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Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Depa	rtment of the	Treasury	► The organization may have to use a copy of this return to satisfy state reporting requirements.	Inspect	ion
	-		r year, or tax year beginning 7/01 , 2010, and ending 6/30	, 2011	
	Check if app			er Identification Number	er
_	\neg			283878	
	H	12.	255 Watt Avenue #375		
	Name o	ls:		5) 979-9166	
	Initial re		(310	17575 5100	
	Termina		G 0		53,956.
	H	ed return	Name and address of principal officer David Post H(a) is this a group return		Yes X No
	Аррііса		ame As C Above	Ħ	Yes No
_	Tax-exem		ame As C Above 501(c)(3) 501(c) ()	(see instructions)	٠
<u>'</u>	Website			mhar Þ	
<u>у</u>		1	H(c) Group exemption null Corporation Trust Association Other ► L Year of Formation 1993 M si	_	CA
		rganization X Summary	Corporation Trust Association Other LYear of Formation 1993 M Si	tate or legal domicile	CA
,F:a	1 Brie	efly describe	the organization's mission or most significant activities. The Foundation support	rts educati	onal
_			for English Learners in K-12 public schools located in th		
ng L			rnia, programs that support the First Amendment and progr		
E.			the quality of life in the Central Valley of California.		
Activitles & Governance	2 Che	eck this box	If the organization discontinued its operations or disposed of more than 25% of its in	net assets	
Ğ			ng members of the governing body (Part VI, line 1a)	3	7
90			pendent voting members of the governing body (Part VI, line 1b)	4	6
Vitle			f individuals employed in calendar year 2010 (Part V, line 2a)	5	2
Ę			f volunteers (estimate if necessary)	6	0
•			business revenue from Part VIII, column (C), line 12	7a 7b	0.
	b Nei	unrelated b	usiness taxable income from Form 990-T, line 34 Prior Year		nt Year
	8 Cor	ntributions ar			43,953.
9	1		nd grants (Part VIII, line 1h) e revenue (Part VIII, line 2g)	1,0	40, 700.
Revenue		-	ome (Part VIII, column (A), lines 3, 4, and 7d)	21. 9	08,256.
æ				77.	$\frac{39,2331}{1,747}$
	1		- add lines 8 through 11 (must equal Part VIII, column (A), line 12) 728,8		53,956.
			ılar amounts paid (Part IX, column (A), lines 1-3) 428, 0	53. 6	47,183.
			o or for members (Part IX, column (A), line 4)		
		-	compensation, employee benefits (Part IX, column (A), lines 5-10) 142, 5	90. 1	13,812.
ses			ndraising fees (Part IX, column (A), line 11e)		
Expenses	ł				
ă			g on point (2), mit 2),		83,111.
)			•	44,106.
	18 Tot	iai experises.	. Add lines 13, 17 must equal Part IX, column (A), line 25) 848, 4 xpenses Subtractifie 18 from line 12 -119, 5		09,850.
		veriue iess e			of Year
5 5	20 Tot	tal accete (P	art X Me 16 EB 1 0 2012 8 31,690,5		28,425.
Bak	21 Tot		Reginning of Curren 31,690,5 (Part Xu fine 26) Reginning of Curren 31,690,5 11,0		46,034.
Net Assets or Fund Balances	22 Net		and balances Subtractione 21, from line 20 31, 679, 5	1	.82,391.
_		Signature		23. 40,1	.02,331.
				and ballet it is true.	correct and
con	iplete Decla	ration of prepare	are that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge r (other than officer) is based on all information of which preparer has any knowledge	, and belief, it is true, t	oneci, and
			Devidant on 01/3	31/12	
Sig	on	Signature	of officer Date	-7	
He	re	David	President		
_			int name and title		
_		Print/Type prep	parer's name Preparer's signature Date Check	ıf PTIN	
Pa	id	Steven	J. Olds CPA 1/24/12 self-employe	ed P013439	979
	eparer	Firm's name	► WILLIAMS & OLDS CHA S		
	e Only	Firm's address		► 01-056076	9
	-		SACRAMENTO, CA 95825-6737 Phone no	(916) 858-	
Ma	v the IRS	discuss this	return with the preparer shown above? (see instructions)	X Yes	No

	990 (2010) Central Valley Foundation		68-0283878	Page 2
Par				
	 Check if Schedule O contains a response to any 	question in this Part III		X
1	Briefly describe the organization's mission			
	See Schedule 0			
	Dall			
2	Did the organization undertake any significant program Form 990 or 990-EZ?	services during the year which v	vere not listed on the prior	X No
	If 'Yes,' describe these new services on Schedule O			V MO
3	Did the organization cease conducting, or make signific	cant changes in how it conducts	any program services? Yes	X No
3	If 'Yes,' describe these changes on Schedule O	cart changes in now it conducts,	any program services.	<u> </u>
4	Describe the exempt purpose achievements for each or and 501(c)(4) organizations and section 4947(a)(1) trust	f the organization's three largest	program services by expenses Section out of grants and allocations to others	n 501(c)(3) , the total
	expenses, and revenue, if any, for each program serving	ce reported	3	
4 8	a (Code) (Expenses \$ 912,992.)
	The Foundation made educational gr	ants to three public	unified school districts	in
	the Central Valley of California a	s well as two commun	ity foundations, a commur	
	organization, a university to spor			
	Amendment rights organization duri	ng the year ended Ju	ne 30, 2011.	
41	(Code (Expenses \$)	_ including grants of \$) (Revenue \$)
4	c (Code) (Expenses \$	_ including grants of \$) (Revenue \$)
4	d Other program services (Describe in Schedule O) (Expenses \$ including gra	nts of \$) (Revenue \$)
		2,992.	/ (I revenue V	
BAA		TEEA0102L 10/06/10	For	n 990 (2010)

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Form 990 (2010) Central Valley Foundation
Partily Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		<u>X</u>
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6	Х	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		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	9		Х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, IX, or X as applicable			
;	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? <i>If 'Yes,' complete Schedule D, Part VI</i>	11 a	Х	
ı	b Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16° If 'Yes,' complete Schedule D, Part VII	11 b		Х
•	c 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	11 c		Х
	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d		Х
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		X
	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f	Х	
	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12a	Х	
	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		Х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	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, Parts I and IV	14b		Х
	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, Parts II and IV	15		Х
	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, Parts III and IV	16		Х
	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		Х
	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		Х
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		Х
20	a Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20		X
	b If 'Yes' to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20 b		

