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Form **990** 

Department of the Treasury
Internal Revenue Service

# **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)

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

2009

OMB No 1545-0047

Open to Public Inspection

A Fo	r the	2009 ca	alendar yea	r, or tax year beginning 01	-01-2009 and ending 12-31-2009	<del></del>		Inspection
		pplicable	Please	C Name of organization SOLANO COMMUNITY FOUND			D Employer ic	lentification number
┌ Add	lress ch	nange	use IRS		ATION		68-03549	
┌ Nar	ne cha	nge	label or print or	Doing Business As			E Telephone r	number
┌ Inıt	ıal retu	rn	type. See Specific	Number and street (or P.O. h	ox if mail is not delivered to street addres	cs) Doom/suite	(707) 399	-3846
┌ Ter			Instruc- tions.	1261 Travis Blvd Suite 320		ss) Room, suite	<b>G</b> Gross receipt	s \$ 5,657,962
∏ Am <sub>∈</sub> ПАрр		return n pending		City or town, state or country Fairfield, CA 94533	, and ZIP + 4			
			F Nan	ne and address of principa	lofficer	<b>H(a)</b> Is th	■ ıs a group retu	rn for
				nie Wolf		affilia		⊤Yes <b>√</b> No
				ravis Blvd 320 d, CA 94533		H(h) Are a	II affiliates inclu	ded?
								t (see instructions)
I Ta	x-exen	npt status	501(c)	) ( 3 ) ◀ (insert no )	(a)(1) or 527		ıp exemption n	
J W	ebsit 6	e: 🕨 ww	w solanocf	org				
				tion Trust Association C	Other 🕨	<b>L</b> Year of fo	rmation 1994	<b>M</b> State of legal domicile CA
Pa		Sum	•					
	1	•		<u> </u>	rmost significant activities ted for the long term benefit of the	Solano Coun	ity community	
ပို			F					
Governance								
<u>ē</u>	_	<u> </u>		<del>-</del> .6.11		. <b>.</b>	250/ -5:5-	
<u> </u>	2		·		ntinued its operations or disposed			
	3		_		oody (Part VI, line 1a)			31
Activities &	4				e governing body (Part VI, line 1b	)		41
Ē	5	Total n	umber of en	nployees (Part V, line 2a)			!	5
ទ្ធ	6	Total n	umber of vo	olunteers (estimate if nece	ssary)		•	6
٠,					Part VIII, column (C), line 12	•		7a
	b	Net unr	elated busi	ness taxable income from	Form 990-T, line 34		7	7 <b>b</b>
						Prio	or Year	Current Year
a.				d grants (Part VIII, line 1h			611,698	2,883,637
anue	9			revenue (Part VIII, line 29		16,800	0	
Reven	10			ne (Part VIII, column (A),		178,853	-2,652	
ш.	11				5, 6d, 8c, 9c, 10c, and 11e)			0
	12				st equal Part VIII, column (A), line		807,351	2,880,985
	13				olumn (A), lines 1-3)		984,907	441,561
	14				lumn (A), line 4)			0
	15		•		nefits (Part IX, column (A), lines 5	-		
\$		10)	,	,,,	( ),		250,890	235,905
Expenses	16a	Profes	sional fund	raising fees (Part IX, colu	mn (A), line 11e)			0
五	ь	Total fu	ındraısıng exp	enses (Part IX, column (D), line	25) <b>-</b> 59,059			
	17				11a-11d, 11f-24f)		160,185	114,056
	18				ual Part IX, column (A), line 25)		1,395,982	791,522
	19	Reven	ue less exp	penses Subtract line 18 fr	om line 12		-588,631	2,089,463
Net Assets or Fund Balances							g of Current 'ear	End of Year
iege Begge	20	Total	assets (Par	rt X, line 16)		<u>'</u>	5,343,301	8,054,691
AB GB	21			Part X, line 26)			772,233	347,036
2 E	22		-		21 from line 20		4,571,068	7,707,655
Par	t II		ature Blo				.,0, 2,000	. ,, . , , , , ,
		_			nined this return, including accompanying	schedules and s	tatements, and to	the best of my knowledge
					on of preparer (other than officer) is based			
Sign	l	***	***			2010	-09-08	
Here		1 <b>B</b>	ature of office	er		Date	-03-08	
		STFI	PHANTE WOLF	President and CEO				
			e or print nam					
		Dropars			Date	Check If	Preparer's iden	tifying number
Paid		Preparer signatur		a W Perry CPA	s	elf-	(see instruction	
Paid Prepa	rer's	F '	r 	a k. Down: 0. C-		mpolyed 🕨 🦳	1	
Use (		ıf self-er	ame (or yours nployed),	Perry & Company			EIN 🕨	
Jac (	-iiiy		and ZIP + 4	1443 Main Street 135-D			DI .	2227 255 2255
				Napa, CA 94559			Phone no 🕨 (	707) 255-2275
May t	he IR	S discus	s this retu	rn with the preparer shown	above? (see instructions)			✓ Yes

#### Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

The Solano Community Foundation is dedicated to strengthening our community both now and for future generations. The Foundation is a vehicle for private donors to make a lasting contribution to our community. The Solano Community Foundation fulfills its mission by Encouraging private giving for public good, Building and maintaining permanent endowments to respond to changing community needs, Providing flexible tax-exempt vehicles for donors with varied charitable interests and abilities to give, Serving as a catalyst and resource to effectively respond to community problems, and Strengthening the nonprofit sector through capacity-building trainings, workshops, and research tools for donor identification

	. 5				Form 000 (2000)
4e	Total program service expenses			, , , , , , , , , , , , , , , , , , , ,	,
4d	Other program services (Desci (Expenses \$	ribe in Schedule O) including grants of	\$	) (Revenue \$	)
4d	Other program services (Docci	rihe in Schedule O \			
4c	(Code ) (Exper	nses \$	including grants of \$	) (Revenue \$	)
4b	(Code ) (Exper	nses \$	including grants of \$	) (Revenue \$	)
	We provided grants to organizations co and family services, food, shelter, and	overing a variety of charitable p other humanitarian efforts, edi	urposes in Solano County and ucation, religion, and the arts	surrounding counties Charitable	e purposes include youth, health
4a	(Code ) (Exper	,	including grants of \$	441,561 ) (Revenue \$	2,880,985)
4	Describe the exempt purpose ac Section 501(c)(3) and 501(c)(4) allocations to others, the total ex	) organizations and sectio	n 4947(a)(1) trusts are	required to report the amo	
	If "Yes," describe these changes	on Schedule O			
3	Did the organization cease conduservices?			ucts, any program	┌ Yes ┌ No
	If "Yes," describe these new serv				
			rvices during the year wh	nich were not listed on	┌ Yes ┌ No

Dart TV	Chackli	ct of Do	auirad	Schedules
2 II T V A	CHECKII	SL UI KE	:uuii eu	ociieuuie:

			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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
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		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		No
5	Section 501(c)(4), 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 similar funds or 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	Yes	
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		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	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		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D,  Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ 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.			
	◆ 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.			
	◆ 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.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ 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? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	ļ	ļ	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Νο
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		Νο
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 U S? <i>If "Yes," complete Schedule F, Part II</i>	15		No
16	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 U S ? If "Yes," complete Schedule F, Part III	16		No
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? <i>If</i> "Yes," complete Schedule G, Part I	17		No
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		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		N o
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νo

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Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 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		No
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 questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	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		
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		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
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		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
		28a		Νο
	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes,"</i> complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
35	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		No
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		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?  Note. All Form 990 filers are required to complete Schedule O	38	Yes	

