organization have a written document retention and destruction policy? Organization have a written document retention and destruction policy? Organization have a written document retention and destruction policy? Organization data, and contemporaneous substantiation of the deliberation and decision initiation's CEO, Executive Director, or top management official?	of could give rise If 'Yes,' describe in proval by independent on:	12b 12c 13 14	X X X X	No
12	c Does the Schedule Does the D	organization have a written conflict of interest policy? If 'No,' go to line 13 ers, directors or trustees, and key employees required to disclose annually interests that its? organization regularly and consistently monitor and enforce compliance with the policy of the organization have a written whistleblower policy? organization have a written document retention and destruction policy? orocess for determining compensation of the following persons include a review and appropriately data, and contemporaneous substantiation of the deliberation and decisionization's CEO, Executive Director, or top management official?	of could give rise If 'Yes,' describe in proval by independent on:	12b 12c 13 14	X X X X	No
12 13 14 15	c Does the Schedule Does the Does Does Does Does Does Does Does Doe	organization have a written conflict of interest policy? If 'No,' go to line 13 ers, directors or trustees, and key employees required to disclose annually interests that organization regularly and consistently monitor and enforce compliance with the policy of the organization have a written whistleblower policy? Organization have a written document retention and destruction policy? Organization have a written document retention and destruction policy? Organization have a written document retention and destruction policy? Organization data, and contemporaneous substantiation of the deliberation and decision initiation's CEO, Executive Director, or top management official?	at could give rise If 'Yes,' describe in proval by independent on:	12b 12c 13 14	X X X X	No
13 14 15	b Are office to conflict to co	organization have a written conflict of interest policy? If 'No,' go to line 13 ers, directors or trustees, and key employees required to disclose annually interests that ers, directors or trustees, and key employees required to disclose annually interests that ers, directors or trustees, and key employees required to disclose annually interests that ers, directors or trustees, and key employees required to disclose annually interests that ers, directors or the policy ers, directors and the policy ers, and the policy? The process for determining compensation of the following persons include a review and appropriate organization and contemporaneous substantiation of the deliberation and decision initiation's CEO, Executive Director, or top management official? The process in Schedule O. (see instructions)	et could give rise If 'Yes,' describe in proval by independent on: rangement with a taxable evaluate its participation e organization's exempt	12b 12c 13 14 15a 15b	X X X X X	
12 13 14 15	b Are office to conflict to co	organization have a written conflict of interest policy? If 'No,' go to line 13 ers, directors or trustees, and key employees required to disclose annually interests that ets? organization regularly and consistently monitor and enforce compliance with the policy of the comparation have a written whistleblower policy? organization have a written document retention and destruction policy? organization have a written document retention and destruction policy? organization data, and contemporaneous substantiation of the deliberation and decisionization's CEO, Executive Director, or top management official? oricers of key employees of the organization? SEE SCHEDULE O organization invest in, contribute assets to, or participate in a joint venture or similar arring the year? The state organization adopted a written policy or procedure requiring the organization to enture arrangements under applicable federal tax law, and taken steps to safeguard the threspect to such arrangements?	et could give rise If 'Yes,' describe in proval by independent on: rangement with a taxable evaluate its participation e organization's exempt	12b 12c 13 14 15a 15b	X X X X X	No
12 13 14 15	c Does the Schedule Does the D	organization have a written conflict of interest policy? If 'No,' go to line 13 ers, directors or trustees, and key employees required to disclose annually interests that its? organization regularly and consistently monitor and enforce compliance with the policy of the organization have a written whistleblower policy? organization have a written document retention and destruction policy? orocess for determining compensation of the following persons include a review and appropriately data, and contemporaneous substantiation of the deliberation and decisionization's CEO, Executive Director, or top management official? ficers of key employees of the organization? SEE SCHEDULE O the process in Schedule O. (see instructions) organization invest in, contribute assets to, or participate in a joint venture or similar arring the year? mas the organization adopted a written policy or procedure requiring the organization to enture arrangements under applicable federal tax law, and taken steps to safeguard the trespect to such arrangements? Disclosures	et could give rise If 'Yes,' describe in proval by independent on: rangement with a taxable evaluate its participation e organization's exempt	12b 12c 13 14 15a 15b	X X X X X	
13 14 15 16	c Does the Schedule Does the D	organization have a written conflict of interest policy? If 'No,' go to line 13 ers, directors or trustees, and key employees required to disclose annually interests that its? organization regularly and consistently monitor and enforce compliance with the policy of the organization have a written whistleblower policy? organization have a written document retention and destruction policy? orocess for determining compensation of the following persons include a review and appropriately data, and contemporaneous substantiation of the deliberation and decisionization's CEO, Executive Director, or top management official? incers of key employees of the organization? SEE SCHEDULE O the process in Schedule O. (see instructions) organization invest in, contribute assets to, or participate in a joint venture or similar arring the year? mas the organization adopted a written policy or procedure requiring the organization to enture arrangements under applicable federal tax law, and taken steps to safeguard the threspect to such arrangements? Disclosures states with which a copy of this Form 990 is required to be filed CA 5104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and	proval by independent on: rangement with a taxable evaluate its participation e organization's exempt	12b 12c 13 14 15a 15b	x x x x x	x
12 13 14 15 16	b Are office to conflict to co	organization have a written conflict of interest policy? If 'No,' go to line 13 ers, directors or trustees, and key employees required to disclose annually interests that ets? organization regularly and consistently monitor and enforce compliance with the policy of the organization have a written whistleblower policy? organization have a written document retention and destruction policy? organization have a written document retention and destruction policy? organization have a written document retention and destruction policy? organization have a written document retention and destruction policy? organization determining compensation of the following persons include a review and approximately data, and contemporaneous substantiation of the deliberation and decision initiation. See of key employees of the organization? SEE SCHEDULE Of the process in Schedule O. (see instructions) organization invest in, contribute assets to, or participate in a joint venture or similar arring the year? The state organization adopted a written policy or procedure requiring the organization to enture arrangements under applicable federal tax law, and taken steps to safeguard the threspect to such arrangements? Disclosures States with which a copy of this Form 990 is required to be filed CA 1004 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and in Indicate how you make these available. Check all that apply website Another's website X Upon request	proval by independent on: rangement with a taxable evaluate its participation e organization's exempt	12b 12c 13 14 15a 15b 16a 16b	X X X X X X X	X
12 13 14 15 16 17 18	b Are office to conflict to co	organization have a written conflict of interest policy? If 'No,' go to line 13 ers, directors or trustees, and key employees required to disclose annually interests that ets? organization regularly and consistently monitor and enforce compliance with the policy of the organization have a written whistleblower policy? organization have a written document retention and destruction policy? organization have a written document retention and destruction policy? organization have a written document retention and destruction policy? organization determining compensation of the following persons include a review and approximately data, and contemporaneous substantiation of the deliberation and decision invitation's CEO, Executive Director, or top management official? Indication invest in, contribute assets to, or participate in a joint venture or similar arring the year? The organization invest in, contribute assets to, or participate in a joint venture or similar arring the year? The organization adopted a written policy or procedure requiring the organization to enture arrangements under applicable federal tax law, and taken steps to safeguard the threspect to such arrangements? Disclosures States with which a copy of this Form 990 is required to be filed CA 5104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and in Indicate how you make these available. Check all that apply	proval by independent on: rangement with a taxable evaluate its participation e organization's exempt 990-T (501(c)(3)s only) avoits, conflict of interest policies.	12b 12c 13 14 15a 15b 16a 16b	X X X X X X X A A A A A A A A A A A A A	X