Form 990 (2010) Central Valley Foundation 68-0283878 Page 4 Part IV Checklist of Required Schedules (continued) Yes No 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 21 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part 22 IX, column (A), line 27 If 'Yes,' complete Schedule I, Parts I and III Х 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 23 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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25 24a Х b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c 24d d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? **25 a Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I 25a Х 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 Х 25b Schedule L, Part I 26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If Yes, complete Schedule L, Part II 26 X Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III 27 13% 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): Χ a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV 28a b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV 28b Х c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV 28c X 29 29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M30 Х Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I 31 Х Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II X 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I 33 X 34 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, X 34 line 1 Х 35 35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2 X No Yes Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 36 Х organization? If 'Yes,' complete Schedule R, Part V, line 2 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI 37 X

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Form 990 (2010)

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 197

Note. All Form 990 filers are required to complete Schedule O

rart	V Statements Regarding Other IRS Fillings and Tax Compilance				\Box
	'Check if Schedule O contains a response to any question in this Part V	 	T	Yes	No
1 = 1	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a 9	一十		
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b 0	- 1	1	
	Did the organization comply with backup withholding rules for reportable payments to vendor	s and reportable gaming			
((gambling) winnings to prize winners?	and reportable gamming	1c		X
2a i	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State- ments, filed for the calendar year ending with or within the year covered by this return	2a 2			
	If at least one is reported on line 2a, did the organization file all required federal employmen		2b	Х	
	Note. If the sum of lines $1a$ and $2a$ is greater than 250 , you may be required to e -file (see in				
	Did the organization have unrelated business gross income of \$1,000 or more during the yea	r ²	3a		<u>X</u>
b	If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule Q		3b		
	At any time during the calendar year, did the organization have an interest in, or a signature financial account in a foreign country (such as a bank account, securities account, or other fill 'Yes,' enter the name of the foreign country	or other authority over, a nancial account)?	4a		X
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and F	inancial Accounts			
	Was the organization a party to a prohibited tax shelter transaction at any time during the ta		5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelt		5b		X
	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, a solicit any contributions that were not tax deductible?	nd did the organization	6a		Х
b	If 'Yes,' did the organization include with every solicitation an express statement that such c	ontributions or gifts were	6b		
	not tax deductible? Organizations that may receive deductible contributions under section 170(c).	ļ			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and p	artly for goods and			
	services provided to the payor?	-	7a 7b		<u>X</u>
	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		7.0		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for w Form 8282?	, ,	7с		<u>X</u>
	If 'Yes,' indicate the number of Forms 8282 filed during the year	7d			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal		7e		<u>X</u>
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal ber		7f		X
9	If the organization received a contribution of qualified intellectual property, did the organizat as required?	ion file Form 8899	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the Form 1098-C?	ŀ	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organization, or a donor advised fund maintained by a sponsoring organization, holdings at any time during the year?	ng organizations. Did the nave excess business	8		
	Sponsoring organizations maintaining donor advised funds.				اــــا
	Did the organization make any taxable distributions under section 4966?		9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	-	9b	├	-
	Section 501(c)(7) organizations. Enter	أمما			
	Initiation fees and capital contributions included on Part VIII, line 12	10a]	
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		Ì	
	Section 501(c)(12) organizations. Enter	11 a			
-	Gross income from members or shareholders	114		1	
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.).	116			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu organization filing Form 990	of Form 1041?	12a		
	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.		12-	 	J
а	Is the organization licensed to issue qualified health plans in more than one state?	ام ۱۵۰	13a	 	-
	Note. See the instructions for additional information the organization must report on Schedu	ile U		1	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			;
С	Enter the amount of reserves on hand	13c		 	
	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
b	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in	Schedule O	14b	٠	15000
ВΔΔ	TEEA0105L 11/30/10		Forr	n 990	(2010)

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. X Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 6 1 b b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 Х officer, director, trustee or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors or trustees, or key employees to a management company or other person? 4 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 X Did the organization become aware during the year of a significant diversion of the organization's assets? 6 X Does the organization have members or stockholders? 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? See Schedule 0 7 a Х 7 b **b** Are any decisions of the governing body subject to approval by members, stockholders, or other persons? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following X 8a a The governing body? Х 8ь b Each committee with authority to act on behalf of the governing body? Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the 9 X organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes 10 a 10a Does the organization have local chapters, branches, or affiliates? b If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, 10b and branches to ensure their operations are consistent with those of the organization? X 11 a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? 11 a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990 X 12a 12a Does the organization have a written conflict of interest policy? If 'No,' go to line 13 b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise 12b Х c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in 12c Schedule O how this is done See Schedule O 13 X 13 Does the organization have a written whistleblower policy? X 14 Does the organization have a written document retention and destruction policy? 14 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? X a The organization's CEO, Executive Director, or top management official See Schedule O 15 a 15b Х **b** Other officers of key employees of the organization See Schedule O 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 16a taxable entity during the year? 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 16h organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ► CA 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 Another's website |X| Upon request Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial See Schedule O 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. Lauren Wolkov 2255 Watt Avenue, Ste 375 Sacramento CA 95825 (916) 979-9166

Form 990 (2010)	Central	Vallev	Foundation	

68-0283878

age 7

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

Check if Schedule O contains a response to any question in this Part VII

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of 'key employee'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

(A)	ion nor any related organization compen (B) (C)						(D)	(E)	(F)		
Name and title	Average hours per week (describe		_			hat app	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the	
	hours for related organiza- tions in Schedule O)	Individual trustee or director	Institutional trustee	Officer	employee	Highest compensated employee	ner			organization and related organizations	
(1) Rafael Solis											
Director	1	Х						1,000.	0.	0.	
(2) Stephen Boutin Director	1	x						3,000.	0.	0.	
(3) Joan E. Eaton Director	1	Х						3,000.	0.	0.	
(4) Susan B. McClatchy Asst. Secretary	1	Х	-	Х				0.	0.	0.	
(5) Diana A. Fuentes-Michel Director		X						1,000.	0.	0.	
(6) John Mockler Treasurer	2	Х		Х				6,250.	0.	0.	
(7) David Post President	2.2	Х		X				3,000.	0.	0.	
(8) Lauren Wolkov Executive Direc	20	Λ		X	-		 	70,000.	0.	0.	
(9)	- 20			Λ				70,000.	0.1	<u></u> 0.	
(10)	_										
(11)											
(12)	-										
(13)	 										
(14)		ļ									
(15)										·	
(16)	+										