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Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance		1	<u> </u>
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		Yes	No
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?	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	3		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b	Yes	
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by th return?			No
Ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule $O$	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authoriover, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			No
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 a Financial Accounts	nd		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νο
ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νο
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		Νo
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or were not tax deductible?	gıfts 6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods a services provided to the payor?			Νο
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	-		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was requifile Form 8282?	red to <b>7c</b>		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a persona benefit contract?			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .			
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	. 7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			

1261 Travis Blvd Suite 320 Fairfield, CA 94533 (707) 399-3846

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

Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body 1a 10			
Ь	Enter the number of voting members that are independent 10			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Νο
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Νο
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Νο
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νο
6	Does the organization have members or stockholders?	6		Νο
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		Νο
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νο
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
ь	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νo
	ection B. Policies (This Section B requests information about policies not required by the Internal			
Re	evenue Code.)		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a	103	No
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	100		110
11	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
		11		Νo
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
Ь	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions )			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νo
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Se	ection C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed CA			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply of which website. Volume Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	ie orga	nızatıor	n 🕨
	The Organization			

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

#### 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. 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 all of the organization's current key employees. 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, or 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 the organization did no	t compensa	te any o	urre	nt or	forr	ner of	fıcer	, dırector, trustee o	r key employee	
<b>(A)</b> Name and Title	(B) A verage hours	erage Position (check all urs that apply)						( <b>D</b> ) Reportable compensation	(E) Reportable compensation	<b>(F)</b> Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
MIKE CONNER CHAIRMAN	5 00	Х		Х				0	0	0
MARK SIEVERS VICE CHAIRMAN	5 00	Х		Х				0	0	0
BRETT JOHNSON SECRETARY/TREASURER	5 00	Х		Х				0	0	0
DON ERICKSON DIRECTOR	5 00	Х						0	0	0
MARILYN MANFREDI DIRECTOR	5 00	Х						0	0	0
MARGARET PAYNE DIRECTOR	5 00	х						0	0	0
DEANNA MYHRE DIRECTOR	5 00	х						0	0	0
BECKY GARDINER DIRECTOR	5 00	х						0	0	0
DAVE KNITTER DIRECTOR	5 00	х						0	0	0
RICHARD RICO DIRECTOR	5 00	х						0	0	0
STEPHANIE WOLF PRESIDENT AND CEO	40 00	х		х				90,280	0	0

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1b	Total	0		0
2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization •0			
			Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4		No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule I for such person	5		No
S	ection B. Independent Contractors			
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization			
	(A) Name and business address  (B) Description of services		(C Compe	
2	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization •0			
		F	orm <b>99</b>	<b>0</b> (2009)

Form 9			f D					Page <b>9</b>
Part \	<b>/1111</b>	Statement of	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
# # # # # # # # # # # # # # # # # # #	1a	Federated cam	paigns 1a					
Contributions, gifts, grants and other similar amounts	ь	Membership du	es <b>1b</b>					
S, G	С	Fundraising eve	ents <b>1</b> c					
#£ a	d	Related organiz	ations 1d					
<u>∞</u> E	e	Government grants	s (contributions) <b>1e</b>					
흔	f	All other contribution	ons, gifts, grants, and 1f	2,883,637				İ
ë₹	g		butions included in					
ξğ		lines 1a-1f \$	,935,795					
ပည	h	Total. Add lines	s 1a-1f	· · · •	2,883,637			
<u> </u>				Business Code				
ē	2a							
Program Serwce Revenue	Ь							
<u> </u>	С							
<u>.</u>	d							
Ē	e							
Z 25	f	All other progra	am service revenue					
Ě	g	Total. Add lines	s 2a-2f					
	3	Investment inc	ome (including dividen	ds, interest				
		and other simil	aramounts)	<b>.</b>	166,975			166,975
	4	Income from inves	stment of tax-exempt bond	proceeds -				
	5	Royalties		•				
			(ı) Real	(II) Personal				
	6a   b	Gross Rents Less rental						
		expenses						
	C	Rental income or (loss)						
	d	Net rental inco	me or (loss)					
	_	Gross amount	(ı) Securities 2,607,350	(II) O ther				
	7a	from sales of assets other	2,007,550					
		than inventory						
	b	Less cost or other basis and	2,776,977					
	c	sales expenses Gaın or (loss)	-169,627					
	d	Net gain or (los	s)		-169,627	-169,627		
	8a	Gross income f	rom fundraising					
ще		events (not inc \$	luding					
Other Revenue		of contributions	reported on line 1c)					
æ		See Part IV, lin	ne 18 <b>a</b>					
ē	ь	lass direct av	penses b					
₹	c		(loss) from fundraising	Levents ▶-				
	9a	Gross income f	rom gamıng actıvıtıes					
		See Part IV, lin						
	Ь	Loss direct ov	a penses b					
	c		(loss) from gaming acti					
		returns and allo						
	 	loon seeks	a and sold					
	b   с	=	oods sold <b>b</b> (loss) from sales of inve	entory - 🕨				
	<u> </u>	Miscellaneous		Business Code				
	11a							
	ь							
	С							
	d	All other reven	ue					
	e	Total. Add lines	s 11a-11d					
				•				
	12	Total revenue.	See Instructions .	▶	2,880,985	-169,627	0	166,975

	990 (2009)				Page <b>10</b>
Part	IX Statement of Functional Expenses				
	Section $501(c)(3)$ and $501(c)(4)$ organizations mus II other organizations must complete column (A) but are not required to $\alpha$			(D)	
Do no	other organizations must complete column (A) but are not required to co ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	441,561		γ	
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	90,280	57,147	17,424	15,709
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	127,422	80,658	24,592	22,172
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	18,203	11,522	3,513	3,168
11	Fees for services (non-employees)	·			<u> </u>
а	Management				
ь	Legal				
c	Accounting	13,800	8,736	2,663	2,401
d	Lobbying	13,000	0,730	2,003	2,401
u	Professional fundraising See Part IV, line 17				
٠					
f	Investment management fees				
g	Other	4 242	400	276	
12	Advertising and promotion	1,213		376	339
13	Office expenses	9,561	,	,	181
14	Information technology	6,164	3,883	1,233	1,048
15	Royalties				
16	Occupancy	45,767	28,971	8,833	7,963
17	Travel	695	440	134	121
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				_
19	Conferences, conventions, and meetings	1,640	1,640		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	7,544	4,467	1,166	1,911
23	Insurance	8,660	5,482	1,671	1,507
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)				
а	Consulting	7,625	6,447	620	558
b	Membership and dues	5,220	3,304	1,007	909
c	Printing and copying	3,936	2,492	760	684
d	Telephone and internet	2,231	1,412	431	388
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	791,522	664,804	67,659	59,059
26	Joint costs. Check here ► ☐ If following SOP 98-2  Complete this line only if the organization reported in column (B) joint costs from a combined educational	,,,,,,,,,,	331,004	31,033	23,003
	campaign and fundraising solicitation				