Form 990 (2008)

BAA

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- 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) or 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

X Check this box if the organization did no	t compen	sate a	iny (offic	er, c	directo	r, tr	ustee, or key employe	ee	
(A)	(B)			-	c)			(D)	(E)	(F)
Name and Title	Average hours					hat app		Reportable compensation from	Reportable compensation from	Estimated amount of other
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the
	:	idual	L to on	멱	empl empl	est c	련	·		organization and related
		tas	la tr		oyee	оппре				organizations
		ee	ustee			ensat				
DI ODDIVOR VIDI GRI						ed				
FLORENCE HELZEL DONOR DIRECTOR	1	Х		Х				0.	0.	0
DAVID L. MENDEL	1	_ A		^				0.	<u> </u>	0.
FOUNDATION DIR.	2	Х		Х				0.	0.	0.
GARY SHAPIRO		Α_	-					0.	- 0.	<u> </u>
FOUNDATION DIR.	1	х						0.	0.	0.
NICOLE TAYLOR	 				-					
FOUNDATION DIR.	1	Х						0.	0.	0.
DEBORAH KIRSHMAN										
CHAIR/DONOR DIR	1	Х						0.	0.	0.
LEO HELZEL										
PRESIDENT	2	ļ		X				0.	0.	0.
LAWRENCE HELZEL										
DONOR DIRECTOR	1							0.	0.	0.
BENJAMIN BANK FOUNDATION DIR.	1	Ų.						ا م	0.	0
CHRISTINA C. HURLEY		X			_			0.	<u> </u>	0.
FDN DIR RETIRED	0	Х						0.	0.	0.
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Part VII Section A. Officers, Directors, Trus	tees, k	(ey	En	ple	oye	es,	an	d Highest Con	npensated Emp	oloyees	(cor	nt.)
(A)	(B)			(c)			(D)	(E)	((F)	
Name and Title	Average hours				_	_	-	Reportable compensation from	Reportable compensation from		imated	ner.
	nours per week	or di	Insti	Officer	eg	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	comp	ensatio m the	
•		recto	Institutional trustee	Œ,	employee	est c	ner	(2	(,	orga	nization related	
•		a trus	nal tr		loyee	dtto					nization	
		tee	uste		"	ensa						
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	ļ	-	_	_		\vdash		,				
1 b Total	1	<u> </u>	<u> </u>	!	L	L		0.	0.			0.
2 Total number of individuals (including those in 1a)	who rec				han	\$1 (·		the		0.
organization > 0	willo reci	CIVC	J 1110	<i>J</i> I C 1	uiaii	Ψι	,0,0	oo iii reportable c	ompensation nom	uic		
Organization 0				-							Yes	No
2 Did the executive list on fewer office district											.00	
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such in	or trust ndividua	ee, r il	(ey	emp	oloye	e, c	or ni	gnest compensate	ea employee	3		Х
4 For any individual listed on line 1a, is the sum of re the organization and related organizations greater to												-
the organization and related organizations greater t	han \$15	50,00	00?	lf 'Y	es'	com	plet	e Schedule J for s	such	4		X
•										+++		
5 Did any person listed on line 1a receive or accrue or rendered to the organization? If 'Yes,' complete Sci	compens	atio	n fro	om a	any	unre	elate	d organization for	services	5		X
Section B. Independent Contractors	ileduie 3	7 101	Suci	Р	1301				_	1 2 1		
Complete this table for your five highest compensation from the organization.	ted inde	pend	dent	cor	itrac	tors	tha	t received more th	nan \$100,000 of		_	
(A)								(B		(C)) .	
Name and business addres	iS							Description	or Services	Compen	isatio	
							_					
				-								
						_						
-												_
2 Total number of independent contractors (including	those in	י 11 י	who	rec	eive	d m	ore	than \$100 000 in				
compensation from the organization > 0		,		. 50		_ ,,,		4.50,000 111				