Part VII Section A. Officers, Directors, Trus		ey	Em			es,	and		·		ont)
` (A) Name and title		(B) (c) Average Position (check all that apply)						(D) Reportable	(E) Reportable	(F) Estimate	ad
Name and title	hours per week (describe hours for related organi- zations in Sch O)			Officer				compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of compense from th organizal and rela organizat	other ation ie tion ited
(18)								-			
(19)											<u> </u>
(20)	 							·			
(21)		-				<u> </u>					
(22)	<u> </u>										
(23)											
(24)											
(25)											
(26)											
(27)											
(28)											
(29)											
1 b Sub-total							>	87,250.	0		0
c Total from continuation sheets to Part VII, Section	Α						>	0.	0		0
d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited)	ed to the	se I	ıste	d ab	ove) wh	no re	87,250. ceived more than	0 \$100,000 in repo	1	0 nsation
from the organization 0										Ye	s No
3 Did the organization list any former officer, directo on line 1a? If 'Yes,' complete Schedule J for such	r or trus <i>ındıvıdu</i> :	tee, al	key	em	ploy	/ee,	or h	ighest compensa	ted employee	3	X
4 For any individual listed on line 1a, is the sum of rethe organization and related organizations greater	eportabl	е со	mpe	ensa	atıor	n and	d oth	ner compensation	from		
 such individual Did any person listed on line 1a receive or accrue for services rendered to the organization? If 'Yes,' 	compen	satio	on fr	om	any	unr	elate	ed organization o	r ındıvıdual	4	X
Section B. Independent Contractors	comple	te S	cnec	dule	J fo	or su	icn p	person		5	^
Complete this table for your five highest compensation from the organization	ited inde	epen	den	t co	ntra	ctor	s tha	at received more	than \$100,000 of		
(A) Name and business addre	ss							(E Description	3) of services	(C) Compensa	ation
								<u> </u>			
2 Total number of independent contractors (including \$100,000 in compensation from the organization •		t lım	ııted	l to 1	thos	e lis	ted	above) who recei	ved more than		

Par	t VIII Statement of Revenue		T		
	•	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
22	1a Federated campaigns 1a				
NA X	b Membership dues 1b				1
NO N	c Fundraising events 1c				
F A	d Related organizations 1d				
ŠĘ,	e Government grants (contributions) 1 e				
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	f All other contributions, gifts, grants, and similar amounts not included above 1f 1,843,953.				
ž Š	g Noncash contributions included in ins 1a-1f. \$				
84	h Total. Add lines 1a-1f	1,843,953.			1
PROGRAM SERVICE REVENUE	Business Code	- 			
Ę	2a				
<u>я</u>	b				
N.	c				
4 SE	a				
RAI	e				
90	f All other program service revenue				
	g Total. Add lines 2a-21				
	Investment income (including dividends, interest and other similar amounts)	908,256.	908,256.		
	4 Income from investment of tax-exempt bond proceeds	30072001			
	5 Royalties				
	(i) Real (ii) Personal			-	
	6a Gross Rents				
	b Less rental expenses				
	c Rental income or (loss)				
	d Net rental income or (loss)				
	(i) Securities (ii) Other				
	7a Gross amount from sales of assets other than inventory				
	b Less cost or other basis				
	and sales expenses		•		
	c Gain or (loss)				
	d Net gain or (loss)				
	8a Gross income from fundraising events				
Š	(not including \$				
OTHER REVENU	of contributions reported on line 1c)				
2	See Part IV, line 18				
Ħ	b Less direct expenses b				
U	c Net income or (loss) from fundraising events				
	9a Gross income from gaming activities See Part IV, line 19				
	b Less direct expenses b				
	c Net income or (loss) from gaming activities				
	10a Gross sales of inventory, less returns and allowances a				
		-			
	b Less: cost of goods sold b				
	c Net income or (loss) from sales of inventory				
	Miscellaneous Revenue Business Code	1 747	1 747		
	11a Miscellaneous 900099	1,747.	1,747.		-
	b				
	d All abbar areas				-
	d All other revenue	1 747			
	e Total. Add lilles TTa-TTu	1,131.	910,003.		0.
	12 Total revenue. See instructions	4,133,330.	J1U,UU3.	,	,, 0.

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)

	All other organizations must complete include amounts reported on lines 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	647,183.	647,183.		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	85,687.	57,344.	28,343.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages.	18,583.	10,908.	7,675.	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits			,	
10	Payroll taxes	9,542.	7,804.	1,738.	
11	Fees for services (non-employees)				
á	a Management				
ŀ	Legal	1,969.	225.	1,744.	
•	Accounting	12,791.	6,312.	6,479.	
•	i Lobbying				
•	Professional fundraising services See Part IV, line 17				
1	Investment management fees	139,012.	69,506.	69,506.	
9	g Other			<u></u>	
12	Advertising and promotion				
13	Office expenses		_ ,		
14	Information technology	1,461.	738.	723.	
15	Royalties				
16	Occupancy	7,200.	3,600.	3,600.	
17	Travel	2,544.	2,109.	435.	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	4,822.	4,248.	574.	
20	Interest				
21				ļ	
22		1,144.	495.	649.	
23 24	covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10%	6,402.	3,735.	2,667.	
	of line 25, column (A) amount, list line 24f expenses on Schedule O)			[
;	a Consultants	73,617.	68,554.	5,063.	·
	b Evaluation and research	28,000.	28,000.	37.223.1	
	Telephone	1,695.	870.	825.	_
	d Supplies	1,114.	444.	670.	
	Fees and Registration	726.	651.	75.	
	f All other expenses	614.	266.	348.	
	Total functional expenses. Add lines 1 through 24f	1,044,106.	912,992.	131,114.	0.
26	Joint costs. Check here ► ☐ If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
BAA	•				Form 990 (2010)

Part >	(Balance Sheet			
	•	(A) Beginning of year		(B) End of year
1	Cash – non-interest-bearing		1	
2	Savings and temporary cash investments	394,745.	2	527,277.
3	Pledges and grants receivable, net		3	
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)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
A 7			7	
S 7 S E 8	•	-	8	
T g			9	600.
	a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D 7,031.			
	b Less accumulated depreciation 10b 4,881.	3,294.	10 c	2,150.
111	Investments – publicly traded securities.	30,214,466.	11	38,364,502.
12	•	00/11/1/1991	12	
13			13	
14	,		14	· · · · · · · · · · · · · · · · · · ·
15	-	1,078,018.	15	1,333,896.
16	*	31,690,523.	16	40,228,425.
17		11,000.	17	42,034.
18	• • • • • • • • • • • • • • • • • • • •		18	4,000.
19		- 1	19	
ի 20			20	
Å 21			21	-
L 22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II			
Ė	of Schedule L		22	
s 23			23	
24			24	
25		11,000.	25	46,034.
26		11,000.	20	40,034.
Ĕ	Organizations that follow SFAS 117, check here X and complete lines		1	
	27 through 29 and lines 33 and 34.	30,601,506.	27	36,941,568.
§ 27		1,078,017.	28	3,240,823.
A 27 SE 28 S 20	• •	1,070,017.	29	3,240,023.
S 29	,		25	
_ !	Organizations that do not follow SFAS 117, check here ► and complete lines 30 through 34.			
V 30			30	
			31	
B 3	• • • • • • • • • • • • • • • • • • • •		32	· · · · · · · · · · · · · · · · · · ·
AN CE 33		31,679,523.	33	40,182,391.
Ë 33		31,690,523.	34	40,228,425.
5 34 BAA	Total Habilities and Het assets/fully balafices	1 31,000,023.	1 1	Form 990 (2010)