Part X Balance Sheet (A) (B) Beginning of year End of year 138.876 174.601 1 1 Cash—non-interest-bearing . . . . . . . . . . . . . 2 2 3 50,000 3 4 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of 6 Notes and loans receivable, net . . . . . 8 Inventories for sale or use . . . . . . 9 Land, buildings, and equipment cost or other basis Complete Part 60.946 10a 10a VI of Schedule D 10b 48.983 b Less accumulated depreciation . . . . 18,558 **10c** 11.963 5,185,867 11 7.818.127 11 12 12 Investments—other securities See Part IV, line 11 . . . . . . . . . 13 13 Investments—program-related See Part IV, line 11 . . 14 14 15 15 16 5,343,301 16 8.054.691 Total assets. Add lines 1 through 15 (must equal line 34) . . . 10,428 17 17 Accounts payable and accrued expenses 57,000 18 18 19 19 20 20 Liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D . . 21 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 23 Secured mortgages and notes payable to unrelated third parties . . 24 Unsecured notes and loans payable to unrelated third parties . . . . 24 704.805 25 Other liabilities Complete Part X of Schedule D . . . . . 25 347.036 26 Total liabilities. Add lines 17 through 25 . . . . . 772,233 26 347,036 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. Unrestricted net assets . . . . 1.745.124 2.819.376 27 27 28 36.465 28 36.465 Temporarily restricted net assets . . . . . Fund 2.789.479 29 4.851.814 29 Permanently restricted net assets . . . . . Organizations that do not follow SFAS 117, check here 📂 🥅 and complete lines 30 through 34. ö 30 30 Capital stock or trust principal, or current funds . . . . Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund . . . . . 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 7,707,655 33 Total net assets or fund balances . . . . 4,571,068 34 Total liabilities and net assets/fund balances . . . . . 5.343.301 8.054.691 34

### Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 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 Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both			
	▼ Separate basis			
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	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	3b		

Form **990** (2009)

#### OMB No 1545-0047

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

Department of the Treasury

Name of the organization SOLANO COMMUNITY FOUNDATION

Internal Revenue Service

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

**Public Charity Status and Public Support** 

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

Inspection **Employer identification number** 

Da	-+ T	Door	on for Del	blic Charity Stat	ue /All ara	anizations	must samal	lata this sa	68-035496					
	r <b>t I</b>			<b>blic Charity Stat</b> e foundation because						u ucuons				
1				on of churches, or as					,					
2	<u>'</u>			in <b>section 170(b)(1</b> )				(=)(=)(-).						
3	<u>'</u>			perative hospital serv				170(6)(1)(4	A ACIIIA					
4	<u>'</u>			organization operate						(A)(iii) Ent	artha			
-	,			y, and state	eu ili conjunc	ction with a n	ospital desci	ilbed ill <b>Secti</b>	OII 170(B)(1)	(A)(III). EIIC	er tile			
5	$\Gamma$	_	-	erated for the benefit	_	or university	owned or op	erated by a g	jovernmental	unit describ	ed in			
	_			<b>A)(iv).</b> (Complete Pa	•									
6	<u> </u>			local government or	=									
7	<b> </b> ~	describ	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi)  (Complete Part II )											
8	$\sqcap$	A comn	A community trust described in section 170(b)(1)(A)(vi) (Complete Part II )											
9	$\Gamma$	An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross												
		receipt	s from activi	ties related to its ex	empt functio	ns—subject	to certain ex	ceptions, and	d (2) no more	than 331/3%	6 of			
		ıts supp	ort from gro	ss investment incom	ne and unrela	ated busines	s taxable ınc	ome (less se	ction 511 ta	x) from busır	nesses			
acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III )														
An organization organized and operated exclusively to test for public safety. Seesection 509(a)(4).														
11 e	Γ	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Che the box that describes the type of supporting organization and complete lines 11e through 11h  a Type I  b Type III c Type III - Functionally integrated d Type III - Other  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)  If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization check this box										. Check her ons 1) or		
g		followin	g persons?	006, has the organiz	•			•			Yes	No		
				governing body of the	•			ersons descr	ibed iii (ii)	11g(i)	+	110		
			-	r of a person describ		=				11g(ii)		+		
		• •	•	ed entity of a person	• •		ove?			11g(iii	+	<del>                                     </del>		
h				g information about t						119(11)	<u>′1                                    </u>	<u> </u>		
(i) Name suppor organiza		e of rted	(ii) EIN	(iii)  Type of  organization (described on lines 1- 9 above or IRC section (see	Is the organizati col (i) list your gove	(iv) Is the organization in col (i) listed in your governing document?		tify the ion in your rt?	(vi) Is the organizat col (i) org	e ıon ın anızed	Am	( <b>vii)</b> ount of pport?		
				(see instructions))	Yes	No	Yes	No	Yes	No	1			
Tota														

# Part II Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

-	ection A. Public Support	и спескей тпе	box on line 5,	7, or 8 or Part I	.)			
	endar year (or fiscal year beginning	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 20	009	<b>(f)</b> Total
1	in) Gifts, grants, contributions, and membership fees received (Do not include any "unusual				633,648		,883,637	10,406,749
2	grants ") Tax revenues levied for the organization's benefit and either							
3	paid to or expended on its behalf The value of services or facilities							
3	furnished by a governmental unit to							
	the organization without charge	1 001 13	1 1 660 033	2 247 247	522.540	-	002.627	10 106 710
4 5	<b>Total.</b> Add lines 1 through 3 The portion of total contributions by each person (other than a	1,881,42	4 1,660,823	3,347,217	633,648		,883,637	10,406,749
	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							10,406,749
S	ection B. Total Support							
	endar year (or fiscal year	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 20	ing	<b>(f)</b> Total
	beginning in)							10,406,749
7 8	A mounts from line 4 Gross income from interest,	1,881,424	72,865	3,347,217	633,648	۷,	,883,637	10,406,749
0	dividends, payments received on securities loans, rents, royalties and income from similar	30,582	72,865	202,507	167,764		166,975	640,693
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income (Explain in Part IV ) Do not include gain or loss from the sale of capital assets	2,966	14,604	13,165	16,800			47,535
11	Total support (Add lines 7 through 10)							11,094,977
12	Gross receipts from related activities					12		<u> </u>
13	First Five Years If the Form 990 is to check this box and stop here	for the organizati	on's first, second	, third, fourth, or fi	fth tax year as a	501(c)( <i>a</i>	i) organiz	ation, ▶┌
	ection C. Computation of Pub							
14	Public Support Percentage for 2009	•		11 column (f))		14		93 800 %
15	Public Support Percentage for 2008					15		94 340 %
16a	<b>33 1/3% support test—2009.</b> If the and <b>stop here.</b> The organization qua				ine 14 is 33 1/3%	or more	, check tl	his box <b>►</b> ▼
	33 1/3% support test—2008. If the box and stop here. The organization 10%-facts-and-circumstances test-is 10% or more, and if the organization Part IV how the organization mee	n qualifies as a p — <b>2009.</b> If the org tion meets the "f	ublicly supported anization did not o acts and circums	organization check a box on lin tances" test, chec	e 13, 16a, or 16b k this box and <b>st</b>	and line	e 14 Explain	<b>▶</b>
h	organization 10%-facts-and-circumstances test-	<b>-2008</b> . If the ora	anization did not	theck a how on lin	e 13.16a 16b o	r 17a an	ıd line	<b>►</b>
	15 is 10% or more, and if the organ Explain in Part IV how the organizat	iization meets th	e "facts and circu	mstances" test, c	heck this box and	stop he	ere.	<b>▶</b> ┌
18	supported organization  Private Foundation If the organizati	ion did not check	a box on line 13,	16a, 16b, 17a or	17b, check this	box and	see	
	ınstructions							<b>▶</b> □

