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Form **990****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

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2009 calendar year, or tax year beginning **JUL 1, 2009** and ending **JUN 30, 2010**

B Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization

PETALUMA EDUCATIONAL FOUNDATION

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address) Room/suite

200 DOUGLAS STREET

City or town, state or country, and ZIP + 4

PETALUMA, CA 94952F Name and address of principal officer: **CHRIS WALLNER****200 DOUGLAS STREET, PETALUMA, CA 94952**

D Employer identification number

94-2847212

E Telephone number

707-778-4632

G Gross receipts \$

1,187,450.

H(a) Is this a group return

for affiliates?

☐ Yes ☒ No

H(b) Are all affiliates included?

☐ Yes ☐ No

If "No," attach a list. (see instructions)

H(c) Group exemption number

I Tax-exempt status: ☒ 501(c)(3) (insert no.) ☐ 4947(a)(1) or ☐ 527J Website: **PEFINFO.COM**K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ OtherL Year of formation: **1982** M State of legal domicile: **CA****Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: THE PRIMARY PURPOSE OF THE PETALUMA EDUCATIONAL FOUNDATION IS TO PROVIDE ADDITIONAL EDUCATIONAL		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	29
	4	Number of independent voting members of the govern 1b)	4	29
	5	Total number of employees (Part V, line 2a)	5	9
	6	Total number of volunteers (estimate if necessary)	6	46
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	458,076.	439,793.
	9	Program service revenue (Part VIII, line 2g)	17,294.	18,697.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	98,896.	40,449.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	62,910.	226,195.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	637,176.	725,134.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	447,005.	542,930.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	172,341.	276,142.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	5,000.	5,000.
	16b	Total fundraising expenses (Part IX, column (D), line 25)	280,729.	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	109,570.	205,717.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	733,916.	1,029,789.
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12	-96,740.	-304,655.
	20	Total assets (Part X, line 16)	3,419,000.	3,649,132.
	21	Total liabilities (Part X, line 26)	385,472.	625,118.
	22	Net assets or fund balances. Subtract line 21 from line 20	3,033,528.	3,024,014.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Chris Wallner

Signature of officer

8/24/11**CHRIS WALLNER, TREASURER**

Type or print name and title

CIS Image-Do not correspond for signature

Paid Preparer's Use Only

Preparer's signature

RAYMOND POUNDS**CPA**

Date

5.17.11Check if self-employed ☐

Preparer's identifying number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4

**PISENTI & BRINKER LLP
201 FIRST STREET, SUITE 208
PETALUMA, CA 94952**

EIN

Phone no. **(707) 762-9900**

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

932001 02-04-10

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

Form 990 (2009)

See Schedule O for Organization Mission Statement Continuation

832001-1000

G16-260

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:

THE PRIMARY PURPOSE OF THE PETALUMA EDUCATIONAL FOUNDATION IS TO PROVIDE ADDITIONAL EDUCATIONAL PROGRAMS FOR ALL PUBLIC AND PRIVATE NONPROFIT SCHOOLS WITHIN THE PETALUMA HIGH SCHOOL DISTRICT BOUNDARIES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 246,942. including grants of \$ 232,300.) (Revenue \$ 18,697.)

IN ORDER TO ENHANCE THE EDUCATIONAL OPPORTUNITIES OF THE STUDENTS WITHIN THE PETALUMA HIGH SCHOOL DISTRICT BOUNDARIES, THE FOUNDATION HAS SEVERAL SCHOLARSHIP PROGRAMS THAT HAVE BEEN ESTABLISHED TO AWARD GRADUATING SENIORS BOUND FOR COLLEGE. SCHOLARSHIPS ARE AWARDED BASED ON INDIVIDUAL SCHOLARSHIP CRITERIA OF GRADES, COMMUNITY SERVICE AND SCHOOL SERVICE.

4b (Code:) (Expenses \$ 198,397. including grants of \$ 180,674.) (Revenue \$)

IN ORDER TO PROVIDE ADDITIONAL EDUCATIONAL PROGRAMS IN THE SCHOOLS, THE FOUNDATION SOLICITS FUNDS FOR THE INVEST IN EDUCATION PROGRAM WHICH AWARDS GRANTS TO TEACHERS FOR INNOVATIVE PROGRAMS THAT ENRICH THE EDUCATION OF THE STUDENTS WITHIN THE PETALUMA HIGH SCHOOL DISTRICT BOUNDARIES.

4c (Code:) (Expenses \$ 183,512. including grants of \$ 178,113.) (Revenue \$)

IN ORDER TO PROVIDE ADDITIONAL EDUCATIONAL PROGRAMS IN THE SCHOOLS WITHIN THE PETALUMA HIGH SCHOOL DISTRICT BOUNDARIES, THE FOUNDATION SOLICITS FUNDS FROM THE COMMUNITY AND THESE FUNDS ARE RESTRICTED TO THE SCHOOL COMMUNITY DESIGNATED BY THE DONORS.

4d Other program services. (Describe in Schedule O.)

(Expenses \$ 7,851. including grants of \$ 2,452.) (Revenue \$)

4e Total program service expenses \$ 636,702.