BAA

Form **990** (2010)

orn	n 990 (2	2010)	Central	Valley Foundation 68-0	<u> 283878</u>		Pa	ge 12
Pai	t XI	Reco	onciliation of	of Net Assets			-	
	•	Check	c if Schedule (O contains a response to any question in this Part XI				X
							<u>-</u>	
1	Total	revenu	e (must equal	Part VIII, column (A), line 12)	1	2,7	53,9	<u> 56.</u>
2	Total	expens	ses (must equa	al Part IX, column (A), line 25)	2	1,0	44,1	06.
3	Rever	nue les	s expenses S	ubtract line 2 from line 1	3	1,7	09,8	50.
4	Net a	ssets o	r fund balance	es at beginning of year (must equal Part X, line 33, column (A)).	4	31,6	79,5	23.
5	Other	chang	es in net asse	ts or fund balances (explain in Schedule O) See Schedule 0	5	6,7	93,0	18.
6	Net a	ssets o nn (B))	r fund balance	es at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33,	6	40,1	82,3	391.
Pai	t XII	Fina	ncial Stater	ments and Reporting				
		Checl	k if Schedule (O contains a response to any question in this Part XII				\Box
							Yes	No
1	Accou	unting r	nethod used to	o prepare the Form 990 🗌 Cash 🛛 X Accrual 📗 Other				
	If the in Scl	organı: hedule	zation change: O	d its method of accounting from a prior year or checked 'Other,' explain				
2	a Were	the org	janization's fir	nancial statements compiled or reviewed by an independent accountant?		2a		X
ı	v Were	the org	janization's fir	nancial statements audited by an independent accountant?		2b	X	
(lf 'Ye	s' to lin	e 2a or 2b, do empilation of it	bes the organization have a committee that assumes responsibility for oversight of the transfer of the statements and selection of an independent accountant?	e audıt,	2c	Х	
	If the	organı: hedule	zation change O.	d either its oversight process or selection process during the tax year, explain				
(separ			neck a box below to indicate whether the financial statements for the year were issued basis, or both	d on a			
	X	Separa	ate basis	Consolidated basis Both consolidated and separate basis		ļ		
3	a As a Audıt	result c Act an	of a federal aw d OMB Circula	rard, was the organization required to undergo an audit or audits as set forth in the S ar A-133?	Single	3a		Х
ı	olf 'Ye or au	s,' dıd t dıts. ex	the organization	on undergo the required audit or audits? If the organization did not undergo the required and describe any steps taken to undergo such audits.	ired audit	3b		

Form **990** (2010)

BAA

TEEA0112L 12/21/10

SCHEDULE A (Form 990 or 990-EZ)

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization Employer identification number 68-0283878 Central Valley Foundation 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) A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). 1 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). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) Enter the hospital's 4 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 5 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 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) R 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). An organization organized and operated exclusively for the benefit of, to perform the functions of, or 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 11 X Type III - Other a X Type I Type III - Functionally integrated d | e |X| 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 If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No (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? 11 g (i) A family member of a person described in (i) above? 11 g (ii) 11 g (iii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s) h (vii) Amount of support (i) Name of supported (ii) EIN (iii) Type of organization (IV) Is the (v) Did you notify (vi) Is the organization in column (i) organized in the US? organization (described on lines 1-9 above or IRC section (see instructions)) organization in the organization in column (i) listed in column (i) of your governing document? Yes No Yes No Yes No (A)Sacramento Region Community Found

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

94-2891517

77-0478025

(C)Fresno Regional Foundation

(D)

(E)

Total

Schedule A (Form 990 or 990-EZ) 2010

12,500.

12,500.

25,000.

11a

11a

X

Х

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 or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III)

Sec	tion A. Public Support										
	ndar year (or fiscal year nning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total				
1	Gifts, grants, contributions, and membership fees received (Do not include 'unusual grants')										
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf										
3	The value of services or facilities furnished by a governmental unit to the organization without charge										
4	Total. Add lines 1 through 3										
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)										
6	Public support. Subtract line 5 from line 4										
Sec	tion B. Total Support		·								
	ndar year (or fiscal year nning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total				
7	Amounts from line 4										
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources										
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)										
11	Total support. Add lines 7 through 10										
12	Gross receipts from related activ	vities, etc (see in:	structions)			12					
13	First five years. If the Form 990 organization, check this box and		zation's first, seco	nd, third, fourth,	or fifth tax year as	a section 501(c)	(3)				
	tion C. Computation of Pu				.	1	T				
	Public support percentage for 20		•	ne 11, column (f)).	14	<u>%</u>				
	Public support percentage from					15	<u>%</u>				
16 a	a 33-1/3% support test – 2010. If and stop here. The organization	the organization qualifies as a pu	did not check the ablicly supported of	box on line 13, a organization	nd the line 14 is 3	33-1/3% or more,	check this box				
ŀ	33-1/3% support test – 2009. If and stop here. The organization				6a, and line 15 is	33-1/3% or more	, check this box				
17 a	17a 10%-facts-and-circumstances test — 2010. 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.										
ŀ	o 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an	meets the 'facts-	-and-circumstance	es' test, check this	s box and stop he	re. Explain in Pai	e 15 is 10% rt IV how the				
18	Private foundation. If the organ	ization did not ch	eck a box on line	13, 16a, 16b, 17a							
BAA	•				So	chedule A (Form !	990 or 990-EZ) 2010				