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

	(Complete only if you	cnecked the	box on line 9 o	r Part I.)			
	ction A. Public Support				1	T	ı
Cale	ndar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	( <b>d)</b> 2008	(e) 2009	<b>(f)</b> Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
_	include any "unusual grants ")						
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						
3	purpose Gross receipts from activities that				+		
3	are not an unrelated trade or						
	business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
_	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5				-		
7a	A mounts included on lines 1, 2, and 3 received from disqualified						
	persons				1		
ь	Amounts included on lines 2 and 3						
	received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
8	Public Support (Subtract line 7c						
	from line 6 )						
	ction B. Total Support		1			1	Γ
Cale	ndar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	<b>(c)</b> 2007	( <b>d)</b> 2008	(e) 2009	(f) Total
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
ь	Unrelated business taxable						
	ıncome (less section 511 taxes)						
	from businesses acquired after						
_	June 30, 1975 Add lines 10a and 10b						
c 11	Net income from unrelated						
11	business activities not included						
	ın lıne 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 lines 9, 10c,						
14	11 and 12 ) First Five Years If the Form 990 is for	or the organizat	lon's first, second	L third fourth or	l fifth tax vear as a	1 a 501(c)(3) organ	l uzation
	check this box and <b>stop here</b>	or the organizat		., 4,	men tax your as t	(c)(c) c.gu.	<b>▶</b> ┌
	ction C. Computation of Publ						
15	Public Support Percentage for 2009	(line 8 column	(f) divided by line	13 column (f))		15	
16	Public support percentage from 200	8 Schedule A , F	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	ome Percenta	ge			
17	Investment income percentage for 2	<b>009</b> (line 10c c	olumn (f) dıvıded	by line 13 columi	n (f))	17	
18	Investment income percentage from	<b>2008</b> Schedule	A, Part III, line 1	L 7		18	
19a	33 1/3% support tests—2009. If the	organization di	d not check the b	ox on line 14, and	d line 15 is more	than 33 1/3% and	d line 17 is not
	more than 33 1/3%, check this box a	ind <b>stop here.</b> T					
L	organization 33 1/3% support tests—2008. If the	► C	d not chastes here	on line 14 amilion	100 and line 4	5 ic mara +ha= 22	1/20/2 and line
b	שר בו בע suppoit tests—zouo. If the	organization (I	и посепеска вох	OILLINE TH OLINE	= ⊥⊃a, anu nne 1(	us more man 33	1/370 and ine

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

Part IV

**Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Schedule A (Form 990 or 990-EZ) 2009

DLN: 93493256003120

OMB No 1545-0047

Open to Public Inspection

**SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions.

Name of the organization

Employer identification number

SOL	ANO COMMUNITY FOUNDATION			· · · · · · · · · · · · · · · · · · ·	
				354961	
Pa	rt I Organizations Maintaining Donor A organization answered "Yes" to Form 9		nds o	or Accounts. Complete if	f the
		(a) Donor advised funds	(1	<b>b)</b> Funds and other accounts	
L	Total number at end of year	58			
2	Aggregate contributions to (during year)	2,700,337			
3	Aggregate grants from (during year)	441,561			
Ļ	Aggregate value at end of year	7,222,703			
5	Did the organization inform all donors and donor adv	<del>-</del>	radvis		No
5	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the be conferring impermissible private benefit			r purpose	No
Рa	rt II Conservation Easements. Complete	ouf the organization answered "Yes" to	Form	<u> </u>	
1 2	Purpose(s) of conservation easements held by the of Preservation of land for public use (e.g., recreating Protection of natural habitat  Preservation of open space  Complete lines 2a-2d if the organization held a quantum process.	tion or pleasure)  Preservation of an Preservation of a co	ertıfıed	historic structure	
	easement on the last day of the tax year	Г			
		-		Held at the End of the Yea	ar
а	Total number of conservation easements		2a		
b	Total acreage restricted by conservation easement	<del>-</del>	2b		
С	Number of conservation easements on a certified hi	storic structure included in (a)	2c		
d	Number of conservation easements included in (c) a	acquired after 8/17/06	2d		
3	Number of conservation easements modified, transf	erred, released, extinguished, or terminated	d by the	e organization during	
ı	Number of states where property subject to conserv	ation easement is located ►	_		
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds		ling of v		No
5	Staff and volunteer hours devoted to monitoring, ins	pecting and enforcing conservation easeme	ents du	uring the year ►	
•	A mount of expenses incurred in monitoring, inspect	ing, and enforcing conservation easements	during	the year ► \$	
3	Does each conservation easement reported on line $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$ ?	2(d) above satisfy the requirements of sect	ion	┌ Yes ┌	No
•	In Part XIV, describe how the organization reports of balance sheet, and include, if applicable, the text of the organization's accounting for conservation ease	the footnote to the organization's financial ments	statem	nents that describes	
a r	t III Organizations Maintaining Collection Complete if the organization answered		r Oth	ner Similar Assets.	
1a	If the organization elected, as permitted under SFA: art, historical treasures, or other similar assets helprovide, in Part XIV, the text of the footnote to its fi	S 116, not to report in its revenue statemer d for public exhibition, education or researc	h ın furt		
b	If the organization elected, as permitted under SFA: historical treasures, or other similar assets held for provide the following amounts relating to these item	public exhibition, education, or research in		· · · · · · · · · · · · · · · · · · ·	
	(i) Revenues included in Form 990, Part VIII, line	1		<b>►</b> \$	
	(ii) Assets included in Form 990, Part X			<b>►</b> \$	
2	If the organization received or held works of art, his following amounts required to be reported under SFA		r financ	cial gain, provide the	

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

ar	<b>Titl</b> Organizations Maintaining Co	llections of Art,	, Hist	tori	<u>cal Tre</u>	easur	es, or (	<u> </u>	<u>r Similar</u>	Asse	ts (co	ntınued <sub>.</sub>
3	Using the organization's accession and othe items (check all that apply)	r records, check any	ofth	e foll	owing th	at are	a sıgnıfıc	ant u	se of its co	llection	1	
а	Public exhibition		d	Γ	Loan o	rexcha	ange prog	rams				
b	Scholarly research		e	Γ	Other							
c	Preservation for future generations											
	Provide a description of the organization's co	ollections and explai	n how	they	/ further	the or	ganızatıoı	n's ex	cempt purpo	se in		
	During the year, did the organization solicit of assets to be sold to raise funds rather than t			,					nılar	Γ.	Yes	┌ No
a	t IV Escrow and Custodial Arrang						answere	d "Y	es" to For	m 990	,	
	Part IV, line 9, or reported an ar											
3	Is the organization an agent, trustee, custoo included on Form 990, Part X?					ons or	other as:	sets	not	Γ.	Yes	Г No
b	If "Yes," explain the arrangement in Part XI	/ and complete the f	followi	ng ta	able		Г					
_							-	4 -		A mou	nt	
4I	Beginning balance						}	1c				
d	Additions during the year						}	1d				
e F	Distributions during the year						}	1e				
	Ending balance						L	1f				
1	Did the organization include an amount on Fo		217							J	Yes	No
	If "Yes," explain the arrangement in Part XIV  rt V Endowment Funds. Complete		200	orc	d "Voc	" to E	2rm 000	Dar	+ TV line	1.0		
3	rt V Endowment Funds. Complete	(a)Current Year		Were Prior			o Years Bac		Three Years E		)Four Ye	ears Bac
	Beginning of year balance	2,789,479	<u> </u>		,746,439	(-)			,		,	
,	Contributions	2,062,335			43,040							
	Investment earnings or losses											
l	Grants or scholarships											
•	Other expenditures for facilities											
	and programs							+		+		
3	End of year balance	4,851,814		2	,789,479					+		
,	Provide the estimated percentage of the year	, ,			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
			3									
3	Board designated or quasi-endowment	%										
)	Permanent endowment • %											
;	Term endowment ► %  Are there endowment funds not in the posse	ssion of the organiza	tion t	hat a	re held	and ad	ministara	d for	the			
	organization by	ssion of the organiza	11101111	iiut u	ire ireia	ana aa	mmstere	u 101	tiic		Yes	No
	(i) unrelated organizations									3a(i)		Νo
	(ii) related organizations									3a(ii)		N o
)	If "Yes" to 3a(II), are the related organizatio							•	[	3b		
Ţ	Describe in Part XIV the intended uses of the					0 Da	et V. Jung	10				
	To the structure of the	s, and Equipmer	nt. 50	(a	orm 99 a) Cost or sis (invest	other	(b)Cost or basis (ot	other	(c) Accumi		( <b>d</b> ) Bo	ok value
	Land			+			,					
	Buildings											
	Leasehold improvements		•									
	Equipment		:									
	Other						F	0,946		48,983		11,963
-			-	1			, `	, - 0		, - 0 0		,_,

