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Form **990-PF**

Return of Private Foundation

or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

2010

OMB No 1545-0052

epartment of the Treasury ternal Revenue Service Note. The foundation may	be able to use a copy of this	return to satisfy state repo	ortina requirements.	
or calendar-year 2010, or tax year beginning DEC		, and ending	NOV 30, 2011	<u></u>
Check all that apply: Initial return	Initial return of a fo		Final return	
Amended return	Address chang		Name change	
ame of foundation			A Employer identification	number
THE ISABEL ALLENDE FO			91-1748486	
imber and street (or P O box number if mail is not delivered to stree	t address)	Room/suite	B Telephone number	
116 CALEDONIA ST			415-331-02	00
ity or town, state, and ZIP code			C If exemption application is pe	· ,
SAUSALITO, CA 94965			D 1 Foreign organizations	, check here
Check type of organization: X Section 501(c)(3) e		A	2 Foreign organizations med check here and attach cor	mputation -
	Other taxable private foundaring method: X Cash	Accrual	E If private foundation stat	
· /	ring method: X Cash ether (specify)	Acciuai	under section 507(b)(1)	•
ffrom Part II, col. (c), line 16) ▶\$ 8 , 917 , 536 . (Part I, colu	uner (specily)	asis)	F If the foundation is in a 6 under section 507(b)(1)(
Part Analysis of Revenue and Expenses	I		(c) Adjusted net	(d) Disbursements
(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	(a) Revenue and expenses per books	(b) Net investment income	income	for charitable purposes (cash basis only)
1 Contributions, gifts, grants, etc., received	169,972.		N/A	(· em))
2 Check If the foundation is not required to attach Sch B				
3 Interest on savings and temporary cash investments	48,838.	48,838.		STATEMENT 2
4 Dividends and interest from securities	125,406.	125,406.		STATEMENT 3
5a Gross rents				
b Net rental income or (loss)				
6a Net gain or (loss) from sale of assets not on line 10	14,558.			STATEMENT 1
b Gross sales price for all 2,624,108.		 		 ,
b Gross sales price for all 2,624,108. 7 Capital gain net income (from Part IV, line 2)		542,484.	,	
8 Net snorther capitallogin []				
9 Income modifications Gross sales less returns		·		
9 Income modifications 10a dross sales less returns b Less cost of goods sold				
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			 	
c Gross profit or (loss)	857.	857.		STATEMENT 4
11 Other IncomeGDEN, UT	359,631.	717,585		STATEMENT 4
12 Total-Add-Ines*1*through 11 13 Compensation of officers, directors, trustees, etc	339,631.	717,363.		0 .
13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages	103,000.	1,030		101,970
15 Pension plans, employee benefits	103,000.	1,030	<u>' </u>	101,570
1 40- 4 14			<u> </u>	
b Accounting fees STMT 5 c Other professional fees STMT 6	12,945.	647.	,	12,670
c Other professional fees STMT 6	25,345.	0.	1	25,345
17 Interest	==,,===,			
18 Taxes STMT 7	11,930.	2,594		6,257
c Other professional fees STMT 6 17 Interest 18 Taxes STMT 7 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses STMT 8 24 Total operating and administrative expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid	3,614.	0 .	,	
20 Occupancy				<u></u>
21 Travel, conferences, and meetings	11,548.	0.		11,548
22 Printing and publications	185.	0.	,	185
23 Other expenses STMT 8	96,299.	54,851.		40,976
24 Total operating and administrative				
expenses. Add lines 13 through 23	264,866.	59,122.	-	198,951
	491,178.		 	491,178
26 Total expenses and disbursements.	756 044	EO 100		600 100
Add lines 24 and 25	756,044.	59,122		690,129
27 Subtract line 26 from line 12:	<396,413.			
& Excess of revenue over expenses and disbursements	<330,413.	<u>658,463</u>	 	
b Net investment income (if negative, enter -0-) C Adjusted net income (if negative, enter -0-)		030,403	N/A	
Aujusteu net meetine (ii negative, enter -u-)	<u> </u>		41/53	