Pal	t viii Statement of Revenue				
		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<u>,, </u>	1a Federated campaigns 1a				
X ST	· · · · · · · · · · · · · · · · · · ·				
ĕă	b Membership dues 1b				
S, G	c Fundraising events.				
A	d Related organizations 1 d				
S, E	e Government grants (contributions) 1e				
S S	f All other contributions ofte groups and				
돌필	f All other contributions, gifts, grants, and similar amounts not included above 1 f 4, 995.				
₹ O	g Noncash contribus included in lns 1a-1f. \$ 4,995.				
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	h Total. Add lines 1a-1f	4,995.			
	Business Code	4,333.			
<u> </u>					
E	2a				<u> </u>
iii E	b				
2	c				
SER	d				
Σ	e	_			
PROGRAM SERVICE REVENUE	f All other program service revenue				
凝	g Total. Add lines 2a-2f				
	3 Investment income (including dividends, interest and				
	other similar amounts)	185,171.	185,171.		
	4 Income from investment of tax-exempt bond proceeds				
	5 Royalties	• • • • • • • • • • • • • • • • • • • •		 	
	(i) Real (ii) Personal				
	6a Gross Rents				
	b Less rental expenses				i
	c Rental income or (loss)				
	d Net rental income or (loss)				
	7a Gross amount from sales of (i) Securities (ii) Other				
	assets other than inventory 1, 631, 946. 13, 540.				
	b Less: cost or other basis				
	and sales expenses 1,379,085.				
	c Gain or (loss) 252, 861. 13, 540.				Ì
	d Net gain or (loss)	266,401.	266,401.		
	8a Gross income from fundraising events				
빌	(not including \$				
	of contributions reported on line 1c)				
<u> </u>	C - D - 1 1/4 1 - 10				
OTHER REVEN					
E	b Less. direct expenses b				
	c Net income or (loss) from fundraising events	···			
	9a Gross income from gaming activities]
	See Part IV, line 19 a				
	b Less direct expenses b				
	c Net income or (loss) from gaming activities ▶				
	10a Gross sales of inventory, less returns and allowances a				
	b Less: cost of goods sold b				
ļ	c Net income or (loss) from sales of inventory				<u> </u>
ŀ	Miscellaneous Revenue Business Code		-		
	11a VALUE HOLDINGS	13,769.	13,769.		
	b BENSON MINERAL GROUP	3.			3.
	c				
	d All other revenue				
	e Total. Add lines 11a-11d	13,772.			
	12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c,				
	10c. and 11e	470.339.	465.341	Λ	ર

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 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 U.S. See Part IV, line 21	227,000.	227,000.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees.	0.	0.	0.	0
Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B).	0.	0.	0.	0
7 Other salaries and wages				
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees)				
a Management	37,370.		37,370.	
b Legal				
c Accounting	1,000.		1,000.	
d Lobbying				
e Prof fundraising svcs See Part IV, In 17				
f Investment management fees	18,166.		18,166.	
g Other				
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				•
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance 24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a MISCELLANEOUS	2,203.		2,203.	
b				
c				
d				
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	285,739.	227,000.	58,739.	0
SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
BAA				Form 990 (2008

L	11 (/	Balance Sheet		,								
			(A) Beginning of year		(B) End of year							
	1	Cash – non-interest-bearing		1								
	2	Savings and temporary cash investments	1,756,906.	2	2,380,081.							
	3	Pledges and grants receivable, net		3								
	4	Accounts receivable, net	941.	4								
	5	Receivables from current and former officers, directors, trustees, key employees,										
		or other related parties. Complete Part II of Schedule L		5								
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1))		<u> </u>								
		and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6								
A S E T S	7	Notes and loans receivable, net		7								
E	8	Inventories for sale or use		8								
S	9	Prepaid expenses and deferred charges		9								
	10 a	Land, buildings, and equipment: cost basis 10a										
	b	Less: accumulated depreciation Complete Part VI of										
		Schedule D 10b		10c								
	11	Investments - publicly-traded securities	6,435,727.	11	3,946,711.							
	12	Investments – other securities. See Part IV, line 11		12								
	13	Investments - program-related See Part IV, line 11		13								
	14	Intangible assets .		14								
	15	Other assets See Part IV, line 11	2,685,420.	15	2,567,091.							
	16	Total assets. Add lines 1 through 15 (must equal line 34).	10,878,994.	16	8,893,883.							
_	17	Accounts payable and accrued expenses	13,401.	17	9,348.							
	18	Grants payable		18								
	19	Deferred revenue	•	19								
Ļ			-	20								
A B		21 Escrow account liability Complete Part IV of Schedule D 22 Payables to current and former officers, directors, trustees, key employees.										
Ĩ	—	highest compensated employees, and disqualified persons Complete Part II										
į		of Schedule L		22								
E S	23	Secured mortgages and notes payable to unrelated third parties		23								
	24	Unsecured notes and loans payable		24								
	25	Other liabilities Complete Part X of Schedule D		25								
	26	Total liabilities. Add lines 17 through 25	13,401.	26	9,348.							
N E T		Organizations that follow SFAS 117, check here ► X and complete lines										
Ť	1	27 through 29 and lines 33 and 34.										
ASSE	27	Unrestricted net assets		27								
Ĕ	28	Temporarily restricted net assets	10,865,593.	28	8,884,535.							
Ś	29	Permanently restricted net assets .		29								
R		Organizations that do not follow SFAS 117, check here ▶ □ and complete										
E		lines 30 through 34.										
FOZO	30	Capital stock or trust principal, or current funds .		30								
B	31	Paid-in or capital surplus, or land, building, and equipment fund		31								
Î	32	Retained earnings, endowment, accumulated income, or other funds		32								
BALAZCES	33	Total net assets or fund balances.	10,865,593.	33	8,884,535.							
5	34	Total liabilities and net assets/fund balances	10,878,994.	34	8,893,883.							
Pa	rt X	Financial Statements and Reporting										
			•		Yes No							
		counting method used to prepare the Form 990 Cash X Accrual	Other									
2		re the organization's financial statements compiled or reviewed by an independent	accountant?		2a X							
		re the organization's financial statements audited by an independent accountant?			2b X							
_		Yes' to 2a or 2b, does the organization have a committee that assumes responsibilities, or compilation of its financial statements and selection of an independent acco			2c							
3	a As Au	a result of a federal award, was the organization required to undergo an audit or au dit Act and OMB Circular A-133?	dits as set forth in the	Single	3a X							
		Yes,' did the organization undergo the required audit or audits?			3 b							
BA					Form 990 (2008)							