11,963

Part VII Investments—Other Securities. See	Form 990, Part X, line 1	
<ul><li>(a) Description of security or category (including name of security)</li></ul>	( <b>b</b> )Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		·
Closely-held equity interests		
Other		
, , , , , , , , , , , , , , , , , , , ,	•	
Part VIII Investments—Program Related. Se	e Form 990, Part X, line	
(a) Description of investment type	(b) Book value	(c) Method of valuation
	+ , ,	Cost or end-of-year market value
	1	
( )	•	
Part IX Other Assets. See Form 990, Part X, II	ne 15.	(h) Back value
	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, II	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, II	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, II	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, II	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, II	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, II	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, II	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, II	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, II	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, II	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, II	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, II	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, II	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, II	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, II	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, II  (a) Descri	ne 15. ption	
Part IX Other Assets. See Form 990, Part X, II  (a) Descri	ne 15. ption	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line.  Part X Other Liabilities. See Form 990, Part X	ne 15. ption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line.  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	ne 15. ption	
Total. (Column (b) should equal Form 990, Part X, col.(B) line.  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	15.)  (b) A mount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line.  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	ne 15. ption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line.  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	15.)  (b) A mount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line.  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes  FUNDS HELD AS AGENT	15.)  X, line 25.  (b) A mount  341,036	
Total. (Column (b) should equal Form 990, Part X, col.(B) line.  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes  FUNDS HELD AS AGENT	15.)  X, line 25.  (b) A mount  341,036	
Total. (Column (b) should equal Form 990, Part X, col.(B) line.  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes  FUNDS HELD AS AGENT	15.)  X, line 25.  (b) A mount  341,036	
Total. (Column (b) should equal Form 990, Part X, col.(B) line.  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes  FUNDS HELD AS AGENT	15.)  X, line 25.  (b) A mount  341,036	
Total. (Column (b) should equal Form 990, Part X, col.(B) line.  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes  FUNDS HELD AS AGENT	15.)  X, line 25.  (b) A mount  341,036	
Total. (Column (b) should equal Form 990, Part X, col.(B) line.  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes  FUNDS HELD AS AGENT	15.)  X, line 25.  (b) A mount  341,036	
Total. (Column (b) should equal Form 990, Part X, col.(B) line.  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes  FUNDS HELD AS AGENT	15.)  X, line 25.  (b) A mount  341,036	
Total. (Column (b) should equal Form 990, Part X, col.(B) line.  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes  FUNDS HELD AS AGENT	15.)  X, line 25.  (b) A mount  341,036	
Total. (Column (b) should equal Form 990, Part X, col.(B) line.  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes  FUNDS HELD AS AGENT	15.)  X, line 25.  (b) A mount  341,036	
Total. (Column (b) should equal Form 990, Part X, col.(B) line.  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes  FUNDS HELD AS AGENT	15.)  X, line 25.  (b) A mount  341,036	
Total. (Column (b) should equal Form 990, Part X, col.(B) line.  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes  FUNDS HELD AS AGENT	15.)  X, line 25.  (b) A mount  341,036	
Total. (Column (b) should equal Form 990, Part X, col.(B) line.  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes  FUNDS HELD AS AGENT	15.)  X, line 25.  (b) A mount  341,036	
Total. (Column (b) should equal Form 990, Part X, col.(B) line.  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes  FUNDS HELD AS AGENT	15.)  X, line 25.  (b) A mount  341,036	
Total. (Column (b) should equal Form 990, Part X, col.(B) line.  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes  FUNDS HELD AS AGENT	15.)  X, line 25.  (b) A mount  341,036	

	LS	<b>13:11</b> Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	
2,880,985	1	Total revenue (Form 990, Part VIII, column (A), line 12)	1
791,522	2	Total expenses (Form 990, Part IX, column (A), line 25)	2
2,089,463	3	Excess or (deficit) for the year Subtract line 2 from line 1	3
1,047,124	4	Net unrealized gains (losses) on investments	4
	5	Donated services and use of facilities	5
	6	Investment expenses	6
	7	Prior period adjustments	7
	8	Other (Describe in Part XIV)	8
1,047,124	9	Total adjustments (net) Add lines 4 - 8	9
3,136,587	10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10
		t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	
3,964,146	1	Total revenue, gains, and other support per audited financial statements	1
		A mounts included on line 1 but not on Form 990, Part VIII, line 12	2
		Net unrealized gains on investments	а
		Donated services and use of facilities	ь
		Recoveries of prior year grants	С
		Other (Describe in Part XIV) 2d	d
1,083,161	2e	Add lines 2a through 2d	e
2,880,985	3	Subtract line <b>2e</b> from line <b>1</b>	3
		A mounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>	4
		Investment expenses not included on Form 990, Part VIII, line 7b . 4a	а
		Other (Describe in Part XIV) 4b	Ь
0	4c	Add lines 4a and 4b	c
2,880,985	5	Total Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12)	5
turn	per	Reconciliation of Expenses per Audited Financial Statements With Expenses	Par
827,557		Total expenses and losses per audited financial statements	1
	1	statements	
	1	Amounts included on line 1 but not on Form 990, Part IX, line 25	2
	1		2 a
	1	Amounts included on line 1 but not on Form 990, Part IX, line 25	
	1	A mounts included on line 1 but not on Form 990, Part IX, line 25  Donated services and use of facilities	а
	1	A mounts included on line 1 but not on Form 990, Part IX, line 25  Donated services and use of facilities	a b
36,035	1 2e	A mounts included on line 1 but not on Form 990, Part IX, line 25  Donated services and use of facilities	a b c
		A mounts included on line 1 but not on Form 990, Part IX, line 25  Donated services and use of facilities	a b c d
	2e	A mounts included on line 1 but not on Form 990, Part IX, line 25  Donated services and use of facilities	a b c d
	2e	A mounts included on line 1 but not on Form 990, Part IX, line 25         Donated services and use of facilities	a b c d e
	2e	A mounts included on line 1 but not on Form 990, Part IX, line 25  Donated services and use of facilities	a b c d e 3
36,035 791,522 0	2e	A mounts included on line 1 but not on Form 990, Part IX, line 25  Donated services and use of facilities	a b c d e 3 4

Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any

additional information

Identifier Return Reference Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Schedule I

(Form 990)

Department of the Treasury

Internal Revenue Service

**Grants and Other Assistance to Organizations, Governments and Individuals in the United States** 

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

OMB No 1545-0047

DLN: 93493256003120

**Inspection** 

Name of the organization										
SOLANO COMMUNITY FOUNDA	IION					68-0354961				
Part I General Informa	tion on Grants and	l Assistance				•				
<ol> <li>Does the organization maint the selection criteria used to Describe in Part IV the organization</li> </ol>	o award the grants or as	sıstance <sup>?</sup>			•	•	√Yes			
Form 990, Part IV,	line 21 for any recip	ient that received n	rganizations in the nore than \$5,000. Choneeded	eck this box if no one	recipient receive	d more than \$5,000.	Use			
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gran or assistance			
See Additional Data Table										

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Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	( <b>b)</b> Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Ident if ier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S	Part I, Line 2	Schedule I, Part I, Line 2 The Foundation reviews the organizational status of all donees to ensure that grants are made only to qualifying charitable organizations. Grant applications are also reviewed carefully to ensure that the grant purpose meets qualifying criteria.