023501 12-07-10 LHA For Paperwork Reduction Act Notice, see the instructions. Form **990-PF** (201

Part II Balance Sheets Attached schedules and amounts in the description	Beginning of year	End of	year
Part II Balance Sheets Column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
1 Cash - non-interest-bearing	35,497.	17,961.	17,961.
2 Savings and temporary cash investments	6,060.	20,437.	20,439.
3 Accounts receivable ►			
Less; allowance for doubtful accounts ▶			
4 Pledges receivable ▶			· · · · · · · · · · · · · · · · · · ·
Less; allowance for doubtful accounts			
5 Grants receivable			
6 Receivables due from officers, directors, trustees, and other			
disqualified persons			
7 Other notes and loans receivable	500		^
Less: allowance for doubtful accounts	500.	0.	0.
8 Inventories for sale or use			
8 Inventories for sale or use 9 Prepaid expenses and deferred charges			
10a investments - 0.5. and state government obligations STMT. 3	202,220.	805,628.	808,749.
b Investments - corporate stock STMT 10	5,635,083.	4,933,664.	<u>5,866,665</u> .
c Investments - corporate bonds STMT 11	2,424,175.	2,130,259.	2,197,303.
11 Investments - land, buildings, and equipment basis			
Less accumulated depreciation			
12 Investments - mortgage loans			<u></u> <u></u>
13 Investments - other			
14 Land, buildings, and equipment: basis ► 17,239.		~	
Less accumulated depreciation STMT 12 10,819.	8,131.	6,420.	6,419.
15 Other assets (describe)	0/131.	0,420.	0,410.
13 Other assets (describe			
16. Takel access (to be completed by all filers)	8,311,666.	7 014 360	8,917,536.
16 Total assets (to be completed by all filers)	1,343.	7,914,369.	0,317,330.
17 Accounts payable and accrued expenses	1,343.	459.	
18 Grants payable			
B 19 Deferred revenue			
20 Loans from officers, directors, trustees, and other disqualified persons 21 Mortgages and other notes payable			
21 Mortgages and other notes payable			
22 Other liabilities (describe >)			
-			
23 Total liabilities (add lines 17 through 22)	1,343.	459.	
Foundations that follow SFAS 117, check here			
and complete lines 24 through 26 and lines 30 and 31.			
24 Unrestricted			
25 Temporarily restricted			
26 Permanently restricted			
Foundations that do not follow SFAS 117, check here			
and complete lines 27 through 31.			
5 27 Capital stock, trust principal, or current funds	0.	0.	
28 Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
25 Temporarily restricted 26 Permanently restricted Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. 27 Capital stock, trust principal, or current funds 28 Paid-in or capital surplus, or land, bldg., and equipment fund 29 Retained earnings, accumulated income, endowment, or other funds 30 Total net assets or fund balances	8,310,323.	7,913,910.	
30 Total net assets or fund balances	8,310,323.	7,913,910.	
30 Total net assets or fund balances	0,310,323.	1,313,310.	
O4 Tatal liabilities and not asset (found belowed	0 211 666	7 014 260	
31 Total liabilities and net assets/fund balances	8,311,666.	7,914,369.	
Part III Analysis of Changes in Net Assets or Fund Ba	llances		
Total net assets or fund balances at beginning of year - Part II, column (a), line 3	0		
(must agree with end-of-year figure reported on prior year's return)		1	8,310,323.
Enter amount from Part I, line 27a		2	<396,413.
Other increases not included in line 2 (itemize)	_	3	0.
Add lines 1, 2, and 3		4	7,913,910.
Decreases not included in line 2 (itemize)		5	0.
Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, col	umn (b), line 30	6	7,913,910.

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If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.

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689,289.

690,129.