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	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?		X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		X
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		
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	X	
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		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
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		X
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	X	
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	X	
• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? 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.		X
12A Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	Yes	No
12A		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		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 United States? If "Yes," complete Schedule F, Part I		X
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		X
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 United States? If "Yes," complete Schedule F, Part III		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I		X
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	X	
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		X
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H		X

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Part IV Checklist of Required Schedules (continued)

	Yes	No
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	X	
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	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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		X
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		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		X
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		X
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):		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c 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 direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	X	
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
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		X
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		X
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		X
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		X
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		X
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.

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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	20
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	2a	9
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	X
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	X
b 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 authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
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	X
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?	5c	
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	X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7 Organizations that may receive deductible contributions under section 170(c).		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
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?	7f	X
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 required?	7h	
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	X
9 Sponsoring organizations maintaining donor advised funds.		
a Did the organization make any taxable distributions under section 4966?	9a	
b Did the organization make a distribution to a donor, donor advisor, or related person?	9b	
10 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on Part VIII, line 12	10a	
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:		
a Gross income from members or shareholders	11a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
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	

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

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body	1a	29
b Enter the number of voting members that are independent	1b	29
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	X
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	X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a material diversion of the organization's assets?	5	X
6 Does the organization have members or stockholders?	6	X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8a	X
b Each committee with authority to act on behalf of the governing body?	8b	X
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	X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Does the organization have local chapters, branches, or affiliates?	10a	X
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	X
11A Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	
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	
13 Does the organization have a written whistleblower policy?	13	X
14 Does the organization have a written document retention and destruction policy?	14	X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	15a	X
b Other officers or key employees of the organization	15b	X
If "Yes" to line 15a or 15b, 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	X
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	

Section 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 Forms 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.
☐ Own website ☐ Another's website ☒ 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.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **SHARON KIMBALL C/O PETALUMA EDUCATIONAL FOUNDATION - 707-778-4632**
200 DOUGLAS ST, PETALUMA, CA 94952

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. 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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

☐ Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
ASHTIANI, ANDY BOARD MEMBER	0.50	X						0.	0.	0.
BACHMAN, CATHY SECRETARY	2.00	X		X				0.	0.	0.
BRANDAL, KATHY BOARD MEMBER	0.50	X						0.	0.	0.
BEAN, ORALEE BOARD MEMBER	1.00	X						0.	0.	0.
DENNETT, KEN PAST PRESIDENT	2.00	X						0.	0.	0.
POLEY, SALLY BOARD MEMBER	2.00	X						0.	0.	0.
GILLMORE, SUSAN PRESIDENT	2.00	X		X				0.	0.	0.
HANSEL, ALICIA BOARD MEMBER	1.00	X						0.	0.	0.
HAYNES, PATTY BOARD MEMBER	0.50	X						0.	0.	0.
HENRIS, TAMI BOARD MEMBER	0.50	X						0.	0.	0.
ISSAK, CAROL BOARD MEMBER	1.00	X						0.	0.	0.
KNUDSEN, THOM VICE PRESIDENT, LEGAL	2.00	X		X				0.	0.	0.
LIBARLE, CAROLE ANN VICE PRESIDENT FUNDRAISING	3.00	X		X				0.	0.	0.
MARQUARDT, LIZ BOARD MEMBER	0.50	X						0.	0.	0.
MCCAPPREY, MARY BOARD MEMBER	0.50	X						0.	0.	0.
MORGAN, MICHAEL BOARD MEMBER	2.00	X						0.	0.	0.
NAVENTI, CLAUDIA BOARD MEMBER	1.00	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
NIZIBIAN, RAMONA BOARD MEMBER	1.00	X						0.	0.	0.
PACCIORINI, ROZ BOARD MEMBER	0.50	X						0.	0.	0.
SIKORA, PETER BOARD MEMBER	2.00	X						0.	0.	0.
SOPER, WILLIAM VICE PRESIDENT	2.00	X		X				0.	0.	0.
TOMASINI, MIKE BOARD MEMBER	0.50	X						0.	0.	0.
WALLNER, CHRIS TREASURER	2.00	X		X				0.	0.	0.
MAHONEY, SCOTT EX-OFFICIO BOARD MEMBER	0.50	X						0.	0.	0.
SALDANA-TALLEY, JANE EX-OFFICIO BOARD MEMBER	0.50	X						0.	0.	0.
VIGUIE, GRETA EX-OFFICIO BOARD MEMBER	0.50	X						0.	0.	0.
WALKER, JOHN EX-OFFICIO BOARD MEMBER	0.50	X						0.	0.	0.
1b Total								93,307.	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**

- 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual **3**
- 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**
- 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 J for such person **5**

	Yes	No
3		X
4		X
5		X

Section 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. **NONE**

(A) Name and business address	(B) Description of services	(C) Compensation

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**

See Schedule J-2 for Part VII, Section A Continuation

Part 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
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns	1a 923.				
	b	Membership dues	1b				
	c	Fundraising events	1c 179,137.				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 259,733.				
	g	Noncash contributions included in lines 1a-1f: \$	61,579.				
	h	Total. Add lines 1a-1f	439,793.				
Program Service Revenue	2 a	ADMINISTRATION FEES	Business Code 611710	18,697.	18,697.		
	b					
	c					
	d					
	e					
	f	All other program service revenue					
	g	Total. Add lines 2a-2f	18,697.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		81,184.			81,184.
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross Rents	(i) Real (ii) Personal				
	b	Less: rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
	b	Less: cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss)		-40,735.		-40,735.	
	8 a	Gross income from fundraising events (not including \$ 179,137. of contributions reported on line 1c). See Part IV, line 18	a 128910.				
	b	Less: direct expenses	b 87,589.				
	c	Net income or (loss) from fundraising events		41,321.		41,321.	
	9 a	Gross income from gaming activities. See Part IV, line 19	a				
	b	Less: direct expenses	b				
	c	Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns and allowances	a 188967.				
b	Less: cost of goods sold	b 4,093.					
c	Net income or (loss) from sales of inventory		184,874.		184,874.		
Miscellaneous Revenue			Business Code				
11 a						
b						
c						
d	All other revenue						
e	Total. Add lines 11a-11d						
12	Total revenue. See instructions.		725,134.	18,697.	0.	266,644.	