Software ID: Software Version:

**EIN:** 68-0354961

Name: SOLANO COMMUNITY FOUNDATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of the FIN (b) FIN (c) IRC Code section (d) A mount of each (e) A mount of page (f) Method of (g) Do

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Anderson Elementary School 415 East C Street Dixon, CA 95620	94-6002197		500				Education
Anderson Elementary School 415 East C Street Dixon, CA 95620	94-6002197		994				Education
Anna Kyle Elementary School 1600 Kidder Avenue Fairfield, CA 945333998	94-6002197		441				Education
Area Agency on Aging- Serving Napa and SolanoP O Box 3069 Vallejo, CA 94590	94-2742309		46,598				Community development
Armijo High School824 Washington Street Fairfield, CA 945335586	31-1709013		500				Education
Armijo High School824 Washington Street Fairfield, CA 945335586	31-1709013		100				Teacher Grants
Azusa Pacıfic UniversityPO Box 7000 Azusa,CA 910727000	94-6036494		5,000				Education
Benicia Middle School1100 Southampton Road Benicia, CA 945101725	94-6002197		500				Education
Benicia Middle School1100 Southampton Road Benicia, CA 945101725	94-6002197		482				Education
Benicia Middle School1100 Southampton Road Benicia, CA 945101725	94-6002197		500				Education

Form 990,Schedule I, Pai	rt II, Grants an	d Other Assistanc	e to Governments	and Organization	s in the United Sta	ites	
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Benicia Middle School1100 Southampton Road Benicia, CA 945101725	94-6002197		320				Education
Benicia Middle School1100 Southampton Road Benicia, CA 945101725	94-6002197		466				Education
Benicia Middle School1100 Southampton Road Benicia, CA 945101725	94-6002197		500				Education
Benicia Middle School1100 Southampton Road Benicia, CA 945101725	94-6002197		500				Education
Buckingham Charter Magnet High School188-B Bella Vista Road Vacaville, CA 956875413	99-4600219		500				Education
Buckingham Charter Magnet High School188-B Bella Vista Road Vacaville, CA 95687	99-4600219		1,000				EducationEducation
California State University Chico400 West First Street Chico, CA 959290705	94-6036494		5,000				Scholarshıp/Gove, Samantha
California State University East Bay25800 Carlos Bee Blvd Hayward, CA 945423095	94-6036494		500				Scholarship/Panduro, Maria I
California State University Fresno5150 N Maple Ave Fresno,CA 937408001	94-6066494		500				Scholarship/Campos, David
California State University Fresno5150 N Maple Ave Fresno, CA 937408001	94-6066494		500				Scholarship/Rosado, Mario

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States (a) Name and address of (b) EIN (c) IRC Code section (d) A mount of cash (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant organization if applicable grant cash valuation non-cash assistance or assistance (book, FMV, appraisal, or government assistance other) California State University 94-6066494 Scholarship/Alvarez, Fresno5150 N Maple Ave Erin L 500 Fresno, CA 937408001 California State University 94-6036494 Scholarship/Steinlein, Sacramento6000 J Street Susan 5,000 Sacramento, CA 95819 Scholarship/Kirtz, California State University 94-6036494 Sacramento6000 J Street Terrell 2,500 Lassen Hall 1006 Sacramento, CA 958196044 Scholarship/Morris, California State University 94-6036494 San JoseOne Washington Arriona 2,500 Square San Jose, CA 951920036 CASA of Solano County 600 20-2551209 Community Union Avenue Suite 204 developmentCommunity 2,500 Fairfield, CA 94533 development Cave Elementary School770 94-6002197 Education Tregaskis Avenue 300 Valle<sub>10</sub>, CA 945914804 Center Elementary School 94-6121456 Education 2900 Armstrong Street 500 Travis AFB, CA 945351000 Center Elementary School 94-6121456 Education 2900 Armstrong Street 500 Travis AFB, CA 945351000 Children's Network of Solano 68-0014506 Community County2320 Courage Drive development 4,564 Suite 107 Fairfield, CA 94533 Christian Help Center2166 94-2825148 Education Sacramento Street 23,522 Valle10, CA 94590

(a) Name and address of	<b>(b)</b> EIN	(c) IRC Code section	(d) A mount of cash	(e) A mount of non-	(f) Method of	(g) Description of	(h) Purpose of grant
organization or government	( <b>D)</b> ETIN	if applicable	grant	cash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	
City of Vacaville650 Merchant Street Vacaville, CA 95688	91-1779367		1,500				Community development
Cleo Gordon Elementary School1950 Dover Avenue Fairfield,CA 945332399	94-6002197		500				Education
Cleo Gordon Elementary School1950 Dover Avenue Fairfield, CA 945332399	31-1709013		500				Education
Country High School100 McClellan Street Vacaville, CA 956883937	99-4600219		480				Education
DH White Elementary School 500 Elm Way Rio Vista, CA 945711399	94-1637075		500				Education
DH White Elementary School 500 Elm Way Rio Vista, CA 945711399	94-1637075		500				Education
Dan O Root Elementary School820 Harrier Drive Suisun City, CA 945853064	31-1709013		500				Education
David A Weir Elementary School1975 Pennsylvania Ave Fairfield, CA 945333643	94-6002197		418				Education
Dixon High School455 E a Street Dixon, CA 956203616	94-6002197		500				Education
Dixon High School455 E a Street Dixon, CA 956203616	94-6002197		500		!		Education

Form 990,Schedule I, Pa	rt II, Grants ar	ıd Other Assistanc	Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States							
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
Dixon High School555 College Way Dixon, CA 95620	94-6002197		1,000				Education			
Dixon High School555 College Way Dixon, CA 95620	94-6002197		1,000				Education			
Dixon Montessori Charter School355 N Almond St Dixon, CA 95620	94-6002197		500				Education			
Dixon Montessori Charter School355 N Almond St Dixon, CA 95620	94-6002197		500				Education			
Dixon Montessori Charter School355 N Almond St Dixon, CA 95620	94-6002197		1,000				Education			
Dixon Montessori School415 East C Street Dixon, CA 95620	94-6002197		500				Education			
Dixon Montessori School415 East C Street Dixon, CA 95620	94-6002197		500				Education			
Dixon Unified School District 180 South First Street Suite6 Dixon, CA 95620	94-6002197		5,000				Education			
Fairfield High School205 E Atlantic Avenue Fairfield, CA 94533	30-1709013		1,000				Education			
Glen Cove Elementary School501 Glen Cove Parkway Vallejo,CA 945917537	94-6002197		500				Education			
							·			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States							
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Glen Cove Elementary School501 Glen Cove Parkway Vallejo,CA 945917537	94-6002197		500				Education
Glen Cove Elementary School501 Glen Cove Parkway Vallejo, CA 945917537	94-6002197		500				Education
Golden Hills Education CenterSCOE2460 Clay Bank Road Fairfield, CA 945331655	31-1709013		485				Education
Green Valley Middle School 1350 Gold Hill Road Fairfield, CA 94534	31-1709013		70				Education
Gretchen Higgins School 1525 Pembroke Way Dixon, CA 95620	94-6002197		500				Education
Hemlock Elementary School 400 Hemlock Street Vacaville, CA 95688	99-4600219		1,000				Education
Highland Elementary School 1309 Ensign Avenue Vallejo, CA 94590	94-6002197		1,200				Education
K I Jones Elementary School 2001 Winston Drive Fairfield, CA 94534	31-1709013		500				Education
K I Jones Elementary School 2001 Winston Drive Fairfield, CA 94534	31-1709013		500				Education
Marine Toys for Tots Foundation450 Broadway Street Bldg 146 Travis AFB,CA 94535	94-6121456		1,500				Community development