Add lines 5 and 6

Enter qualifying distributions from Part XII, line 4

	n 990-PF (2010) THE ISABEL ALLENDE FOUNDATION 91-17 art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - s	74848 see inst	6 ructi	Page 4
	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.			
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)			
h	Domestic foundations that meet the section 4940(e) requirements in Part V, check here X and enter 1%		6,	585.
-	of Part I, line 27b			
С	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)			
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			0.
	Add lines 1 and 2		6,	585.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			0.
	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		6,	585.
	Credits/Payments:			
	2010 estimated tax payments and 2009 overpayment credited to 2010 6a 3, 360.			
	Exempt foreign organizations - tax withheld at source			
	Tax paid with application for extension of time to file (Form 8868)			
	Backup withholding erroneously withheld			
	Total credits and payments. Add lines 6a through 6d		3,	360.
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8			7.
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		3,	232.
-	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			
	Enter the amount of line 10 to be: Credited to 2011 estimated tax			
	art VII-A Statements Regarding Activities			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in		Ye	s No
	any political campaign?	1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?	16		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or			
	distributed by the foundation in connection with the activities.	ł	1	
	E Did the foundation file Form 1120-POL for this year?	10	:	Х
	I Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			
_	(1) On the foundation. ▶ \$ 0 • (2) On foundation managers ▶ \$ 0 •			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation			
	managers. ▶ \$ 0 .			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		X
	If "Yes," attach a detailed description of the activities			
	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or			
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	48		X
	o If "Yes," has it filed a tax return on Form 990-T for this year?	A 4b		<u> </u>
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		X
	If "Yes," attach the statement required by General Instruction T.			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			-
	By language in the governing instrument, or			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law		1	
	remain in the governing instrument?	6	_ X	
7	Did the foundation have at least \$5,000 in assets at any time during the year?	7	X	
	If "Yes," complete Part II, col. (c), and Part XV			
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)			
	CA			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)			1
	of each state as required by General Instruction G? If "No," attach explanation	<u>8t</u>	<u> </u>	
9	is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar			
	year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV)? If "Yes," complete Part XIV	9		X
10	·	13 10) X	

orm 990-PF (2010) THE ISABEL ALLENDE FOUN			<u>91-17484</u>	86	Page 6
Part VII-B Statements Regarding Activities for Which	Form 4720 May Be	Required (contin	ued)		
5a During the year did the foundation pay or incur any amount to:		_			-
(1) Carry on propaganda, or otherwise attempt to influence legislation (sect	ion 4945(e))?	Y∈	es X No	- 1	
(2) Influence the outcome of any specific public election (see section 4955)	; or to carry on, directly or indir			1	
any voter registration drive?			es X No		
(3) Provide a grant to an individual for travel, study, or other similar purpos	es?	Yo	es X No		
(4) Provide a grant to an organization other than a charitable, etc., organization	tion described in section		-		
509(a)(1), (2), or (3), or section 4940(d)(2)?		Ye	es X No		
(5) Provide for any purpose other than religious, charitable, scientific, literar	ry, or educational purposes, or	for			
the prevention of cruelty to children or animals?	••		es X No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify u	inder the exceptions described	-			
section 53.4945 or in a current notice regarding disaster assistance (see inst			N/A	5b	
Organizations relying on a current notice regarding disaster assistance check					
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption		nned		-	
expenditure responsibility for the grant?		√A	es No	Î	
If "Yes," attach the statement required by Regulations section 53 49		۰, د ۱			[
6a Did the foundation, during the year, receive any funds, directly or indirectly, t			İ	ļ	
a personal benefit contract?	o pay premiums on		es X No		
	noroonal hanafit contract?			6b	x
b Did the foundation, during the year, pay premiums, directly or indirectly, on a	i personal benefit contractr		<u> </u>	00	 ^ -
If "Yes" to 6b, file Form 8870	. ah alkas kuanaaakann	г у	es X No	ŀ	
7a At any time during the tax year, was the foundation a party to a prohibited tax		Y6		7.	+
b If "Yes," did the foundation receive any proceeds or have any net income attri		- Llinkl		7b	
Part VIII Information About Officers, Directors, Trus Paid Employees, and Contractors	stees, Foundation Mis	anagers, n igni	y		
List all officers, directors, trustees, foundation managers and the	ir compensation	· · · · · · · · · · · · · · · · · · ·			
List all officers, directors, trustees, foundation managers and the		(c) Compensation	(d) Contributions to	(a) E	vnanca
(a) Name and address	(b) Title, and average hours per week devoted	(If not paid,	(d) Contributions to employee benefit plans and deferred	accou	xpense nt, other
	to position	`enter'-0-)	compensation	allov	vances
SABEL ALLENDE	PRESIDENT				
116 CALEDONIA ST					_
SAUSALITO, CA 94965	1.00	0.	0.		0.
VILLIAM C. GORDON	SECRETARY				
L16 CALEDONIA ST					
SAUSALITO, CA 94965	1.00	0.	0.		0.
	Ī				
Compensation of five highest-paid employees (other than those in	ncluded on line 1). If none,	enter "NONE."	T		
(-) Name and address at each ampleyee and more than \$50,000	(b) Title, and average	(-) Componentian	(d) Contributions to employee benefit plans and deferred	(e) E	xpense nt, other
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	and deferred compensation	accou	vances
ORI BARRA	EXECUTIVE DIF	RECTOR			
171 RIVIERA, SAN RAFAEL, CA 94901	40.00	103,000.	٥.	i	0.
	7				
					