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support	, p		.,		-	
	dar year (or fiscal yr beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Gifts, grants, contributions and membership fees received (Do not include any 'unusual grants ')	(4) 2000	(3) 2007	(0) 2000	(4) 2000	(0)====	(y) rota.
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						
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
t	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)						<u>. </u>
	tion B. Total Support	, <u></u> ,,,					
Calen	dar year (or fiscal yr beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Amounts from line 6						
	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 3 Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
(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 Ins 9, 10c, 11, and 12)						
	First five years. If the Form 990 organization, check this box and	is for the organiz stop here	ation's first, seco	nd, third, fourth, o	or fifth tax year as	s a section 501(c)(3	3) ▶ □
Sec	tion C. Computation of Pu	blic Support F	Percentage				
15	Public support percentage for 20	10 (line 8, colum	n (f) divided by li	ne 13, column (f)).	15	%
_16	Public support percentage from 2	2009 Schedule A	, Part III, line 15			16	%
_	tion D. Computation of Inv			e			
17					umn (f))	17	%
18	Investment income percentage f	· ·		=	·	18	%
19 a	33-1/3% support tests - 2010. If is not more than 33-1/3%, check	the organization	did not check the	box on line 14,	and line 15 is mor as a publicly supp	re than 33-1/3%, ar ported organization	nd line 17
i	33-1/3% support tests – 2009. If line 18 is not more than 33-1/3%	, check this box	and stop here. Th	ne organızatıon qı	ualifies as a public	cly supported organ	3-1/3%, and hization ►
	Private foundation. If the organi						

Scriedule A	(FOITH 990 OF 990	J-EZ) 2010 Cei	iciai vaiie	Foundation	<u> </u>	00-020307	o rage 4
Part IV	Supplementa Part II, line 17 (See instruction	I Information. 7a or 17b; and	Complete this Part III, line 12	part to provide 2. Also comple	the explanations te this part for a	s required by Part ny additional infor	II, line 10; mation.

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

OMB No 1545-0047 2010

Department of the Treasury Internal Revenue Service Name of the organization

Openito Public Employer identification number

Cen	tral Valley Foundation		68-0283878
Par	Il Organizations Maintaining Dono	Advised Funds or Other Similar Fun	ds or Accounts. Complete if
	the organization answered 'Yes' t	o Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	1	
2	Aggregate contributions to (during year).	1,843,953.	
3	Aggregate grants from (during year)		
4	Aggregate value at end of year	1,906,928.	
5	Did the organization inform all donors and dorfunds are the organization's property, subject	nor advisors in writing that the assets held in d to the organization's exclusive legal control?	onor advised X Yes No
6	Did the organization inform all grantees, dono used only for charitable purposes and not for purpose conferring impermissible private benefits.	rs, and donor advisors in writing that grant fun the benefit of the donor or donor advisor, or fo efit?	ds can be r any other X Yes No
Par	till: Conservation Easements. Comp	ete if the organization answered 'Yes'	to Form 990, Part IV, line 7.
2	Purpose(s) of conservation easements held by Preservation of land for public use (e.g., in Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization last day of the tax year	recreation or education) Preservation	of an historically important land area of a certified historic structure in the form of a conservation easement on the
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation ease	ments	2b
c	Number of conservation easements on a cert	fied historic structure included in (a)	2c
d	structure listed in the National Register	in (c) acquired after 8/17/06, and not on a histo	2d
3	Number of conservation easements modified, tax year ▶	transferred, released, extinguished, or termina	ated by the organization during the
4	Number of states where property subject to co	onservation easement is located >	<u> </u>
5		egarding the periodic monitoring, inspection, hants it holds?	
6	Staff and volunteer hours devoted to monitori	ng, inspecting, and enforcing conservation eas	sements during the year
7	Amount of expenses incurred in monitoring, i	nspecting, and enforcing conservation easeme	nts during the year
8	Does each conservation easement reported of $170(h)(4)(B)(i)$ and section $170(h)(4)(B)(ii)$?	n line 2(d) above satisfy the requirements of s	ection Yes No
9	include, if applicable, the text of the footnote conservation easements	s conservation easements in its revenue and expe to the organization's financial statements that	describes the organization's accounting for
Par	Complete if the organization ans	ections of Art, Historical Treasures, o wered 'Yes' to Form 990, Part IV, line	r Other Similar Assets. 8.
	art, historical treasures, or other similar asse in Part XIV, the text of the footnote to its final		arch in furtherance of public service, provide,
t	olf the organization elected, as permitted under historical treasures, or other similar assets he following amounts relating to these items	er SFAS 116 (ASC 958), to report in its revenue ald for public exhibition, education, or research	e statement and balance sheet works of art, in furtherance of public service, provide the
	(i) Revenues included in Form 990, Part VIII	, line 1	► \$
	(ii) Assets included in Form 990, Part X		► \$
2	If the organization received or held works of amounts required to be reported under SFAS	art, historical treasures, or other similar assets 116 (ASC 958) relating to these items	_
	Revenues included in Form 990, Part VIII, lin	e 1	► \$
t	Assets included in Form 990, Part X		<u></u> ►\$

Schedule D (Form 990) 2010 Centr							68-0283			Page 2
Part III Organizations Maintai	ining Collec	<u>tions</u>	of Art, Histo	rical	Treasures, or	Other Si	milar Ass	ets (co	<u>ontinu</u>	ed)
3 Using the organization's acquisition items (check all that apply).	on, accession,	and ot	her records, che	eck ar	ny of the following	that are a	significant u	se of its	collect	ion
a Public exhibition			d Loan d	or exc	hange programs					
b Scholarly research			e U Other							
c Preservation for future generation										
4 Provide a description of the organ Part XIV								e in		
5 During the year, did the organizar assets to be sold to raise funds r.	tion solicit or re ather than to b	eceive e mair	donations of art Itained as part o	i, histo of the	orical treasures, o organization's col	r other sim lection?	ılar [Yes	Г	No
Part IV Escrow and Custodia	Arrangeme	ents.	Complete if c	rgar			to Form 9		art IV,	line
9, or reported an amount	unt on Form	990,	Part X, line	21.						
1 a Is the organization an agent, trus included on Form 990, Part X?	stee, custodian,	, or oth	ner intermediary	for c	ontributions or oth	er assets n	ot [Yes		No
b If 'Yes,' explain the arrangement	ın Part XIV an	d com	plete the followi	ng tal	ole					
								Amoun		
c Beginning balance						1c				
d Additions during the year						1 d				
e Distributions during the year						1 e				
f Ending balance						1f	Г	_		,
2a Did the organization include an a		n 99 0,	Part X, line 21?				Į	Yes		No
b If 'Yes,' explain the arrangement					107 11 5	000 5	1.157.1	10		
Part V Endowment Funds. Co										
1. D	(a) Current ye		(b) Prior year	_	(c) Two years back		ree years back	(e)	Four years	s back
1 a Beginning of year balance.	1 0/12 (0.		0.		0.		_		
b Contributions	1,843,9	955.				-		+		i
c Net investment earnings, gains, and losses	62,8	875.								
d Grants or scholarships								<u> </u>		·-···
 Other expenditures for facilities and programs 										; į
f Administrative expenses										
g End of year balance	1,906,	928.		0.		0.				
2 Provide the estimated percentage	e of the year e	nd bala	ance held as							
a Board designated or quasi-endov	vment ►		%							
b Permanent endowment ►	%									
c Term endowment ► 100) <u>.00</u> %									
3a Are there endowment funds not a organization by	in the possessi	on of t	he organization	that	are held and admi	nistered for	r the	ſ	Yes	No
(i) unrelated organizations								3a(i)	103	X
(ii) related organizations								3a(ii)		X
b If 'Yes' to 3a(II), are the related of	organizations li	sted a	s required on So	chedu	le R?			3b		
4 Describe in Part XIV the intended	-		•					4		<u> </u>
Part VI Land, Buildings, and I							•			
Description of investment		a) Cos	t or other basis vestment)	(b)	Cost or other basis (other)		ımulated cıatıon	(d)	Book va	alue
1 a Land										
b Buildings										
c Leasehold improvements										
d Equipment	Ĺ				5,876.		4,693.		1	,183.
e Other					1,155.		188.			967.
Total. Add lines 1a through 1e (Colum	ın (d) must equ	ıal Fori	m 990, Part X, c	olum	n (B), line 10(c))		<u> </u>			<u>,150.</u>
BAA							Sched	lule D (f	orm 99	0) 2010