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	292,563.	292,563.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	250,367.	250,367.		
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	88,955.	26,025.	32,421.	30,509.
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	165,757.	23,593.	29,391.	112,773.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	21,430.	4,150.	5,169.	12,111.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	3,624.		3,624.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	5,000.			5,000.
f Investment management fees	13,928.	13,467.	461.	
g Other				
12 Advertising and promotion	10,718.		10,624.	94.
13 Office expenses	20,525.	1,775.	12,816.	5,934.
14 Information technology	3,720.		3,720.	
15 Royalties				
16 Occupancy	44,360.		3,000.	41,360.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	2,668.		2,668.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,508.		1,508.	
23 Insurance	11,948.	216.	5,118.	6,614.
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 NONCASH CONTRIBUTIONS F	61,579.			61,579.
b ADMINISTRATIVE FEE	17,532.	17,532.		
c MISCELLANEOUS	8,589.	4,562.	674.	3,353.
d PAYROLL PROCESSING FEES	2,566.	0.	1,164.	1,402.
e THEATER	2,452.	2,452.		
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	1,029,789.	636,702.	112,358.	280,729.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,003.	1	41,591.
	2 Savings and temporary cash investments	764,414.	2	500,255.
	3 Pledges and grants receivable, net	12,154.	3	19,225.
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		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 Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	4,160.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 10,871.		
	b Less: accumulated depreciation	10b 5,940.	4,235.	10c 4,931.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	2,637,194.	12	3,078,970.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	3,419,000.	16	3,649,132.	
Liabilities	17 Accounts payable and accrued expenses	18,056.	17	20,129.
	18 Grants payable	367,416.	18	354,744.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	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 persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D	0.	25	250,245.
	26 Total liabilities. Add lines 17 through 25	385,472.	26	625,118.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets		27	
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds	0.	30	0.
	31 Paid-in or capital surplus, or land, building, or equipment fund	0.	31	0.
	32 Retained earnings, endowment, accumulated income, or other funds	3,033,528.	32	3,024,014.
33 Total net assets or fund balances	3,033,528.	33	3,024,014.	
34 Total liabilities and net assets/fund balances	3,419,000.	34	3,649,132.	

Form 990 (2009)

Part XI Financial Statements and Reporting1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____

If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a

	Yes	No
2a		X
2b		X
2c		
3a		X
3b		

b Were the organization's financial statements audited by an independent accountant? 2b

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

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

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 ☐ Consolidated basis ☐ Both consolidated and separate basis

3a 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

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)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

PETALUMA EDUCATIONAL FOUNDATION

Employer identification number

94-2847212

Part I	Reason for Public Charity Status (All organizations must complete this part.) See instructions.
---------------	--

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).

2 ☐ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)

3 ☐ A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).

4 ☐ A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).

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.)

8 ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)

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 organized and operated exclusively to test for public safety. See section 509(a)(4).

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other

e ☐ 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).

f 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 ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? ☐

(ii) A family member of a person described in (i) above? ☐

(iii) A 35% controlled entity of a person described in (i) or (ii) above? ☐

h Provide the following information about the supported organization(s).

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

[illegible]

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

Part II Support Schedule for Organizations Described in Sections 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	422,948.	496,970.	605,356.	434,142.	467,622.	2,427,038.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	422,948.	496,970.	605,356.	434,142.	467,622.	2,427,038.
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						2,427,038.

Section B. Total Support

Calendar year (or fiscal year beginning in)▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	422,948.	496,970.	605,356.	434,142.	467,622.	2,427,038.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	123,757.	181,356.	133,975.	97,050.	81,180.	617,318.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	21,134.	21,843.	22,406.	17,294.	18,697.	101,374.
11 Total support. Add lines 7 through 10						3,145,730.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	77.15 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	77.38 %
16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Schedule A (Form 990 or 990-EZ) 2009

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)**Section A. Public Support**

Calendar year (or fiscal year beginning in)▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) 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 purpose						
3 Gross receipts from activities that 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 Amounts included on lines 1, 2, and 3 received from disqualified persons						
b 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						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 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, 11, and 12.)						
14 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 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2009. 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 - 2008. If the organization did not check a box on line 14 or line 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

20 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-EZ) 2009

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.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