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Meals on Wheels of Solano County95 Marina Center Suisun City, CA 94585	31-1709013		1,000				Community development
Mills College5000 MacArthur Blvd Financial Aid Office Oakland, CA 94613	94-1608736		2,500				Scholarship/Portillo, Sara
North Bay Operation Hand UpP O Box 2395 Vacaville, CA 95696	26-1899796		1,000				Community development
NorthBay Healthcare Foundation4500 Business Center Drive Fairfield, CA 94534	94-2995085		9,000				Community development
Riverview Middle School525 South Second Street Rio Vista, CA 945711997	94-1637075		500				Education
Robert Semple Elementary School2015 East 3rd Street Benicia, CA 945102299	94-6002197		500				Education
Rodriquez High School5000 Red Top Road Fairfield, CA 945349527	31-1709013		500				Education
Rodriquez High School5000 Red Top Road Fairfield, CA 945349527	31-1709013		300				Education
Rodriquez High School5000 Red Top Road Fairfield, CA 945349527	31-1709013		500				Education
Rodriquez High School5000 Red Top Road Fairfield, CA 945349527	31-1709013		500				Education

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States								
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance ,	(h) Purpose of grant or assistance	
Rodriquez High School5000 Red Top Road Fairfield, CA 945349527	31-1709013		500				Education	
Rodriquez High School5000 Red Top Road Fairfield,CA 945349527	31-1709013		500				Education	
Rodriquez High School5000 Red Top Road Fairfield,CA 945349527	31-1709013		432			!	Education	
Rodriquez High School5000 Red Top Road Fairfield,CA 945349527	31-1709013		500			!	Education	
Rodriquez High School5000 Red Top Road Fairfield,CA 945349527	31-1709013		500			!	Education	
Rodriquez High School5000 Red Top Road Fairfield, CA 945349527	31-1709013		500			!	Education	
Rolling Hills Elementary2025 Fieldcrest Ave Fairfield, CA 945347995	31-1709013		470			!	Education	
Rolling Hills Elementary2025 Fieldcrest Ave Fairfield, CA 945347995	31-1709013		460			!	Education	
Rolling Hills Elementary2025 Fieldcrest Ave Fairfield, CA 945347995	31-1709013		446			!	Education	
Sacramento City College Rodda North Room RN 167 Sacramento, CA 95841	94-6036494		5,000			!	Scholarship/Beck, John P	

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States (e) A mount of non-(a) Name and address of (b) EIN (c) IRC Code section (d) A mount of cash (f) Method of (g) Description of (h) Purpose of grant ıf applıcable or assistance organization grant cash valuation non-cash assistance (book, FMV, appraisal, or government assistance other) 94-6002197 Salvation Army630 Community Tuolumne Street development 23,522 Valle<sub>10</sub>, CA 94590 San Diego State University 94-6036494 Scholarship/Denno, 5500 Campanile Drive Morgan W 1,000 San Diego, CA 921827453 Scholarship/Lopez, San Francisco State 1600 94-6036494 Korvel J Holloway Avenue 500 San Francisco, CA 941324009 Sierra Vista Elementary 99-4600219 Education School301 Bel Air Drive 500 Vacaville, CA 956876396 Simpson University2211 94-6036494 Scholarship/Hardy, College View Drive Wayne O 1,000 Redding, CA 96003 Solano Community College 31-1709013 Scholarship/Cornwell, 4000 Suisun Valley Road Shavn 2,500 Financial Aid Office Fairfield, CA 945343197 Scholarship/Diaz, Solano Community College 31-1709013 4000 Suisun Valley Road Luciano 2,500 Financial Aid Office Fairfield, CA 945343197 Solano Community College 31-1709013 Scholarship/Rodriguez, 4000 Suisun Valley Road Ramon 2,500 Financial Aid Office Fairfield, CA 945343197 Solano Community College 31-1709013 Scholarship/Woolums, J 4000 Suisun Valley Road 1,000 Financial Aid Office Fairfield, CA 945343197 Solano Middle School1025 94-6002197 Education Corcoran Street 500 Valle<sub>10</sub>, CA 94589

Form 990,Schedule I, Pa	Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States							
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable		(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
Sonoma State University 1801 E Cotati Avenue Rohnert Park, CA 94928	31-1709013		5,000				Scholarship/Floyd, Cynthia J	
Sonoma State University 1801 E Cotati Avenue Rohnert Park, CA 949283609	31-1709013		1,000				Scholarship/Crismond, Candice	
St Vincent Ferrer School420 Florida Street Vallejo, CA 94590	94-1645517		3,600				Scholarship/Tecson, Kayla	
St Vincent Ferrer School420 Florida Street Vallejo, CA 94590	94-1645517		3,600				Scholarship/Choi, Kaitlyn	
St Vincent Ferrer School420 Florida Street Vallejo, CA 94590	94-1645517		3,600				Scholarship/Sarmiento, Patrick	
Steffan Manor Elementary School815 Cedar Street Vallejo, CA 945916598	94-6002197		484				Education	
Steffan Manor Elementary School815 Cedar Street Vallejo,CA 945916598	94-6002197		260				Education	
Steffan Manor Elementary School815 Cedar Street Vallejo,CA 945916598	94-6002197		800				Education	
Sullivan Middle School2195 Union Avenue Fairfield, CA 945333240	31-1709013		500				Education	
Travis Elementary School 100 Hickam Avenue Travis AFB, CA 945351496	94-6121456		147				Education	

Form 990,Schedule I, Par	rt II, Grants ar	nd Other Assistanc	e to Governments	and Organization	ns in the United Sta	ates		
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
Tremont Elementary School 355 Pheasant Run Drive Dixon, CA 956204219	94-6002197		500				Education	
Tremont Elementary School 355 Pheasant Run Drive Dixon, CA 95620	94-6002197		850				Education	
Tremont Elementary School 355 Pheasant Run Drive Dixon, CA 95620	94-6002197		875				Education	
Tremont Elementary School 355 Pheasant Run Drive Dixon, CA 95620	94-6002197		1,000				Education	
UCLA Remittance Processing Center10920 Wilshire Boulevard Suite 107 Los Angeles, CA 900246503	94-6036494		1,000	_			Scholarship/Danielson, Kailyn J	
University of California Davis One Shields Avenue Davis, CA 956168596	94-6036494		2,500				Education	
University of California Davis One Shields Avenue Davis, CA 956168596	94-6036494		2,500				Scholarshıp/Montes, Rozelı	
University of California Davis One Shields Avenue Davis, CA 956168596	94-6036494		5,000				Scholarship/Shoyeb, Noren	
University of California Davis One Shields Avenue Davis, CA 956168596	94-6036494		5,000				Scholarshıp/Thomas, Chelsea	
University of California Davis One Shields Avenue Davis, CA 956168596	94-6036494		5,000				Scholarship/Bastida, Natalie	