	7			}	
					
-	 	 -		 	
	\dashv				
Fatal number of other ampleyees and over \$50,000		<u> </u>		L	
Total number of other employees paid over \$50,000		 	<u> </u>	000 6	
			Form :	990-PF	- (2010)

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Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)	Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter "NO		
Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
		_
	·	
Total number of others receiving over \$50,000 for professional services		<u>▶</u> 0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical in number of organizations and other beneficiaries served, conferences convened, research papers produced,	formation such as the etc.	Expenses
1 N/A		
2		
	·	
3		
4		
Part IX-B Summary of Program-Related Investments	<u> </u>	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1	and 2	Amount
1 N/A		7,000
1		
2		*****
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3	<u> </u>	0.
		Form 990-PF (2010)

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndations,	see instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	9,103,432.
b	Average of monthly cash balances	1b	9,103,432. 54,625.
C	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	9,158,057.
е	Reduction claimed for blockage or other factors reported on lines 1a and	ĺ	
	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	9,158,057.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	137,371.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	9,020,686.
6	Minimum investment return Enter 5% of line 5	6	451,034.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here and do not complete this part.)	id certain	
1	Minimum investment return from Part X, line 6	1	451,034.
2a	Tax on investment income for 2010 from Part VI, line 5		
b	Income tax for 2010. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	6,585.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	444,449.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	444,449.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	444,449.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		600 100
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	690,129.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:	_	
	Suitability test (prior IRS approval required)	3a	
	Cash distribution test (attach the required schedule)	3b	600 100
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	690,129.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment	_	<i>c</i>
_	income. Enter 1% of Part I, line 27b	5	6,585.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	683,544.
	Note The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of	qualifies fo	r the section

4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a)	(b)	(c)	(d)
•	Corpus	Years prior to 2009	2009	2010
1 Distributable amount for 2010 from Part XI,				
line 7				444,449.
2 Undistributed income, if any, as of the end of 2010				
a Enter amount for 2009 only			0.	
b Total for prior years:				
g volumes processor		0.		
3 Excess distributions carryover, if any, to 2010:				
a From 2005 7, 469.				
b From 2006 142,600.				
c From 2007 225,531.				
d From 2008 140, 152.				
e From 2009 631,666.				
f Total of lines 3a through e	1,147,418.			
4 Qualifying distributions for 2010 from	2/22//2201			
Part XII, line 4: ►\$690 , 129 .				
a Applied to 2009, but not more than line 2a			0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
·	0.			
(Election required - see instructions)				444,449.
d Applied to 2010 distributable amount	245,680.			222,227.
e Remaining amount distributed out of corpus	243,000.			0.
5 Excess distributions carryover applied to 2010 (If an amount appears in column (d), the same amount must be shown in column (a))				0.
6 Enter the net total of each column as	:			
indicated below:	1 202 000			
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	1,393,098.			
b Prior years' undistributed income. Subtract		0		
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of				
deficiency has been issued, or on which				•
the section 4942(a) tax has been previously		•		
assessed		0.		
d Subtract line 6c from line 6b. Taxable		0		
amount - see instructions		0.		
e Undistributed income for 2009. Subtract line			_	
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2010. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2011				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by	^			
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2005	7 460			
not applied on line 5 or line 7	7,469.			
9 Excess distributions carryover to 2011.	1 205 600			
Subtract lines 7 and 8 from line 6a	1,385,629.			
10 Analysis of line 9:				
a Excess from 2006 142,600.				
b Excess from 2007 225,531.				
c Excess from 2008 140,152.				
d Excess from 2009 631,666.				
e Excess from 2010 245,680.				Form 990-PF (2010)