Schedule D (Form 990) 2010 Central Valley Foundation

BAA

68-0283878

Page 3

Sche	dule D (Form 990) 2010 Central Valley Foundation	68-0283878	Page 4
Par			
1	Total revenue (Form 990, Part VIII,column (A), line 12)	2	,753,956.
2	Total expenses (Form 990, Part IX, column (A), line 25)	$\overline{1}$,044,106.
3	Excess or (deficit) for the year Subtract line 2 from line 1	1	,709,850.
4	Net unrealized gains (losses) on investments		,537,140.
5	Donated services and use of facilities		
6	Investment expenses		
7	Prior period adjustments		
ρ,	Other (Describe in Part XIV) See Part XIV		255,878.
9	Total adjustments (net) Add lines 4 through 8	6	,793,018.
-	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		,502,868.
	tXII: Reconciliation of Revenue per Audited Financial Statements With Revenu		,302,000.
1	Total revenue, gains, and other support per audited financial statements		,407,962.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	 	/ 10 / / 3 0 2 .
	1 1	37,140.	
		N. J	
	Recoveries of prior year grants	F 070	
		55,878.	702 010
•	Add lines 2a through 2d		793,018.
3	Subtract line 2e from line 1	3 2	,614,944.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	[*N. * \$ 2* N. \$	
ā		39,012.	
t	Other (Describe in Part XIV)		
•	Add lines 4a and 4b	4c	139,012.
	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		753,956.
Par	t:XIII; Reconciliation of Expenses per Audited Financial Statements With Exper	ises per Return	
1	Total expenses and losses per audited financial statements	1	905,094.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	2027	_
	Donated services and use of facilities 2a		
ı	Prior year adjustments 2b		
	Other losses 2c		
	Other (Describe in Part XIV)		
	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	905,094.
1	Amounts included on Form 990, Part IX, line 25, but not on line 1:		300,031.
₩,		39,012.	
	O Other (Describe in Part XIV.)	- 12 A 3	
	Add lines 4a and 4b	≟∰ 4c	139,012.
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	<u> </u>	,044,106.
	tXIV ∤ Supplemental Information		
Com Part any	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and V, line 4; Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Als additional information	4, Part IV, lines 1b and to complete this part to p	2b, provide
- - .	Part X - FIN 48 Footnote		
	Uncertainty in Income Taxes: The preparation of financial stat	<u>ements in confo</u>	rmity
	with accounting principles generally accepted in the United St	ates of America	
	requires the Foundation to report information regarding its ex	<u>posure to vario</u>	us tax
	positions taken. The Foundation has determined whether any ta	<u>x positions hav</u>	e_met
	the recognition threshold and have measured the exposure to th	o <u>se tax positic</u>	ons
	Management believes that the Foundation has adequately address	s <u>ed all relevant</u>	<u>tax</u>
	positions and that there are no unrecorded tax liabilities. Fe		
BAA	TEEA3304L 02/11/11	Schedule D (Form 990) 2010

Schedule D (Form 990) 2010 Central Valley Foundation	68-0283878	Page 5
Part XIV Supplemental Information (continued)		
Part X - FIN 48 Footnote (continued)		
authorities generally have the right to examine and audit the	previous three yea	rs
of_tax_returns_filed. Any interest or penalties assessed to	the Foundation are	
recorded in operating expenses. No interest or penalties from	m federal or state	tax
authorities were recorded in the accompanying financial state	ments.	

Schedule D (Form 990) 2010 Central Valley Foundation Part:XIV: Supplemental Information (continued)	68-0283878	Page 5
Part XIV: Supplemental Information (continued)		.
	·	

2010	Schedule D, Part XIV - Supplemental In	formation	Page 4
	Central Valley Foundation		68-0283878
1/24/12			12 04PM
Schedule D, Other Chan	, Part XI, Line 8 ges In Net Assets Or Fund Balances		
Decrease :	in value of split-iterest agreement	Total \$	255,878. 255,878.
Schedule D Other Reve	, Part XII, Line 2d nue Included In F/S But Not Included On Form 990		
Change in	split-interest agreement	Total \$	255,878. 255,878.
			·

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SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 21 or 22.
➤ Attatch to Form 990.