PETALUMA EDUCATIONAL FOUNDATION

Employer identification number

94-2847212

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	2	80
2 Aggregate contributions to (during year)	0.	88,091.
3 Aggregate grants from (during year)	5,179.	379,650.
4 Aggregate value at end of year	281,295.	2,593,509.
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply)
- | | |
|---|--|
| <input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure) | <input type="checkbox"/> Preservation of an historically important land area |
| <input type="checkbox"/> Protection of natural habitat | <input type="checkbox"/> Preservation of a certified historic structure |
| <input type="checkbox"/> Preservation of open space | |
- 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.
- | | |
|--|---------------------------------|
| | Held at the End of the Tax Year |
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included in (a) | 2c |
| d Number of conservation easements included in (c) acquired after 8/17/06 | 2d |
- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶
- 4 Number of states where property subject to conservation easement is located ▶
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No
- 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶
- 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$
- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No
- 9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- | | | |
|--|------|----|
| (i) Revenues included in Form 990, Part VIII, line 1 | ▶ \$ | |
| (ii) Assets included in Form 990, Part X | ▶ \$ | 0. |
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:
- | | | |
|--|------|--|
| a Revenues included in Form 990, Part VIII, line 1 | ▶ \$ | |
| b Assets included in Form 990, Part X | ▶ \$ | |

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a ☐ Public exhibition
 b ☐ Scholarly research
 c ☐ Preservation for future generations
 d ☐ Loan or exchange programs
 e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	2789713.	3349071.			
b Contributions	15,825.	30,969.			
c Net investment earnings, gains, and losses	334,096.	-392,630.			
d Grants or scholarships	128,330.	-166,965.			
e Other expenditures for facilities and programs					
f Administrative expenses	30,772.	-30,732.			
g End of year balance	2980532.	2789713.			

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment ☐ 8.00 %
 b Permanent endowment ☐ 81.00 %
 c Term endowment ☐ 11.00 %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations	3a(i)	X
(ii) related organizations	3a(ii)	X

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? ☐ 3b

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				0.
c Leasehold improvements				0.
d Equipment		10,871.	5,940.	4,931.
e Other				0.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				4,931.

Schedule D (Form 990) 2009

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	
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	
9	Total adjustments (net). Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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	2c	
d	Other (Describe in Part XIV.)	2d	
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	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

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	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
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	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must 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; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; 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.

PART V, LINE 4: THE FOUNDATION USES A FORMULA PROVIDED BY THE FINANCE

COMMITTEE TO WITHDRAW FROM THE ENDOWMENT FUNDS AMOUNTS TO FUND

SCHOLARSHIPS AND GRANTS.

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 8a.**
▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No. 1545-0047

2009

Open To Public Inspection

Name of the organization

PETALUMA EDUCATIONAL FOUNDATION

Employer identification number

94-2847212

Part I

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a ☐ Mail solicitations
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes☐ No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total						

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		BASH (event type)	GIANTS NIGHT (event type)	2 (total number)	
Revenue	1 Gross receipts	267,218.	17,503.	23,326.	308,047.
	2 Less: Charitable contributions	152,574.	4,774.	21,789.	179,137.
	3 Gross income (line 1 minus line 2)	114,644.	12,729.	1,537.	128,910.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	37,670.			37,670.
	8 Entertainment	1,995.			1,995.
	9 Other direct expenses	34,619.	12,729.	576.	47,924.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				(87,589)
	11 Net income summary. Combine line 3, column (d), and line 10				41,321.

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
	2 Cash prizes				
Direct Expenses	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				()
	8 Net gaming income summary. Combine line 1, column (d), and line 7				

9 Enter the state(s) in which the organization operates gaming activities: _____

a Is the organization licensed to operate gaming activities in each of these states? _____

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? _____

b If "Yes," explain: _____

11 Does the organization operate gaming activities with nonmembers? _____

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? _____

	Yes	No
9a		
10a		
11		
12		

13 Indicate the percentage of gaming activity operated in:

- | | 13a | % |
|-------------------------------|-----|---|
| a The organization's facility | | |
| b An outside facility | | |

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? 15a

- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

☐ Director/officer

 ☐ Employee

 ☐ Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? 17a

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Schedule G (Form 990 or 990-EZ) 2009

**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" on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

PETALUMA EDUCATIONAL FOUNDATION

Employer identification number
94-2847212

Part I General Information on Grants and Assistance

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? ☒ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 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 Part IV and Schedule I-1 (Form 990) if additional space is needed. ▶ ☐

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, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CASA GRANDE HIGH SCHOOL 333 CASA GRANDE AVENUE PETALUMA, CA 94954	68-0343405	501(c)(3)	14,200.	0.			EDUCATION FOR TECHNOLOGY AND HEALTH
CORONA CREEK SCHOOL 286 SKILLMAN LANE PETALUMA, CA 94954	94-6002635	501(c)(3)	15,000.	0.			EDUCATION FOR TECHNOLOGY
GRANT SCHOOL 200 GRANT AVE PETALUMA, CA 94952	68-0343405	501(c)(3)	15,483.	0.			EDUCATION FOR TECHNOLOGY
KENLWORTH JUNIOR HIGH 800 RIESLING RD PETALUMA, CA 94954	68-0343405	501(c)(3)	16,400.	0.			EDUCATION FOR HEALTH
MARY COLLINS AT CHERRY VALLEY 100 CHERRY STREET PETALUMA, CA 94952	68-0343405	501(c)(3)	7,000.	0.			EDUCATION FOR LITERACY AND HEALTH
MCDOWELL SCHOOL 421 SO MCDOWELL BLVD PETALUMA, CA 94954	68-0343405	501(c)(3)	17,000.	0.			EDUCATION FOR TECHNOLOGY

2 Enter total number of section 501(c)(3) and government organizations

3 Enter total number of other organizations

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

Schedule I (Form 990) 2009

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 Part IV and Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SCHOLARSHIPS FOR GRADUATING SENIORS ATTENDING COLLEGE	255	232,300.	0.		