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States (a) Name and address of (b) EIN (c) IRC Code section (d) A mount of cash (e) A mount of non-(f) Method of (q) Description of (h) Purpose of grant organization if applicable arant cash valuation non-cash assistance or assistance (book, FMV, appraisal, or government assistance other) University of California 94-6036494 Scholarship/Venegas, Berkeley201Sproul Hall Julia 2,500 1960 Financial Aid Office Berkeley, CA 947201960 Scholarship/Rohac, 94-6036494 University of California Berkeley207 Sproul Hall Kımberlee 5,000 Berkeley, CA 947201960 Scholarship/Barney, University of California 94-6036494 Berkeley207 Sproul Hall David 5,000 Berkeley, CA 947201960 94-6036494 Scholarship/Alcaraz, University of California Berkelev2nd Floor Sproul Johann C R 500 Hall 1960 Berkeley, CA 947201960 Scholarship/Webb, 94-6036494 University of California Davis One Shields Avenue Rebekah 2,500 Davis, CA 956168596 94-6036494 University of California Davis Scholarship/Lopez, One Shields Avenue Reynaldo Martin 2,500 Davis, CA 956168596 University of California Los 94-6036494 Scholarship/Rodriguez, Angeles 10920 Wilshire Michael 2,500 Boulevard Suite 107 Los Angeles, CA 900246503 University of California Los 94-6036494 Scholarship/Beck, Angeles 10920 Wilshire Raymond 5,000 Boulevard Suite 107 Los Angeles, CA 900246503 University of California Los 94-6036494 Scholarship/Wylie, Angeles 10920 Wilshire Blvd Allison 5,000 Suite 107 Los Angeles, CA 900246503 University of California San 94-6036494 Scholarship/Smith, Diego9500 Gilman Drive Kacıe 2,500 Bldq 402 La Jolla, CA 920930013

Form 990,Schedule I, Par	rt II, Grants ar	ıd Other Assistanc	e to Governments	and Organization	ns in the United Sta	ates	
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
University of California Santa Barbara2103 SAASB Santa Barbara, CA 931063180	94-6036494		5,000				Scholarship/Beck, John P
Vacaville Firefighters AssociationLocal 3501 PO Box 5006 Vacaville, CA 95696	23-7407775		1,000				Community development
Vacaville High School100 West Monte Vista Ave Vacaville, CA 95687	99-4600219		1,000				Education
Vacaville Museum213 Buck Avenue Vacaville, CA 95688	99-2803010		2,500				Arts & Culture
Vacaville Museum213 Buck Avenue Vacaville, CA 95688	99-2803010		6,156				Arts & culture
Vacaville Public Education Foundation3442 Browns Valley Rd Suite 400 Vacaville, CA 95688	61-1568729		10,000				Education
Vacaville Rotary Endowment PO Box 5593 Vacaville, CA 95696	68-0394120		1,002				Community development
Vacaville Unified School District751 School Street Vacaville, CA 95688	99-4600219		74,491				Education
Vallejo City Unified School District665 Walnut Ave Vallejo, CA 94592	94-6002197		10,000				Education
Vallejo City Unified School District665 Walnut Ave Vallejo, CA 94592	94-6002197		30,000				Education

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Vallejo Outreach Inc210 Locust Drive Vallejo, CA 94591	94-3413623		22,467				Community development
Vanden High School2951 Markley Lane Fairfield, CA 945336513	31-1709013		497				Education
Vanden High School2951 Markley Lane Fairfield, CA 945336513	31-1709013		500	1			Education
Vanden High School2951 Markley Lane Fairfield, CA 945336513	31-1709013		360	1			Education
Vanden High School2951 Markley Lane Fairfield, CA 945336513	31-1709013		475				Education
Vanden High School2951 Markley Lane Fairfield, CA 945336513	31-1709013		469	1			Education
Vanden High School2951 Markley Lane Fairfield, CA 945336513	31-1709013		479				Education
Vanden High School2951 Markley Lane Fairfield, CA 945336513	31-1709013		378				Education
Vanden High School2951 Markley Lane Fairfield, CA 945336513	31-1709013		1,000				Education
Will C Wood High School998 Marshall Rd Vacaville, CA 95687	68-0326194		1,000	1			Education

Form 990,Schedule 1, Pa	Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States								
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
Willis Jepson Middle School 580 Elder Street Vacaville, CA 956882531	99-4600219		500				Education		
Women for Women International1850 M Street NW Suite 1090 Washington, DC 20036	77-0322227		3,000				Community development		

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DLN: 93493256003120

OMB No 1545-0047

#### SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

SOLANO COMMUNITY FOUNDATION

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.

**NonCash Contributions** 

► Attach to Form 990.

. Inspection **Employer identification number** 

					68-0354961			
Pa	rt I Types of Property					_		
		(a) Check If applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line	<b>(d</b> Method of d reven	etermı	nıng	
1	Art—Works of art			<u> </u>				
	Art—Historical treasures .							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded .	Х	2	1,935,795	FMV			
LO	Securities—Closely held stock .							
<b>i1</b>	Securities—Partnership, LLC, or trust interests							
<b>L2</b>	Securities—Miscellaneous							
L3	Qualified conservation contribution—Historic structures							
L4	Qualified conservation contribution—Other							
L <b>5</b>	Real estate—Residential .							
L <b>6</b>	Real estate—Commercial							
	Real estate—Other							
<b>L8</b>	Collectibles							
	Food inventory							
	Drugs and medical supplies .							
	Taxidermy							
	Historical artifacts							
	Scientific specimens							
24	Archeological artifacts							
	Food and							
5	beverage Other ► ( donations )	×	2	5 5 2 5	Estimated FMV			
	Other ► ()			3,303				
	Other ►()							
	Other ► ( )							
29	Number of Forms 8283 received	by the ora	anization during the tax ve	r for contributions				
	for which the organization compl		<del>-</del>		29			
	·						Yes	No
30a	During the year, did the organiza	ation receiv	e by contribution any prope	erty reported in Part I, lines	1-28 that it			
	must hold for at least three year	s from the	date of the initial contributi	on, and which is not require	d to be used			
	for exempt purposes for the enti	re holdıng p	period?			30a		No
b	If "Yes," describe the arrangem	ent in Part 1	II					
31	Does the organization have a gif			review of any non-standard	contributions?	31		Νo
32a	Does the organization hire or us contributions?	e third part	ies or related organizations	to solicit, process, or sell	non-cash	32a		Νo
h	If "Yes," describe in Part II					32a		14 0
33	If the organization did not report	reveniles i	in column (c) for a type of n	roperty for which column (a	) is checked			
	describe in Part II	c r c ii u c s i	column (c) for a cype of p	. aparty for million column (a	, .o chicakau,			

Page 2

#### Part II

**Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier Return Reference Explanation

Schedule M (Form 990) 2009

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As Filed Data -

DLN: 93493256003120

OMB No 1545-0047

**Supplemental Information to Form 990** 

**SCHEDULE 0** (Form 990)

Department of the Treasury Internal Revenue Service

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. ► Attach to Form 990.

Open to Public Inspection

**Employer identification number** Name of the organization SOLANO COMMUNITY FOUNDATION 68-0354961

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		Prior to filing, the draft Form 990 is reviewed by the President and CEO, key staff and members of the Audit Committee. Any changes or corrections are incorporated into the final filed tax return
Form 990, Part VI, Section B, line 12c		The Board of Directors reviews the conflict of interest disclosures annually and consistently monitors and enforces compliance with the conflict of interest policy
Form 990, Part VI, Section B, line 15		The Foundation determines compensation for key employees through a process that includes consideration of external market salary information and review and approval by the Board of Directors
Form 990, Part VI, Section C, line 19		SCF makes governing documents, conflict of interest policy, and financial statements available to the public We post our audited financial statements and Form 990 on our website for view ing/dow nloading. Our governing documents and conflict of interest policy are available in-house for view ing, and are also provided upon request.