Part XIV Private Operating F	BEL ALLENDE				48486 Page 10
			I-A, question 9)	N/A	
1 a If the foundation has received a ruling o					
foundation, and the ruling is effective fo		-	▶ ∟_	7 40 40 () () 7 40	140(1)(5)
b Check box to indicate whether the found		ng toundation described		4942(j)(3) or49	942(j)(5) I
2 a Enter the lesser of the adjusted net	Tax year (a) 2010	(b) 2009	Prior 3 years (c) 2008	(d) 2007	(e) Total
income from Part I or the minimum	(a) 2010	(0) 2003	(6) 2000	(4) 2007	(6) 10(8)
investment return from Part X for					
each year listed					
b 85% of line 2a	ļ 	 	 		
c Qualifying distributions from Part XII,					
line 4 for each year listed					
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities			 		<u> </u>
e Qualifying distributions made directly					
for active conduct of exempt activities. Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the					
alternative test relied upon:					
a "Assets" alternative test - enter: (1) Value of all assets					
, .					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter 2/3 of minimum investment return					
shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter:					
(1) Total support other than gross					
investment income (interest, dividends, rents, payments on					
securities loans (section					
512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt					
organizations as provided in					
section 4942(j)(3)(B)(III)					
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income Part XV Supplementary Info	rmation (Comple	to this part only	if the foundation	n had \$5 000 or me	ore in eccets
at any time during t			ii til o loulidatit	ni nau \$5,000 or me	ne in assets
1 Information Regarding Foundatio	n Managers:				
a List any managers of the foundation wh			tributions received by t	he foundation before the clos	se of any tax
year (but only if they have contributed n	iore than \$5,000). (See s	ection 507(d)(2).)			
ISABEL ALLENDE					
 b List any managers of the foundation wh other entity) of which the foundation has 			(or an equally large po	rtion of the ownership of a pa	artnership or
NONE				_	
2 Information Regarding Contributi	on, Grant, Gift, Loan,	Scholarship, etc., P	rograms:		
Check here X if the foundation of the foundation makes gifts, grants, etc.	•	•	•	•	
a The name, address, and telephone num	per of the person to whor	n applications should be	addressed:		
•	,				
b The form in which applications should b	e submitted and informa-	tion and materials they s	honly racings.		
c Any submission deadlines:					
d Any restrictions or limitations on awards	s, such as by geographica	al areas, charitable fields	kinds of institutions, o	or other factors:	
023801 12-07-10					Form 990-PF (2010)