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

PART 1, LINE 2: GRANT MONITORING PROCEDURES: THE PETALUMA EDUCATIONAL FOUNDATION'S BOARD OF DIRECTORS READS AND SCORES ALL EDUCATIONAL GRANT REQUESTS AND BASED ON THIS REVIEW, THE WINNERS ARE CHOSEN. THE SCHOOL DISTRICT IS NOTIFIED OF THE WINNING GRANTS AND THE TEACHER RECEIVES A LETTER EXPLAINING THEY CAN BEGIN TO ORDER SUPPLIES FOR THEIR GRANT AFTER JULY 1ST BUT NO LATER THAN FEBRUARY 1ST. THE GRANT PROJECT MUST BE COMPLETED BY MARCH 1ST. THE TEACHER ORDERS THE GRANT SUPPLIES WITH A PURCHASE ORDER THROUGH THEIR SCHOOL DISTRICT. THE SCHOOL DISTRICT THEN SENDS AN INVOICE TO THE FOUNDATION WITH THE ATTACHED PURCHASE ORDERS.

SCHEDULE I-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
Schedule I (Form 990), Part II or Part III.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

Employer identification number

PETALUMA EDUCATIONAL FOUNDATION

94-2847212

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(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, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MEADOW SCHOOL 880 MARIA DRIVE PETALUMA, CA 94954	94-6002635	501(c)(3)	5,000.	0.			EDUCATION FOR HEALTH
OLD ADOBE UNION SCHOOL DISTRICT 845 CRINELLA PETALUMA, CA 94954	94-6002635	501(c)(3)	15,000.	0.			EDUCATION FOR TECHNOLOGY
MCMEAR SCHOOL 605 SUNNYSLOPE AVE PETALUMA, CA 94952	68-0343405	501(c)(3)	20,007.	0.			EDUCATIONAL SUPPORT
PETALUMA HIGH SCHOOL 201 FAIR ST. PETALUMA, CA 94952	68-0343405	501(c)(3)	27,801.	0.			EDUCATION FOR ART AND TECHNOLOGY
ST. VINCENT HIGH SCHOOL 849 KEOKUK ST. PETALUMA, CA 94952	94-2284011	501(c)(3)	6,200.	0.			EDUCATION FOR TECHNOLOGY
UNITED ANGLERS OF CASA GRANDE 333 CASA GRANDE RD PETALUMA, CA 94954	37-1556285	501(c)(3)	95,853.	0.			EDUCATION IN SCIENCE
PETALUMA WETLANDS ALLIANCE PO BOX 973 PETALUMA, CA 94953-0973	94-6172986	501(c)(3)	5,000.	0.			EDUCATION IN SCIENCE
WILSON SCHOOL 3775 BODEGA AVE PETALUMA, CA 94952	94-6002635	501(c)(3)	14,427.	0.			EDUCATION IN MATHEMATICS

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

Schedule I-1 (Form 990) 2009

Part IV	Supplemental Information
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BEFORE PAYING THE INVOICES, ALL RECEIPTS ARE VERIFIED TO DETERMINE THAT
THE ITEMS ORDERED MATCH WHAT WAS ASKED FOR IN THE GRANT'S PROPOSED
BUDGET. THE FOUNDATION THEN PAYS THE SCHOOL DISTRICT. OCCASIONALLY, A
TEACHER WILL PURCHASE THE GRANT SUPPLIES WITH THEIR PERSONAL CREDIT
CARD SO THE SAME PROCESS APPLIES AS EXPLAINED ABOVE, EXCEPT THE
FOUNDATION REIMBURSES THE TEACHER DIRECTLY INSTEAD OF THE SCHOOL
DISTRICT.

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.
▶ See the instructions for Form 990.

Open to Public Inspection

Employer Identification number
94-2847212

[illegible]

2009.06000 PETALUMA EDUCATIONAL FOUNDA 07806 1

**SCHEDULE M.
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

► Complete if the organizations answered "Yes" on Form
990, Part IV, lines 29 or 30.
► Attach to Form 990.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

PETALUMA EDUCATIONAL FOUNDATION

Employer identification number

94-2847212

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art - Works of art	X	23	4,085.	DETERMINED BY DONOR
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications	X		39.	DETERMINED BY DONOR
5 Clothing and household goods	X		5,577.	DETERMINED BY DONOR
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles	X	3	1,700.	DETERMINED BY DONOR
19 Food inventory	X	5	425.	DETERMINED BY DONOR
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (<u>GIFT CERTIFIC</u>)	X	82	53,136.	DETERMINED BY DONOR
26 Other ► (<u>WINE</u>)	X	58	5,703.	DETERMINED BY DONOR
27 Other ► (<u>PLANTS</u>)	X	8	540.	DETERMINED BY DONOR
28 Other ► (<u>GARDEN SHED</u>)	X	1	310.	DETERMINED BY DONOR

29 Number of Forms 8283 received by the organization during the tax year for contributions
for which the organization completed Form 8283, Part IV, Donee Acknowledgment

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for
at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for
the entire holding period?

	Yes	No
30a		X
31		X
32a		X
33		

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash
contributions?

b If "Yes," describe in Part II.

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked,
describe in Part II.