2010

OMB No 1545-0047

Open to Public

Employer identification number 68-0283878 **%**

X Yes

▲

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

Part.L. General Information on Grants and Assistance

Central Valley Foundation

Name of the organization

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

nore than \$5,000.	
ent that received more than \$5,000. Check this box if no one recipient received more than \$5,000.	
Check this box if no o	
d more than \$5,000.	
ecipient that receive	lal space is needed
Form 990, Part IV, line 21 for any recipient	Part II can be duplicated if additional space
Form 990, Pa	Part II can be

1 (a) Name and address of organization (b) EIN (c) IRC sect if applicable 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,	(g) Description of non cash assistance	(h) Purpose of grant or assistance
(1) Elk Grove Unified Schoo					<i>(</i>)		Grant for
9510 Elk Grove-Florin R			107 701	C			English learners
M First Amendment Colliti	34-000230T		. CCO / CT	ò			Support of
534 4th St Suite B							First
<u>San Rafael, CA 94901</u>	33-0308483		15,000.	0.			Amendment.
(3) Fresno Regional Foundat							Improving
							quality of
Fresno, CA 93704	77-0478025		12,500.	0.			life.
(4) Kerman Unified School D							Grant for
207 South 1st Street							English
	77-0559745		24,604.	0.			learners.
(5) Sacramento Region Commu							Improving
740 University Avenue,							quality of
	94-2891517		12,500.	0.			life.
jed							Grant for
1905 Seventh Street							English
	95-6002210		418,044.	0.			learners.
۱۵		i.					Improving
201 Needham Street							quality of
95354	77-0450770		12,500.	0.			life.
(8) UC Davis Foundation							Support of
							First
_Davis, CA 95616	94-6081352		15,000.	0.			Amendment.
2 Enter total number of section 501(c)(3) and government organization	3) and government or	ganizations				•	8
	,	,				4	<

Schedule 1 (Form 990) 2010

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

3 Enter total number of other organizations

Page 2 Schedule I (Form 990) 2010 Central Valley Foundation
| 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. Part III can be duplicated if additional space is needed. (f) Description of non cash assistance Part IV. | Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance (c) Amount of cash grant Central Valley Foundation (b) Number of recipients (a) Type of grant or assistance

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BAA

Schedule I (Form 990) 2010

SCHEDULE L (Form 990 or 990-EZ)

(8) (9) (10) **Transactions With Interested Persons**

Complete if the organization answered
 'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
 ► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Or Form

Attach to Form 990 or

Name of the organization Employer identification number 68-0283878 Central Valley Foundation Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only). Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. Part I (c) Corrected? (b) Description of transaction (a) Name of disqualified person 1 Yes No (1)(2) (3)(4) (5) (6) Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶\$ ▶\$ Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Loans to and/or From Interested Persons. Complete if the organization answered 'Yes' on Form 990, Part IV, line 26 or Form 990-EZ, Part V, line 38a. (f) Approved by board or committee? (g) Written agreement? (c) Original principal amount (d) Balance due (e) In default? (a) Name of interested person and purpose (b) Loan to or from the organization? Yes No Yes Yes No To From No (1)(2)(3)(4)(5) (6)(7) (8) (9) (10)► S Total Grants or Assistance Benefitting Interested Persons. Part III Complete if the organization answered 'Yes' on Form 990, Part IV, line 27. (c) Amount and type of assistance (a) Name of interested person (b) Relationship between interested person and the organization (1) (2)(3)(4)(5) (6) (7)

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

Schedule L (Form 990 or 990-EZ) 2010

	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz rever	aring o zation nues?
	1			Yes	No
Susan B. McClatchy	Board member	7,200.	Rent for office space		Х
Boutin Jones Inc.	Board member	1,413.	Trademark renewal		X
					<u> </u>
				ļ	L_
				ļ	_
				-	-
				+	_
Supplemental Information					
Complete this part to provide add		os to augstions on Sch	hadula L (see instructions)		
Complete this part to provide aut	ittorial information for response	es to questions on oc	nedule E (see mandenons)		
					
					. .
				· ·	
				· ·	
				·	

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Central Valley Foundation

Related Organizations and Unrelated Partnerships

Complete if the organization answered 'Yes' to Form 990, Part IV, line 33, 34, 35, 36, or 37.
 Attach to Form 990.

2010

OMB No 1545 0047

Öben tö Public

Employer Identification number

68-0283878

Părt [] Identification of Disregarded Entities (Complete if the organization answered 'Yes' to Form 990, Part IV, line 33.)	olete if the organiza	ation answered 'Ye	s' to Form 990,	Part IV, line 3.	3.)		
(a) Name, address, and EIN of disregarded entity	(b) Primary activity		(c) (State or foreign country)	(d) Fotal income	(e) End-of-year assets	(f) Direct controlling entity	ling
(1)							
(2)							
(<u>3)</u>	i						
(4)							
(5 <u>)</u>					<u>.</u>		
(9)							
Part II. Identification of Related Tax-Exempt Organizations one or more related tax-exempt organizations during		(Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had the tax year.)	answered 'Ye	s' to Form 990,	Part IV, line 34 t	because it had	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(if section 501(c)(3))	atus Direct controlling entity	Sec 512(b)(13) controlled entity?	b)(13)
(1) Sacramento Region Community Founda		;				25	2
95825	Supported organization	CA	501 (c) (3)	509(a) (3)) N/A		×
<u>onal Foundation</u> Avenue, Ste 424							
$\frac{CA}{025} - \frac{93704}{}$	Supported organization	CA	501 (c) (3)	509 (a) (3)) N/A		×
<u>-</u> <u>-</u> <u>-</u> - <u>-</u> <u>-</u> - <u>-</u>							
(6)							
(a)							
BAA For Paperwork Reduction Act Notice, see the Instructions for Form	for Form 990.		TEEA5001L 12/22/10		Scher	Schedule R (Form 990) 2010) 2010

Page 2

68-0283878

Schedule R (Form 990) 2010 Central Valley Foundation

68-0283878 F

Part III: | Identification of Related Organizations Taxable as a Partnership (Complete of the organization answered 'Yes' to Form 990, Part IV, line 34

——————————————————————————————————————	one or more reg	ated orga	INIZATIONS TREATE	ed as a parmer	ship during the	lax year.)				
(a) Name address and FIN of	(b) Primary activity	(c)	(c) (d)	(e) Predominant	(f) Share of total	(g) Share of	(h) Dispropor-	Code V-UBI	(D) General or	(k) Percentage
related organization	G	domicile	controlling entity	income (related,	ıncome	end-of-year	tionate allocations	10(managing partner?	ownership
		foreign		from tax under		-	;	K-1		
		country)		Sections 312-314)			Yes No	4	res No	
		·								
		٠						-		
,										

PartiV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answers) partiV line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)	Faxable as a Cored organizations	a Corporation or Trust (Complete if the organization answered 'Yes' to Form 990, Part IV, ations treated as a corporation or trust during the tax year.)	te if the organizer trust during the	zation answered 'Yoe tax year.)	ss' to Form 990, Pa	rt IV,
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) (d) (d) (e) (f) (f) (f) (f) (f) (f) (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g	(e) Type of entity ty (C corp, S corp, or trust)	Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
Ω						
	.					
(2)	·					
	1-1 -					
(3)						
ВАА		TEEA5002L 12/07/10			Schedule R (Form 990) 2010	າ 990) 2010