023611 12-07-10

er gross amounts unless otherwise indicated.	Unrelated b	ousiness income		y section 512, 513, or 514	(e)
Program service revenue:	(a) Business code	(b) Amount	(C) Exclu- sion code	(d) Amount	Related or exemp
b	1				
d					
e	1 1				
	· 1 1				
g Fees and contracts from government agencies					
Membership dues and assessments					
Interest on savings and temporary cash					
investments			14	48,838.	
Dividends and interest from securities			14	125,406.	
Net rental income or (loss) from real estate:					
a Debt-financed property					
Not debt-financed property					
Net rental income or (loss) from personal					
property					
Other investment income			14	857.	
Gain or (loss) from sales of assets other					
than inventory			18	14,558.	
Net income or (loss) from special events					
Gross profit or (loss) from sales of inventory					
Other revenue.					
a					
b					
v				Ļ	
b	4				
D					
d).	189,659.	
d).	189,659.	189,6
c d E Subtotal. Add columns (b), (d), and (e)		().		189,6
c d G Subtotal. Add columns (b), (d), and (e) Total Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculat	ions.)			13	189,6
Subtotal. Add columns (b), (d), and (e) Total Add line 12, columns (b), (d), and (e) E worksheet in line 13 instructions to verify calculat ART XVI-B Relationship of Activi	ities to the Accom	nplishment of	Exempt P	13	
Subtotal. Add columns (b), (d), and (e) Total Add line 12, columns (b), (d), and (e) E worksheet in line 13 instructions to verify calculate Total Add line 12, columns (b), (d), and (e) E worksheet in line 13 instructions to verify calculate The No Explain below how each activity for which is a second column.	ities to the Accom	nplishment of	Exempt Po	13	
Subtotal. Add columns (b), (d), and (e) Total Add line 12, columns (b), (d), and (e) E worksheet in line 13 instructions to verify calculat ART XVI-B Relationship of Activi	ities to the Accom	nplishment of	Exempt Po	13	189,6
Subtotal. Add columns (b), (d), and (e) Total Add line 12, columns (b), (d), and (e) E worksheet in line 13 instructions to verify calculate Total Add line 12, columns (b), (d), and (e) E worksheet in line 13 instructions to verify calculate The No Explain below how each activity for which is a second column.	ities to the Accom	nplishment of	Exempt Po	13	
Subtotal. Add columns (b), (d), and (e) Fotal Add line 12, columns (b), (d), and (e) E worksheet in line 13 instructions to verify calculate Tart XVI-B Relationship of Activities Relationship of Activities Explain below how each activity for which the Relationship of Activity for which activities activity for which activities activities activities activities activities activitity for which activities activities activities activities activiti	ities to the Accom	nplishment of	Exempt Po	13	
Subtotal. Add columns (b), (d), and (e) Fotal Add line 12, columns (b), (d), and (e) E worksheet in line 13 instructions to verify calculate Tart XVI-B Relationship of Activity Explain below how each activity for which	ities to the Accom	nplishment of	Exempt Po	13	
Subtotal. Add columns (b), (d), and (e) Total Add line 12, columns (b), (d), and (e) E worksheet in line 13 instructions to verify calculate Total Add line 12, columns (b), (d), and (e) E worksheet in line 13 instructions to verify calculate The No Explain below how each activity for which is a second column.	ities to the Accom	nplishment of	Exempt Po	13	
Subtotal. Add columns (b), (d), and (e) Total Add line 12, columns (b), (d), and (e) E worksheet in line 13 instructions to verify calculate Total Add line 12, columns (b), (d), and (e) E worksheet in line 13 instructions to verify calculate The No Explain below how each activity for which is a second column.	ities to the Accom	nplishment of	Exempt Po	13	
Subtotal. Add columns (b), (d), and (e) Total Add line 12, columns (b), (d), and (e) E worksheet in line 13 instructions to verify calculate Total Add line 12, columns (b), (d), and (e) E worksheet in line 13 instructions to verify calculate The No Explain below how each activity for which is a second column.	ities to the Accom	nplishment of	Exempt Po	13	
Subtotal. Add columns (b), (d), and (e) Fotal Add line 12, columns (b), (d), and (e) E worksheet in line 13 instructions to verify calculate Tart XVI-B Relationship of Activities Relationship of Activities Explain below how each activity for which the Relationship of Activity for which activities activity for which activities activities activities activities activities activitity for which activities activities activities activities activiti	ities to the Accom	nplishment of	Exempt Po	13	
Subtotal. Add columns (b), (d), and (e) Total Add line 12, columns (b), (d), and (e) E worksheet in line 13 instructions to verify calculate Total Add line 12, columns (b), (d), and (e) E worksheet in line 13 instructions to verify calculate The No Explain below how each activity for which is a second column.	ities to the Accom	nplishment of	Exempt Po	13	
Subtotal. Add columns (b), (d), and (e) Total Add line 12, columns (b), (d), and (e) E worksheet in line 13 instructions to verify calculate Total Add line 12, columns (b), (d), and (e) E worksheet in line 13 instructions to verify calculate The No Explain below how each activity for which is a second column.	ities to the Accom	nplishment of	Exempt Po	13	
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Subtotal. Add columns (b), (d), and (e) Total Add line 12, columns (b), (d), and (e) E worksheet in line 13 instructions to verify calculate Total Add line 12, columns (b), (d), and (e) E worksheet in line 13 instructions to verify calculate The No Explain below how each activity for which is a second column.	ities to the Accom	nplishment of	Exempt Po	13	
Subtotal. Add columns (b), (d), and (e) Total Add line 12, columns (b), (d), and (e) E worksheet in line 13 instructions to verify calculate Total Add line 12, columns (b), (d), and (e) E worksheet in line 13 instructions to verify calculate The No Explain below how each activity for which is a second column.	ities to the Accom	nplishment of	Exempt Po	13	
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Subtotal. Add columns (b), (d), and (e) Total Add line 12, columns (b), (d), and (e) E worksheet in line 13 instructions to verify calculate Total Add line 12, columns (b), (d), and (e) E worksheet in line 13 instructions to verify calculate The No Explain below how each activity for which is a second column.	ities to the Accom	nplishment of	Exempt Po	13	
Subtotal. Add columns (b), (d), and (e) Total Add line 12, columns (b), (d), and (e) E worksheet in line 13 instructions to verify calculate Total Add line 12, columns (b), (d), and (e) E worksheet in line 13 instructions to verify calculate The No Explain below how each activity for which is a second column.	ities to the Accom	nplishment of	Exempt Po	13	