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

Schedule M (Form 990) 2009

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.

Schedule M, Part I, Column (b): THE FOUNDATION IS REPORTING THE NUMBER OF ITEMS RECEIVED.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

PETALUMA EDUCATIONAL FOUNDATION

Employer identification number

94-2847212

Form 990, Part I, Line 1, Description of Organization Mission:

**PROGRAMS FOR ALL PUBLIC AND PROVATE NONPROFIT SCHOOLS WITHIN THE
PETALUMA HIGH SCHOOL DISTRICT BOUNDARIES.**

Form 990, Part III, Line 4d, Other Program Services:

**IN ORDER TO PROVIDE ADDITIONAL EDUCATIONAL PROGRAMS IN THE SCHOOLS, THE
FOUNDATION FUNDS THE COST OF THEATRICAL PERFORMANCES WITHIN THE
PETALUMA HIGH SCHOOL DISTRICT BOUNDARIES.**

Expenses \$ 7851. including grants of \$ 2452. Revenue \$ 0.

**Form 990, Part VI, Section A, line 2: JANET RAMATICI, EXECUTIVE DIRECTOR,
AND SALLY FOLEY, BOARD MEMBER, ARE SISTERS.**

**Form 990, Part VI, Section A, line 4: DURING THE YEAR, THE FOUNDATION
REVISED THE BYLAWS. THE FOLLOWING IS A SUMMARY OF THE CHANGES:
THE MAJOR CHANGE WAS THE ADOPTION OF TERM LIMITS: 3-YEAR TERM, RENEWABLE
FOR ONE MORE TERM, CREATING A SIX-YEAR TERM LIMIT WITH THE ABILITY TO
CONTINUE AFTER A 12-MONTH BREAK. MAKE TERMS CONSISTENT WITH THE BEGINNING
OF THE FISCAL YEAR JULY 1.**

OTHER CHANGES WERE RELATIVE TO OFFICERS AND COMMITTEES:

**THE OFFICERS OF THE FOUNDATION SHALL CONSIST OF A PRESIDENT, A VICE
PRESIDENT, A SECRETARY, A TREASURER, AND SUCH OTHER OFFICERS AS THE BOARD
OF DIRECTORS MAY FROM TIME TO TIME APPOINT. THE BY-LAWS WERE UPDATED TO
REFLECT THE FOLLOWING STRUCTURE FOR OFFICERS:**

PRESIDENT

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

PETALUMA EDUCATIONAL FOUNDATION

Employer identification number

94-2847212

1ST VICE PRESIDENT

SECRETARY

TREASURER

PAST PRESIDENT

VP LEGAL

VP FUNDRAISING

**THE BYLAWS WERE UPDATED TO REFLECT THE FOLLOWING STANDING COMMITTEES AND
RESPONSIBILITIES:**

A. FINANCE COMMITTEE

a. FINANCIAL OVERSIGHT

b. INVESTMENT AD-HOC COMMITTEE OVERSIGHT

B. GOVERNANCE COMMITTEE: COMPRISED ON BOARD MEMBERS ONLY

a. GOVERNANCE OF PEF BOARD OF DIRECTORS

b. NOMINATIONS OF DIRECTORS AND OFFICERS

c. BOARD RECRUITMENT

d. BOARD DEVELOPMENT & EVALUATION

C. FUNDRAISING COMMITTEE/DEVELOPMENT COMMITTEE

a. EVENTS

b. CAMPAIGNS (INVEST IN ED, ANNUAL DRIVE, PLANNED GIVING)

c. DONOR TASK FORCE

D. GRANTS COMMITTEE

a. OVERSEE DIRECTION OF PEF GRANT PROGRAM

b. IDENTIFY PARTNERSHIPS FOR GRANTS

E. SCHOLARSHIP COMMITTEE

a. OVERSEE SCHOLARSHIP PROCESS

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

PETALUMA EDUCATIONAL FOUNDATION

Employer identification number
94-2847212

Form 990, Part VI, Section B, line 11: DURING THIS FISCAL YEAR WE DID NOT HAVE A FORMAL POLICY IN PLACE FOR THE BOARD OF DIRECTORS TO APPROVE THE TAX RETURN; THE FORMAL POLICY WAS APPROVED IN AUGUST OF 2010. DURING THIS FISCAL YEAR THE TREASURER REVIEWED THE COMPLETED TAX RETURN, SIGNED IT AND THEN IT WAS FILED WITH THE IRS AND CALIFORNIA FRANCHISE TAX BOARD.

Form 990, Part VI, Section B, line 12: THE ORGANIZATION DID NOT HAVE A NUMBER OF POLICIES IN PLACE AT THE END OF THE TAX YEAR, INCLUDING A CONFLICT OF INTEREST, WHISTLEBLOWER AND DOCUMENT RETENTION POLICY. HOWEVER, THE BOARD HAS NOW ENACTED SEVERAL POLICIES PRIOR TO FILING THIS FORM 990. NOW EACH BOARD MEMBER SIGNS THE CONFLICT OF INTEREST POLICY STATEMENT AND A NEW BOARD SURVEY REQUIRES PROFESSIONAL AND WORK AFFILIATIONS.