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047 2008

Department of the Treasury Internal Revenue Service

To be completed by all section 501 (c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

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Part			s (All organizations		comple	te this	nart.					
_	.		se it is (Please check or				parti	/ (300	11130140			
1	<u> </u>		ociation of churches desc	-	-		(1XAXi)).				
2			A)(ii). (Attach Schedule I			- (-)						
3	—		e organization described	· -	on 170(ьх1хах	iii). (At	tach Scl	hedule H)		
4	— '	•	d in conjunction with a h		•					-	spital's	
	name, city, and sta	te:	· 									
5	An organization op-		of a college or university	owned	or opera	ated by	a gover	nmental	unit des	scribed in	section	
6			governmental unit descri									
7	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)											
8	_				•							
9	An organization that normally receives. (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)											
10	An organization org	ganized and operated	exclusively to test for pu	ıblıc safe	ety. See	section	1 509(a)	(4). (se	e instruc	tions)		
11	more publicly supported describes the type	orted organizations d of supporting organiz	exclusively for the benef escribed in section 509(a ation and complete lines	a)(1) or s 11e thr	section ough 11	509(a)(2 h	2) See	of, or car section	ry out th 509(a)(3). Check to	he box	e or that
_	a X Type i	b ∐Type II		l – Fund	-	_			□	Type III—		
е	X By checking this both than foundation ma 509(a)(2)	nagers and other than	ganization is not controll n one or more publicly si	upported	d organiz	airectiy zations (by one describe	or more ed in sec	disquali etion 509	ned perso (a)(1) or so	ns otne ection	er
f	If the organization of check this box	received a written dete	ermination from the IRS	that is a	Type I,	Type II	or Typ	e III sup	porting o	organization	٦,	
g	Since August 17, 2	006, has the organiza	tion accepted any gift o	r contrib	ution fro	om any	of the fo	ollowing	persons	7		
											Yes	No
	below, the go	verning body of the su	controls, either alone or tupported organization?	together	with pe	rsons d	escribed	d in (ii) a	and (III)	11 g (i)	х	
		ber of a person desc	**							11 g (ii)	Х	
		• •	described in (i) or (ii) al							11 g (iii)		<u>X</u>
h			he organizations the organizations					1				
	(i) Name of Supported Organization	(u) EIN	(III) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organizat	Is the tion in cold in your erning ment?	(v) Did y the organ col your su	uzation in (i) of	organizat	zed in the	(viı) Amour	nt of Supp	ort
				Yes	No	Yes	No	Yes	No			
EAS:	r BAY COMMUNITY	FOUNDATION										
		_										
		94-6070996	11	X		Х		Х				0.
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otal	For Privacy Act and D	manuali Dadadi - 4	Act Notice, see the Instru		(F	- 002			A (5 -	- 000 01		<u>0.</u>
,AA	i oi Frivacy Act and Pa	aperwork Reduction A	ici Monce, see the MStri	acuons 1	ior rom	1 フフリ.	;	ocneaule	: M (LOLL	n 990 or 99	フ∪-⊏∠) .	としじな

Pai	t II Support Schedule for	_			(b)(1)(A)(iv) an	id 170(b)(1)(A)((vi)
	(Complete only if you check	ed the box on line	e 5, 7, or 8 of Par	t!)				
Cale	tion A. Public Support	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	3	(f) Total
_	nning in) S Gifts, grants, contributions and membership fees received (Do not include 'unusual grants')							
_	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf							
3	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							
4	Totai. Add lines 1-3	<u></u>	 			ļ		
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)							
6 	Public support. Subtract line 5 from line 4							
Sec	tion B. Total Support	·	г			r		
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	3	(f) Total
7	Amounts from line 4							
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources							
9	Net income form unrelated business activities, whether or not the business is regularly carried on							
10	Other income. Do not include gain or loss form the sale of capital assets (Explain in Part IV)							
11	Total support. Add lines 7 through 10							
12	Gross receipts from related activ	vities, etc (see in	structions)				12	
	First five years. If the Form 990 organization, check this box and	stop here		nd, third, fourth,	or fifth tax year as	s a section 5	01(c)(3) ▶ □
Sec	tion C. Computation of Pu	blic Support F	Percentage					
14	Public support percentage for 20	•	• • •	,		ļ.	14	%
15	Public support percentage for 20	007 Schedule A, F	Part IV-A, line 26f			Ĺ	15	
16 a	a 33-1/3 support test — 2008. If the and stop here. The organization	e organization did qualifies as a pul	I not check the bo blicly supported o	ox on line 13, and rganization	the line 14 is 33	-1/3 % or mo	re, ch	neck this box ►
t	33-1/3 support test – 2007. If the and stop here. The organization	e organization did qualifies as a pul	I not check a box blicly supported o	on line 13, or 16a rganization	a, and line 15 is 3	3-1/3% or m	ore, c	heck this box
17 a	a 10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts	meets the 'facts-a	and-circumstance:	s' test, check this	box and stop he	re. Explain ir	n Part	IV how
t	o 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an	meets the 'facts-a d-circumstances'	and-circumstance: test The organi	s' test, check this zation qualifies as	box and stop he s a publicly suppo	re. Explain in rted organiza	n Part ation.	IV how the ►
18	Private foundation. If the organi	zation did not che	eck a box on line,	13, 16a, 16b, 17a	a, or 17b, check tl	nis box and s	ee ins	structions -
BAA					Sc	hedule A (Fo	orm 99	0 or 990-EZ) 2008

Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.) Section A. Public Support Calendar year (or fiscal yr beginning in)▶ (a) 2004 **(b)** 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total Gifts, grants, contributions and membership fees received (Do not include 'unusual grants') Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1-5 7a Amounts included on lines 1. 2, 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 c Add lines 7a and 7b 8 Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal yr beginning in) (a) 2004 **(b)** 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total 9 Amounts from line 6 10 a Gross income from interest dividends, payments received on securities loans, rents, royalties and income form similar sources **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b. Net income from unrelated business activities not included inline 10b. whether or not the business is regularly carried on 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) 13 Total support. (add Ins 9, 10c, 11, and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) 15 % 16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g 16 % Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) 17 % % 18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h. 18 19 a 33-1/3 support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33-1/3 support tests — 2007. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A	(Form	990 or	990-E	z) 2008	HEL2	EL	FAMILY	FOUN	DATIO	N		94-2597088	Page 4
Part IV	Supp	leme	ntal In	forma	tion. C	omp	lete this	part to	provi	de the	explanation required	red by Part II, I	ine 10;
	Part	II, line	17a	or 17b	; or Pa	rt III	l, line 12	. Provi	de any	other	additional informa	ition. (see instr	uctions)
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SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Attach to Form 990. To be completed by organizations that answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.

Open to Public Inspection

Schedule **D** (Form 990) 2008

Name of the organization `

Employer Identification number

HELZ	EL FAMILY FOUNDATION		94-2597088
Part		Advised Funds or Other Similar Fun	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 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 dor unds are the organization's property, subject	or advisors in writing that the assets held in do to the organization's exclusive legal control?	onor advised Yes No
ι	Old the organization inform all grantees, dono used only for charitable purposes and not for to mpermissible private benefit??	rs, and donor advisors in writing that grant fund he benefit of the donor or donor advisor or oth	ds may be er Yes No
		te if the organization answered 'Yes'	to Form 990, Part IV, line 7.
	Purpose(s) of conservation easements held by		
J	Preservation of land for public use (e.g., r.	ecreation or pleasure) Preservation of	of an historically important land area
	Protection of natural habitat		of certified historic structure
	Preservation of open space		
	Complete lines 2a-2d if the organization held a of the tax year	a qualified conservation contribution in the form	n of a conservation easement on the last day
			Held at the End of the Year
a∃	Total number of conservation easements		2a
b٦	Total acreage restricted by conservation easer	ments	2b
c l	Number of conservation easements on a certif	ied historic structure included in (a)	2c
d١	Number of conservation easements included in	n (c) acquired after 8/17/06 .	2d
	Number of conservation easements modified, year >	transferred, released, extinguished, or terminal	ted by the organization during the taxable
4 1	Number of states where property subject to co	nservation easement is located >	
5 [Ooes the organization have a written policy reenforcement of the conservation easement it h	garding the periodic monitoring, inspection, vio	lations, and Yes No
6 9	Staff or volunteer hours devoted to monitoring	, inspecting, and enforcing easements during t	he year ►
7 /	Amount of expenses incurred in monitoring, in	specting, and enforcing easements during the	year ►\$
	•		· · · · · · · · · · · · · · · · · · ·
1	70(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	I line 2(d) above satisfy the requirements of se	∐ Yes No
, (nclude, if applicable, the text of the footnote t conservation easements	conservation easements in its revenue and exper to the organization's financial statements that d	lescribes the organization's accounting for
Part	Organizations Maintaining Colle Complete if the organization answer	ctions of Art, Historical Treasures, or wered 'Yes' to Form 990, Part IV, line	Other Similar Assets 8.
t	f the organization elected, as permitted under reasures, or other similar assets held for publ he text of the footnote to its financial stateme	SFAS 116, not to report in its revenue statem ic exhibition, education, or research in furtherants that describes these items	ent and balance sheet works of art, historical ince of public service, provide, in Part XIV,
t	reasures, or other similar assets held for publa Imounts relating to these items	SFAS 116, not to report in its revenue statemic exhibition, education, or research in furthera	ince of public service, provide the following
(Revenues included in Form 990, Part VIII, 	line 1	> \$
(ii) Assets included in Form 990, Part X		►\$ ►\$
2 1	f the organization received or held works of a amounts required to be reported under SFAS	rt, historical treasures, or other similar assets f I 16 relating to these items	
a F	Revenues included in Form 990, Part VIII, line	1	- \$
b A	Assets included in Form 990, Part X		

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

Schedule D (Form 990) 2008 HELZE	EL FAMILY	FOUN	NDATION			94-259			Page 2
Part III Organizations Mainta	ining Colle	ctions	of Art, Histo	rica	l Treasures, or C	Other Similar Ass	ets (cor	<u>ıtınue</u>	?d)
Using the organization's accession that apply).	on and other i	ecords,	check any of th	e follo	owing that are a sign	nificant use of its colle	ection iten	ns (che	eck all
a Public exhibition			d Loan	or exc	change programs				
b Scholarly ręsearch			e U Other						
c Preservation for future gener	ations								
4 Provide a description of the orga Part XIV.			•				e in		
5 During the year, did the organiza assets to be sold to raise funds r	ition solicit or ather than to	receive be maii	donations of ar ntained as part o	t, hist of the	orical treasures, or or or organization's collection	other similar ction?	Yes		No
Part IV Trust, Escrow and Cu IV, line 9, or reported	istodial Ari an amount	anger on Fo	nents Compl orm 990, Part	ete i t X, I	f organizatıon ar ine 21.	nswered 'Yes' to F	orm 99	0, Pa 	ırt
1a Is the organization an agent, trus included on Form 990, Part X?	stee, custodia	n, or otl	her intermediary	for c	ontributions or other	assets not	Yes]No
b If 'Yes,' explain the arrangement	in Part XIV a	ınd com	plete the follows	ng tal	ble:				
							Amount		
c Beginning balance .						1c			
d Additions during the year						1 d			
e Distributions during the year						1 e			
f Ending balance .									
2a Did the organization include an a		rm 990,	Part X, line 217	,			Yes	Ĺ	No
b If 'Yes,' explain the arrangement			 -			<u> </u>			
Part V Endowment Funds Co						· · · · · · · · · · · · · · · · · · ·	T		
	(a) Current	year	(b) Prior year	r	(c) Two years back	(d) Three years back	(e) Fou	ır years	back
1a Beginning of year balance.							 		
b Contributions							 		
c Investment earnings or losses						-	 		
d Grants or scholarships							-		
e Other expenditures for facilities and programs					······································		<u> </u>	····	
f Administrative expenses									
g End of year balance							<u> </u>		
2 Provide the estimated percentage	-	end bala	ance held as:						
a Board designated or quasi-endov			8						
b Permanent endowment	8								
c Term endowment ►	8								
3a Are there endowment funds not a organization by	in the possess	sion of t	he organization	that a	are held and adminis	stered for the		Yes	No
(i) unrelated organizations							3a(i)		
(ii) related organizations							3a(ii)		
b If 'Yes' to 3a(ii), are the related of	organizations	listed a	s required on So	hedu	le R?		_3b		
4 Describe in Part XIV the intended	d uses of the	organiz	ation's endowme	ent fu	nds.				
Part VI Investments-Land, B	uildings, a	<u>nd Eq</u>	uipment. See	e For	m 990, Part X, I	ine 10.			
Description of investment	t		t or other basis vestment)		Cost or other pasis (other)	(c) Depreciation	(d) Bo	ok Val	ue
1a Land									
b Buildings									
c Leasehold improvements									
d Equipment									
e Other		L							
Total. Add lines 1a-1e (Column (d) she	ould equal Fo	rm 990,	Part X, column	(B), I	line 10(c).)	<u> </u>	1 8 45		0.
BAA						Sched	ule D (For	m 990	n 2008