68-0283878

[Pāři.V.] Transactions With Related Organizations (Complete of the organization answered 'Yes' to Form 990, Part IV, line 34, 35, 35a, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule				Yes	No
1 During the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	ions listed in Parts II-	l٧?	100	zi Zi	
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity			<u>1</u> a		×
b Giff. grant. or capital contribution to other organization(s)			1 b		×
c Gift, grant, or capital contribution from other organization(s)			10	X	
d Loans or loan guarantees to or for other organization(s)			<u>۾</u>		×
			1		×
e Loans of loan gualantees by other organization(s)				1	Provide the second
f Sale of assets to other organization(s)			-		×
Durchase of assets from other organization(s)			-		×
Herbane of accele			=		×
			;-		×
 Lease of facilities, equipment, or other assets to other organization(s) 					4
j Lease of facilities, equipment, or other assets from other organization(s)			=		×
k Performance of services or membership or fundraising solicitations for other organization(s)			,		×
			٦		\times
m Sharing of facilities, equipment, mailing lists, or other assets			, E		\times
n Sharing of paid employees			1n		×
			May 18 mg	经验	1 WE
o Reimbursement paid to other organization for expenses			10		×
• Demburgement hard by other organization for expenses			10		×
Trembu sement para by other organization to expenses			大学、	8	73
• Other transfer of each or property to other organization(s)			19		×
d Other transfer of each or groundly from other economication(s)			 		×
r Other transfer of cash of property from other organization (S)	ridadolationshir	se and transaction three			
2 If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including covered relationships and transaction unless rough	covered relationship	S alla Hallsacilon tille	Siloids.		
(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved	determ	ed ed
(1) Sacramento Region Community Foundation	S	12,500.	Cash	:	
(2) Fresno Regional Foundation	S	12,500.	Cash		
					:
(9)					
BAA TEEA5003L 12/23/10		Sche	Schedule R (Form 990) 2010	и 990)	2010

Schedule R (Form 990) 2010 Central Valley Foundation

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered 'Yes' to Form 990, Part IV, line 37.)

Schedule R (Form 990) 2010 (h) General or managing partner? ž Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See Instructions regarding exclusion for certain investment partnerships. Yes Code V-UBI amount in box 20 of Schedule K-1 Form (1065) (f)
Disproportionate
allocations? ŝ Yes (e) Share of end-of-year assets Are all partners section 501(c)(3) organizations? Ŷ Yes (c) Legal domicile (state or foreign country) TEEA5004L 12/23/10 (b) Primary activity (a)
Name, address, and EIN of entity 1 1 ١ 1 ١ ı 1 1 1 1 1 1 1 1 1 1 1 İ 1 İ ١ I ١ i BAA Ī ı ١ මු I E 8 5 ල €, ঞ **⊗**

Schedule R	(Form 990) 2010 F	Page 5
Part VII	Supplemental Information	
•	Complete this part to provide additional information for responses to questions on Schedule R (see instructions).	
-		
		. – – -

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2010

OpenitolRublic

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990 or 990-EZ.

Name of the organization	Employer identification number
Central Valley Foundation	68-0283878
Form 990, Part III, Line 1 - Organization Mission	
The Foundation supports educational programs for English Learne	ers in K-12 public
schools located in the Central Valley of California, programs t	that support the First
Amendment and programs which preserve the quality of life in the	ne Central Valley of
California.	
Form 990, Part VI, Line 7a - How Members or Shareholders Elect Governing Boo	<u>dy </u>
The two Community Foundations appoint the majority of the member	ers of the board.
Currently, the board has 7 members and the two Community Foundation	ations have each
appointed two members.	
Form 990, Part VI, Line 11b - Form 990 Review Process	
After the accounting firm, retained by the Central Valley Found	dation's staff and
Board, completes the Form 990, it is distributed to Audit Comm.	ittee for review. The
Committee's Members are given ample time and an opportunity to	ask questions of the
accounting firm about the Form 990. Afterwards, the Committee	emails its review of
the Form 990 to the Board. The Board reviews Form 990 before	it is submitted to the
IRS.	
Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Co	nflicts
Annually, towards the end of each calendar year (OctDec.), t	he Central Valley
Foundation has a Board Meeting. Prior to or at the Board Meet	ing, the Board
Members, the staff and the Associate Director (who is on a con	sultant contract with
CVF) are asked to sign and submit a conflict of interest polic	y by the end of the
meeting. These statements are filed at the CVF office.	
Form 990, Part VI, Line 15a - Compensation Review & Approval Process for CEO, E	Exec. Dir., or Top Mgtment
The Personnel & Board Compensation Committee reviews the Execu	tive Director's (ED)
compensation (salary) and activities every 1-3 years (Septembe	r is the anniversary
of the ED's employment with CVF). The ED submits a summary of	her accomplishments

Schedule O (Form 990 or 990-EZ) 2010 Name of the organization Central Valley Foundation Form 990, Part VI, Line 15a - Compensation Review & Approval Process for CEO, Exec. Dir., or Top Mgtment (continual and activities during the past year. The Committee reviews the summary report. Form 990, Part VI, Line 15b - Compensation Review & Approval Process for Officers & Key Employees
Form 990, Part VI, Line 15a - Compensation Review & Approval Process for CEO, Exec. Dir., or Top Mgtment (continuand activities during the past year. The Committee reviews the summary report. Form 990, Part VI, Line 15b - Compensation Review & Approval Process for Officers & Key Employees
and activities during the past year. The Committee reviews the summary report. Form 990, Part VI, Line 15b · Compensation Review & Approval Process for Officers & Key Employees
Form 990, Part VI, Line 15b - Compensation Review & Approval Process for Officers & Key Employees
To the Management of the state
If the Treasurer receives compensation other than the amount received by the other
board members, CVF's bylaws require that the Treasurer compensation be annually
reviewed by the Personnel & Board Compensation Committee. The Treasurer's contract
states that the annual review is to be completed by June. The Treasurer submits a
report of activities and approximate hours for the past year to the Committee. The
Committee then reviews the report and develops a recommendation regarding the
Treasurer's compensation to the Board. The Board will vote on the Committee's
recommendation.
Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available
Form 990, audited financial statements, governing documents and policies are
available for public inspection at the business office.

2010	Schedule O - Supplemental Informa	ation Page
•	Central Valley Foundation	68-028387
1/24/12		12 04P
	, Line 5 Net Assets or Fund Balances	
Decrease in va Net Unrealized	alue of split-iterest agreement H Gains or Losses on Investments	\$ 255,878. 6,537,140. \$ 6,793,018.
		•

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