Form 990, Part VI, Section B, Line 15: THE EXECUTIVE DIRECTOR ANNUALLY COMPLETES A FORM DESIGNED BY THE FOUNDATION TO DOCUMENT THE EXECUTIVE DIRECTOR'S PERFORMANCE IN RELATION TO THE GOALS SET BY THE EXECUTIVE COMMITTEE. UPON COMPLETION OF THE FORM, THE EXECUTIVE DIRECTOR SUBMITS IT TO THE EXECUTIVE COMMITTEE FOR REVIEW. COMPARABILITY DATA FOR EXECUTIVE DIRECTOR PAY IS ALSO REVIEWED BY THE EXECUTIVE COMMITTEE AS PART OF THE PROCESS OF DETERMINING COMPENSATION.

Form 990, Part VI, Section C, Line 19: WHILE THE FOUNDATION DOES MAKE ITS TAX RETURN AVAILABLE TO THE PUBLIC, IT DOES NOT MAKE ITS GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC AT THIS TIME.

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

Schedule O (Form 990) 2009

932211
02-03-10

Footnotes

Statement 1

RECONCILIATION OF NET ASSETS OR FUND BALANCES:

BEGINNING OF YEAR, 7/1/2009	3,033,528.
CURRENT YEAR DEFICIT PER BOOKS	-7,183.

EXPECTED NET ASSET BALANCE	3,623,670.
BOOK ADJUSTMENT	2,331.

ACTUAL NET ASSET BALANCE PER BALANCE SHEET, 6/30/10	3,024,014.
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THE DIFFERENCE BETWEEN THE CURRENT YEAR DEFICIT PER BOOKS
AND THE CURRENT YEAR DEFICIT REPORTED ON FORM 990, PAGE 1,
LINE 19 IS CALCULATED AS FOLLOWS:

CURRENT YEAR DEFICIT PER BOOKS	-7,183.
UNREALIZED GAINS IN MARKET VALUE OF SECURITIES	-297,472.

CURRENT YEAR DEFICIT PER FORM 990	-304,655.
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California Attorney General

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Below is the detailed data for the registrant you selected.
You may CLOSE this window to return to the Search Results and choose another registrant.

Registrant Information

Full Name:	PETALUMA EDUCATIONAL FOUNDATION	FEIN:	942847212
Type:	Public Benefit	Corporate or Organization Number:	1123556
Registration Number:	049972	Registration Type:	Charity Registration
Record Type:	Charity	Renewal Due Date:	11/15/2011
Issue Date:	6/30/2006	Date This Status:	12/30/2009
Registration Status:	Current		
Date of Last Renewal:	6/27/2011		

Address Information

Address Line 1:	200 DOUGLAS ST	Phone:
Address Line 2:		
Address Line 3:		
Address Line 4:	PETALUMA CA 94952	

Annual Renewal Information

Fiscal Begin:	
Fiscal End:	30-JUN-02
Total Assets:	\$2,972,151.00
Gross Annual Revenue:	\$1,532,978.00
RRF Received:	15-MAY-02
Returned Date:	
990 Attached:	N
Status:	Accepted
Fiscal Begin:	01-JUL-02
Fiscal End:	30-JUN-03
Total Assets:	\$3,030,188.00
Gross Annual Revenue:	\$627,412.00
RRF Received:	10-MAY-04
Returned Date:	
990 Attached:	Y
Status:	Accepted
Fiscal Begin:	01-JUL-03
Fiscal End:	30-JUN-04
Total Assets:	\$3,330,431.00
Gross Annual Revenue:	\$747,087.00
RRF Received:	19-MAY-05
Returned Date:	
990 Attached:	Y
Status:	Accepted
Fiscal Begin:	01-JUL-04
Fiscal End:	30-JUN-05
Total Assets:	\$3,747,827.00
Gross Annual Revenue:	\$926,458.00
RRF Received:	22-FEB-06
Returned Date:	
990 Attached:	Y
Status:	Accepted
Fiscal Begin:	01-JUL-05
Fiscal End:	30-JUN-06

Total Assets:	\$3,926,697.00
Gross Annual Revenue:	\$803,493.00
RRF Received:	21-NOV-06
Returned Date:	
990 Attached:	Y
Status:	Accepted
Fiscal Begin:	01-JUL-06
Fiscal End:	30-JUN-07
Total Assets:	\$4,263,942.00
Gross Annual Revenue:	\$911,033.00
RRF Received:	19-NOV-07
Returned Date:	
990 Attached:	
Status:	Accepted
Fiscal Begin:	01-JUL-07
Fiscal End:	30-JUN-08
Total Assets:	\$4,059,203.00
Gross Annual Revenue:	\$1,109,280.00
RRF Received:	17-FEB-09
Returned Date:	
990 Attached:	Y
Status:	Accepted
Fiscal Begin:	01-JUL-08
Fiscal End:	30-JUN-09
Total Assets:	\$3,419,000.00
Gross Annual Revenue:	\$985,710.00
RRF Received:	17-MAY-10
Returned Date:	
990 Attached:	Y
Status:	Accepted
Fiscal Begin:	01-JUL-09
Fiscal End:	30-JUN-10
Total Assets:	\$3,649,132.00
Gross Annual Revenue:	\$725,134.00
RRF Received:	19-MAY-11
Returned Date:	
990 Attached:	Y
Status:	Accepted