(a) Description of Liability (b) Amount
Federal Income Taxes

Total. Column (b) Total (should equal Form 990, Part X, col (B) line 25)

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

Schedule D (Form 990) 2008 HELZEL FAMILY FOUNDATION		Page 4
Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements	s N/A	
1 Total revenue (Form 990, Part VIII,column (A), line 12)		
2 Total expenses (Form 990, Part IX, column (A), line 25).		
3 Excess or (deficit) for the year Subtract line 2 from line 1 .		
4 Net unrealized gains (losses) on investments		
5 Donated services and use of facilities		
6 Investment expenses		
7 Prior period adjustments		
8 Other (Describe in Part XIV)		
9 Total adjustments (net) Add lines 4-8		
10 Excess or (deficit) for the year per financial statements. Combine lines 3 and 9		
Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue pe	r Return N/A	
1 Total revenue, gains, and other support per audited financial statements	1	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12.		
a Net unrealized gains on investments . 2a		
b Donated services and use of facilities 2b		
c Recoveries of prior year grants		
d Other (Describe in Part XIV) .		
e Add lines 2a through 2d.	2e	
3 Subtract line 2e from line 1	3	
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a Investments expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIV)		
c Add lines 4a and 4b	4c	
5 Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	
Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Return N/A	
1 Total expenses and losses per audited financial statements	1	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities . 2a		
b Prior year adjustments		
c Losses reported on Form 990, Part IX, line 25		
d Other (Describe in Part XIV)		
e Add lines 2a through 2d .	2e	
3 Subtract line 2e from line 1	3	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investments expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIV)		
c Add lines 4a and 4b	4c	
5 Total expenses Add lines 3 and 4c (This should equal Form 990, Part I, line 18)	5	
Part XIV Supplemental Information		
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Par line 4, Part X; Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b.	t IV, lines 1b and 2b, Part	V,
		- -

Schedule D	(Form 990) 2008	Page 5
Part XIV	(Form 990) 2008 Supplemental Information (continued)	
		<u>-</u>
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TEEA3305L 07/24/08

Schedule **D** (Form 990) 2008

BAA

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the U.S. Complete if the organization answered 'Yes,' on Form 990, Part IV, lines 21 or 22.
 Attatch to Form 990.

OMB No 1545-0047

Open to Public Inspection

Employer identification number 94-2597088 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Part I General Information on Grants and Assistance HELZEL FAMILY FOUNDATION Name of the organization

ջ □ Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' on Form X Yes 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use SEE PART IV 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part IV and Schedule I-1 (Form 990) if additional space is needed

I alt IV alid Schedule I-1 (Follif 330) il additioliai space is fleeded	ווויי לטכב וווויי	nonal space is i	וממחמח				_
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FM', appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARCH COMMUNITY HOUSING TRUST P. O BOX 1292 FETCHING ID 82340	75-3167069		10,000.	0			SUPPORT CHARITABLE
BERKELEY REPERTORY THEATRE	94-1679756		6,000.	0.			ACIIVIIIES SUPPORT THE ARTS/CULTURE
CALIFORNIA COLLEGE OF THE ARTS 5212 BROADWAY OAKLAND, CA 94618	94-1156485		10,000.	0.			ARTS/CULTURE
CONTRA COSTA JEWISH DAY SCHOOL 3836 MT DIABLO BOULEVARD LAFAYETTE, CA 94549	94-3375313		10,000.	.0			EDUCATION
GIRLS INC OF ALAMEDA COUNTY 13666 EAST 14TH ST SAN LEANDRO, CA 94578	47-0376606		10,000.	.0			EDUCATION, ASSISTENCE AND YOUTH
GOLDEN GATE UNIVERSITY LAW SCHOOL 536 MISSION STREET SF, CA 94720	94-1585735		15,000.	0.			DEVELOPMENT EDUCATION
HAAS SCHOOL OF BUSINESS 545 STUDENT SVC BLDG BERKELEY, CA	94-6090626		20,000.	0.			EDUCATION
JEWISH FED GREATER E BAY 300 GRAND AVE. OAKLAND, CA 94610	94-1156560		15,000.	0.			PHILANTHROPIC GRANTMAKING
A CAROLL A STATE OF THE STATE OF THE CONTRACT		_					•

2 Enter total number of section 501(c)(3) and government organizations Enter total number of other organizations BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

TEEA3901L 12/19/08

Schedule I (Form 990) 2008

BAA

Schedule 1 (Form 990) 2008

SCHEDULE 1-1 (Form 990)

Department of the Treasury Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

► Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990).