	(a) Harrie of organization	(b) Type of organization		(e) Bosonphon of	rolationomp	
	N/A					
			ļ			
	· · · · · · · · · · · · · · · · · · ·					
			<u> </u>	·		
Sign Here	Under penalties of perjury, I declare that I have examined this return, include and complete. Declaration of preparer (other than taxpayer or fiduciary) is be				ge and belief,	t is true, correct,
	Signature of officer or trustee	Date	I Date	Title	DTIN	
Paid	Print/Type preparer's name Preparer's si ELLEN M. REED CPA	gnature	Date 2(13(12	Checkif	PTIN	1
Prepar Use Oi		CPA		Firm's EIN ►		
	Firm's address ► 384 TESCONI COURT SANTA ROSA, CA 95			Phone no	(707)	578-4444

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Organization type (check one)

Schedule of Contributors

► Attach to Form 990, 990-EZ, or 990-PF.

THE ISABEL ALLENDE FOUNDATION

OMB No 1545-0047

2010

Name of the organization

Employer identification number

91-1748486

Filers of:	Section:
Form 990 or 990-EZ	501(c)() (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	X 501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation
, ,	s covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions
General Rule	
For an organization contributor Compl	i filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one ete Parts I and II.
Special Rules	
509(a)(1) and 170(b	c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2%) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1 Complete Parts I and II
aggregate contribu	c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, itions of more than \$1,000 for use <i>exclusively</i> for religious, charitable, scientific, literary, or educational purposes, or ruelty to children or animals. Complete Parts I, II, and III
contributions for us If this box is check purpose Do not co	c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, se exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000 ed, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., complete any of the parts unless the General Rule applies to this organization because it received nonexclusively e, etc., contributions of \$5,000 or more during the year.
but it must answer "No" on	nat is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certifying requirements of Schedule B (Form 990, 990-EZ, or 990-PF)
LHA For Paperwork Redu	ction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

023452 12-23-10

(a) No.

Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

Payroll Noncash

Person Payroll Noncash

(Complete Part II if there is a noncash contribution)

Type of contribution

(Complete Part II if there is a noncash contribution)

Name, address, and ZIP + 4

Aggregate contributions

Employer identification number

THE ISABEL ALLENDE FOUNDATION

91-1748486

Part II	Noncash Property (see instructions)		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	7,000 SHARES EMC		
1			
		\$ 154,175.	10/06/11
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		s	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		_	·