Related Documents

<u>1022642</u>	1st Delinquency Notice
<u>0004F51D</u>	Founding Documents
<u>0004F51E</u>	RRF-1 2009
<u>0004F51F</u>	IRS Form 990 2009
<u>0004F520</u>	RRF-1 2009
<u>0004F521</u>	IRS Form 990 2009
<u>0004F522</u>	RRF-1 2007
<u>0004F523</u>	IRS Form 990 2007
<u>0004F524</u>	RRF-1 2006
<u>0004F525</u>	IRS Form 990 2006
<u>0004F526</u>	RRF-1 2005
<u>0004F527</u>	IRS Form 990 2005
<u>0004F528</u>	RRF-1 2004
<u>0004F529</u>	IRS Form 990 2004
<u>0004F52A</u>	RRF-1 2003
<u>0004F52B</u>	IRS Form 990 2003
<u>0004F52C</u>	RRF-1 2002

<u>0004F52D</u>	IRS Form 990 2002
<u>0004F52E</u>	RRF-I 2001
<u>0004F52F</u>	IRS Form 990 2001
<u>0004F530</u>	RRF-I 2000
<u>0004F531</u>	IRS Form 990 2000
Prerequisite Information	
No Prerequisite Information	
IRS Return Data	

PETALUMA EDUCATIONAL FOUNDATION

94-2847212

Extension

Statement 2

SHARON KIMBALL C/O PETALUMA EDUCATIONAL FOUNDATION - 200 DOUGLAS ST -
PETALUMA, CA 94952

Form **8868**
Rev. April 2009
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

File a separate application for each return.

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box ☒
 - If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

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

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only ☐

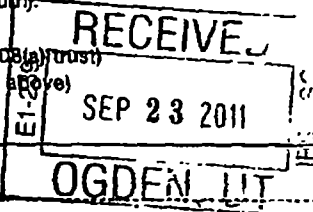
All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Type or print	Name of Exempt Organization Petaluma Educational Foundation	Employer identification number 94 2847212
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. if a P.O. box, see instructions. 200 Douglas St., Petaluma, CA	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Petaluma, CA 94952	

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

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



- The books are in the care of **Petaluma Educational Foundation**

Telephone No. **(707) 778-4632** FAX No. **(707) 778-4642**

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

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **February 15**, 20**11**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ▶ ☐ calendar year 20.....or
 - ▶ ☒ tax year beginning **July 1**, 20**09**, and ending **June 30**, 20**10**.

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

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$

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

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Cat. No. 27916D

Form **8868** (Rev. 4-2009)

ENVELOPE SEP 22 2011
POSTMARK DATE

030 440

Form 8868 (Rev. 4-2009)

Page 2

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

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization	Employer identification number
	Number, street, and room or suite no. If a P.O. box, see instructions.	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	

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

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

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

- The books are in the care of ▶ Telephone No. ▶ (.....) FAX No. ▶ (.....)
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box ☐ If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

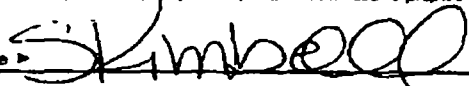
4. I request an additional 3-month extension of time until, 20.....
5. For calendar year, or other tax year beginning, 20....., and ending, 20.....
6. If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period
7. State in detail why you need the extension

8a. If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a \$
b. If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b \$
c. Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c \$

Signature and Verification

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

Signature ▶



Title ▶



Date ▶



Form 8868 (Rev. 4-2009)

If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box ☒ **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).

Part II	Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).	
Type or print File by the extended due date for filing your return. See instructions.	Name of exempt organization	Employer identification number
	PETALUMA EDUCATIONAL FOUNDATION	94-2847212
	Number, street, and room or suite no. If a P.O. box, see instructions. 200 DOUGLAS STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. PETALUMA, CA 94952	

Enter the Return code for the return that this application is for (file a separate application for each return) **011**

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

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

- The books are in the care of ☐ Telephone No. ☐ FAX No. ☐
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ☐. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.
- 4 I request an additional 3-month extension of time until May 15, 2011.
- 5 For calendar year 2009, or other tax year beginning JUL 1, 2009, and ending JUN 30, 2010.
- 6 If the tax year entered in line 5 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period
- 7 State in detail why you need the extension
ADDITIONAL TIME IS NEEDED TO PREPARE A COMPLETE AND ACCURATE RETURN.

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	0.
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	0.
c	Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

Signature and Verification

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

Signature  Title **CPA** Date **1-28-11**

Form 8868 (Rev. 1-2011)

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

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).

Part II		Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).	
Type or print File by the extended due date for filing your return. See instructions.	Name of exempt organization		Employer identification number
	PETALUMA EDUCATIONAL FOUNDATION		94-2847212
	Number, street, and room or suite no. If a P.O. box, see instructions. 200 DOUGLAS STREET		
City, town or post office, state, and ZIP code. For a foreign address, see instructions. PETALUMA, CA 94952			

Enter the Return code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

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

• The books are in the care of **See Statement 2**

Telephone No. **707-778-4632**

FAX No.

• If the organization does not have an office or place of business in the United States, check this box ☐

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until **May 15, 2011**
- 5 For calendar year , or other tax year beginning **JUL 1, 2009**, and ending **JUN 30, 2010**
- 6 If the tax year entered in line 5 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
- ☐ Change in accounting period

7 State in detail why you need the extension

ADDITIONAL TIME IS NEEDED TO PREPARE A COMPLETE AND ACCURATE RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	0.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

Signature and Verification

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

Signature

Title **CPA**

Date

Form 8868 (Rev. 1-2011)