2008

OMB No 1545-0047

Open to Public Inspection

Name of the organization						Employer identification number	n number
HELZEL FAMILY FOUNDATION						94-2597088	
Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990),	nd Other Assistan	ce to Governments	and Organizations	s in the U.S. (Sche	dule I (Form 990)), Part II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JUDAH L. MAGNES MUSEUM							MUSEUM
BERKELEY, CA 94705	94-6103646	10	20,000.				ARTS/CULTURE
OAKLAND MUSEUM OF CALIFORNIA							MUSEUM/EDUCAT
OAKLAND, CA 94607	94-3094513		25,000.				ARTS/CULTURE
TEMPLE SINAI		170(B)(1)(A)(I)					EDUCATION AND
2808 SUMMIT STREET OAKLAND, CA 94609	94-1156845		20,000.				RELIGIOUS
1							EDUCATION
BERKELEY, CA	94-6090626		10,000.				
U OF CA PRESS FOUNDATION 2120 BERKELEY WAY BERKELEY CA 94704	94-2682969		10,000.				EDUCATIONAL MATERIALS ARTS/CULTURE
2 Enter total number of Section 501(c)(3) and government organizations3 Enter total number of other organizations	(3) and government orginors	ganizations				\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	

Schedule I-1 (Form 990) 2008

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

OMB No 1545-0047

2008

Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

Open to Public Inspection

Name of the organization HELZEL FAMILY FOUNDATION	Employer identification number
C/O THE EAST BAY COMMUNITY FOUNDATION	94-2597088
FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION	
SUPPORT GRANT TO BERKELEY HILLEL FOUNDATION TO SUPPORT EDUCATION	NAL PROGRAMS AND
COUNSELING FOR UNIVERSITY OF CALIFORNIA STUDENTS.	
SUPPORT GRANT TO J. F. KENNEDY UNIVERSITY TO CONTINUE AND ENHAN	ICE THE MUSEUM STUDIES
PROGRAM.	
SUPPORT GRANT TO MILLS COLLEGE FOR ITS ART GALLERY, WHICH IS VI	SITED BY BOTH THE
STUDENTS AND THE GENERAL PUBLIC THROUGHOUT THE YEAR.	
SUPPORT GRANT TO UC BERKELEY FOUNDATION, BOALT HALL SCHOOL OF I	AW, FOR THE BERKELEY
CENTER FOR LAW, BUSINESS, AND THE ECONOMY - SERVICE TO STUDENT	
THE UNIVERSITY FO CALIFORNIA, BERKELEY CAMPUS.	
	·
SUPPORT GRANT TO THE NORTHERN LIGHT SCHOOL, KINDERGARTEN TO HIG	H SCHOOL, A PRIVATE
SCHOOL PROVIDING OPPORTUNITY FOR A SUPERIOR EDUCATION TO MINORI	TIES AND OTHERS WHO
WOULD NOT OTHERWISE HAVE ACCESS TO ADEQUATE EDUCATION.	
	·
SUPPORT GRANT TO THE HEAD ROYCE SCHOOL HEADS-UP PROGRAM - PROVI	DES FREE SUMMER
PROGRAMS IN HIGHSCHOOL EDUCATION, AT A PRESTIGIOUS PRIVATE SCHO	OOL TO DISADVANTAGED
CHILDREN.	
SUPPORT GRANT TO THE PACIFIC GRADUATE SCHOOL OF PSYCHOLOGY - PR	
TEACHING PSYCHOLOGY, GRANTING PHD'S, AND PROVIDING FREE AND LOW	COST PHYCHOLOGICAL
SERVICES TO PATIENTS.	

Name of the organization HELZEL FAMILY FOUNDATION C/O THE EAST BAY COMMUNITY FOUNDATION	Employer identification number 94-2597088
FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION (CC	ONTINUED)
SUPPORT FOR GIRLS INCORPORATED OF ALAMEDA COUNTY, OFFERING ACAD	EMIC ENRICHMENT,
SKILL-BUILDING PROGRAMS, COUNSELING SERVICES, AND SUPORT TO AT-	RISK GIRLS AND THEIR
FAMILIES IN ALAMEDA COUNTY. SINCE 1958, GIRLS INC. HAS CHALLENG	ED GIRLS TO EXPLORE
THEIR POTENTIAL, ATTEND COLLEGE, BUILD FULFILLING CAREERS AND E	XPAND THEIR SENSE OF
WHAT IS POSSIBLE.	
SUPPORT FOR UNIVERSITY OF CALIFORNIA PRESS FOUNDATION FOR ITS P	ROGRAM OF PUBLISHING
EDUCATIONAL MATERIALS.	
SUPPORT FOR TEMPLE SINAI FOR ITS NEW BUILDING CAMPAIGN TO FURTH	ER ITS EDUCATIONAL
AND RELIGIOUS OFFERINGS TO THE COMMUNITY.	
SUPPORT FOR CREATIVE GROWTH ART CENTER FOR SERVING ADULT ARTIST	S WITH PHYSICAL,
MENTAL AND DEVELOPMENTAL DISABILITIES, PROVIDING A STIMULATING	ENVIRONMENT FOR
ARTISTIC INSTRUCTION, GALLERY PROMOTION AND PERSONAL EXPRESSION	·
SUPPORT FOR SUN VALLEY CENTER FOR THE ARTS TO PROVIDE EXPERIENC	ES IN THREE DIFFERENT
AREAS: 1) VISUAL ARTS: OFFERING EXHIBITIONS THAT RANGE WIDELY IN	SCOPE, STRUCTURE,
AND SUBJECT, INCLUDING WORKS BY NATIONALLY AND INTERNATIONALLY	RECOGNIZED
CONTEMPORARY ARTISTS AND MUSEUM-QUALITY EDUCATIONAL EXHIBITIONS	; 2) PERFORMING ARTS:
PRESENTING A SPECTRUM OF THE NATION'S FINEST PERFORMING ARTISTS	: PROGRAMS FEATURE
CHAMBER MUSIC, BLUES, JAZZ, FOLK, ROCK, CONTEMPORARY THEATER, F	ILM, AND DANCE; AND
3) EDUCATION AND HUMANITIES: OFFERING ART CLASSES FOR ADULTS, FA	MILIES, AND KIDS AS
WELL AS LECTURES, DISCUSSION GROUPS, AND CONFERENCES ON VARIOUS	TOPICS.

C/O THE EAST BAY COMMUNITY FOUNDATION	94-2597088
FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION (C	ONTINUED)
SUPPORT FOR THE OAKLAND MUSEUM OF CALIFORNIA FOR THE RENOVATIO	N OF THE ART
DEPARTMENT AT THE MUSEUM. THE MUSEUM PROVIDES UNIQUE COLLECTI	ONS, EXHIBITIONS, AND
EDUCATIONAL OPPORTUNITIES DESIGNED TO GENERATE A BROADER AND D	EEPER UNDERSTANDING OF
AND INTEREST IN CALIFORNIA'S ENVIRONMENT, HISTORY, ART, AND PE	OPLE.
SUPPORT FOR THE JEWISH COMMUNITY FEDERATION OF THE GREATER EAS	T BAY TO BE USED FOR
THE ISRAEL EMERGENCY CAMPAIGN, REBUILDING COMMUNITY CENTERS, L	IBRTARIES, DAY CARE
CENTERS, AND HOMES FOR THE ELDERLY.	
SUPPORT FOR ARCH COMMUNITY HOUSING TRUST. IT IS COMMITED TO P	ROVIDING_FINANCIAL
HELP FOR PEOPLE IN NEED AS TO THEIR HOUSING. IT POVIDES CREDI	T COUNSELING,
FORECLOSURE INTERVENTION COUNSELING, AND SHORT TERM RELIEF FOR	FAMILIES GOING
THROUGH MORTGAGE MODIFICATION.	
SUPPORT GRANT TO BARUCH COLLEGE FOR SCHOLARSHIPS.	
	
SUPPORT GRANT TO BERKELEY REPERTORY THEATRE FOR THE THRUST THE	ATRE CAMPAIGN.
SUPPORT GRANT TO CALIFORNIA COLLEGE OF THE ARTS FOR STUDENT SC	HOLARSHIPS.
SUPPORT GRANT TO CONTRA COSTA JEWISH DAY SCHOOL FOR ITS NEW BU	ILDING CAMPAIGN.
SUPPORT GRANT TO PALM SPRINGS DESERT MUSEUM FOR THE SCHOOL TRA	SPORTATION PROGRAM.

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nedule O (Form 990) 2008 The of the organization HELZEL FAMILY FOUNDATION C/O THE EAST BAY COMMUNITY FOUNDATION	Employer identification number 94-2597088
FORM 990, PART VI, LINE 2 - BUSINESS OR FAMILY RELATIONSHIP OF OI	
LEO B HELZEL AND FLORENCE HELZEL ARE THE PARENTS OF DEBOF	
HELZEL.	
FORM 990, PART VI, LINE 7A - HOW MEMBERS OR SHAREHOLDERS ELEC	CT GOVERNING BODY
THE PRESIDENT OF THE CORPORATION MAKES MANAGEMENT DECISION	
OF DIRECTORS AT ALL BOARD MEETINGS.	
FORM 990, PART VI, LINE 10 - FORM 990 REVIEW PROCESS	
THE 990 IS REVIEWED BY THE ASSISTANT SECRETARY AND PRESI	DENT OF THE ORGANIZATION
BEFORE FILING.	
FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENF	ORCEMENT OF C
DIRECTORS ARE REQUIRED TO FILL OUT A 990 BOARD QUESTIONNA	AIRE AND CONFLICT OF
INTEREST CERTIFICATION EACH YEAR.	
FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL P	ROCESS FOR OFFICERS & KEY EMPLO
CURRENTLY NO OFFICER OR DIRECTOR RECEIVES COMPENSATION.	
FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBL	LICLY AVAILABLE
AVAILABLE BY REQUEST.	
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60/08/9	2	008 F	2008 FEDERAL BOOK DEPRECIATION SCHEDULE	AL B	00K	CDEPI	RECIA	TION	SCHE	DULE				PAGE 1
			C/01	HE EA	ST BA	Y COMN	HELZEL FAMILY FOUNDATION C/O THE EAST BAY COMMUNITY FOUNDATION	TION OUNDA	TION			i	Ş	94-2597088
NO. DESCRIPTION	DATE DATE —ACQUIREDSOLD_	DATE SOLD	COST/ BASIS	BUS. PCI. B	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDIICT.	DEPR. BASIS	PRIOR DEPR.	METHOD LIFE.	, LIEE RATE	CURRENT
FORM 990/990-PF														
AMORTIZATION														
2 SUNFLOWER GAS ROYALTIES		•	138,000	į					İ	138,000	138,000	3/1	20	0
TOTAL AMORTIZATION			138,000		0	0	0	0	0	138,000	138,000			0
DEPR. SCHEDULE UNLY AMORTIZATION														
AND THE PARK BARK TIES	60, 167, 61		000									;		•
I SUNFLOWER GAS ROYALITES	12/31/83	'	138,000	I						138,000	138,000	Z/L	82	0
TOTAL AMORTIZATION			138,000		0	0	0	0	0	138,000	138,000			0
TOTAL DEPRECIATION			0	i		0	0				0			0
GRAND TOTAL AMORTIZATION			276,000		0	0	0	0	0	276,000	276,000			0
GRAND TOTAL DEPRECIATION		u	0	II		0	0	0		0	0			0
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