023454 12-23-10

2010 DEPRECIATION AND AMORTIZATION REPORT FORM $990-PF\ PAGE\ 1$

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C		3
C)	٦
C)	١

Current Year Deduction	751.	253.	331.	483.	.96	370.	986	248.	96	472.	4,086.			
Current Sec 179		_									0			
Accumulated Depreciation	2,378.	738.	883.	1,308.	260.	1,003.	130.	33.			6,733.			
Basis For Depreciation	3,753.	1,263.	1,655.	2,516.	501.	1,929.	2,594.	653.	675.	1,700.	17,239.			·
Reduction In Basis											0			
Bus % Excl			_		_						-	 		
Unadjusted Cost Or Basis	3,753.	1,263.	1,655.	2,516.	501.	1,929.	2,594.	653.	675.	1,700.	17,239.		-	
L'ne No	16	16	16	17	17	17	17	17	190	42				
Life	5.00	5.00	5.00	2.00	5.00	2.00	2.00	2.00	7.00	36M	-			
Method	'SI'	SL	SI	200DE	200DE	2000	200DE	200DE	200DE		• • • • • •	 		
Date Acquired	092207SL	011208SL	032408SL	122908200DB5.00	050509200DB5.00	090409200DB5.00	091410200DB5.00	092510200DB5.00	032911200DB7.00	012511				
Description	3COMPUTER EQUIPMENT	4COMPUTER PRINTER	SCOMPUTER - APPLE	6COMPUTER PRINTER	7COMPUTER PRINTER	8COMPUTER - APPLE	9COMPUTER - APPLE	10MAC MINI	11OFFICE CHAIR	בי סת שם	IOIAL 330-FF FG			
Asset No	3	4	25	<u> </u>	70	ဆ	8	10	110	13PE	<u> </u>	 		

028102 05-01-10

FORM 990-PF G	AIN OR (LOSS) I	FROM SALE	OF A	ASSETS		STA	TEMENT	1
(A) DESCRIPTION OF PROPERTY				MANNER CQUIRED	DA' ACQU		DATE S	OLD
CORPORATE OBLIGATIONS	_		PUF	RCHASED				
(B) GROSS SALES PRICE	(C) VALUE AT TIME OF ACQ.	(D) EXPENSE SALE	OF	(E)	:.		(F)	5
960,000.	940,355.		0.		0.		19,6	45.
(A) DESCRIPTION OF PROPERTY	_			ANNER CQUIRED	DA'		DATE SO	OLD
CORPORATE SECURITIES	_		DC	NATED				_
(B) GROSS SALES PRICE	(C) VALUE AT TIME OF ACQ.	(D) EXPENSE SALE	OF	(E) DEPREC	·		(F) OR LOS	5
976,568.	881,906.		0.		0.		94,6	52.
DESCRIPTION OF PROPERTY	_		AC	IANNER CQUIRED	DA'		DATE SO	Ord
CORPORATE SECURITIES (B) GROSS SALES PRICE	(C) VALUE AT TIME OF ACQ.	(D) EXPENSE SALE		CHASED (E) DEPREC	: .		(F) OR LOS	5
687,540.	787,289.		0.		0.		<99,7	49.
CAPITAL GAINS DIVIDENDS	FROM PART IV							0.
TOTAL TO FORM 990-PF, P.					-		14,5	
·	-				=			

FORM 990-PF INTEREST ON SAVINGS	AND TEM	IPORARY CA	ASH]	INVESTMENTS	STATEMENT	2
SOURCE					AMOUNT	
UNION BANK WELLS FARGO				-	48,83	6.
TOTAL TO FORM 990-PF, PART I, LIN	E 3, CC	DLUMN A		- -	48,83	8.
FORM 990-PF DIVIDENDS AN	D INTER	REST FROM	SECU	JRITIES	STATEMENT	3
SOURCE	GROSS	S AMOUNT	_	PITAL GAINS DIVIDENDS	COLUMN (A) AMOUNT	
UNION BANK		125,406.	-	0.	125,40	6.
TOTAL TO FM 990-PF, PART I, LN 4		125,406.		0.	125,40	6.
FORM 990-PF	OTHER I	NCOME			STATEMENT	4
DESCRIPTION		(A) REVENUE		(B) NET INVEST-	(C) ADJUSTED)
		PER BOOKS	5	MENT INCOME		
CLASS ACTION LAWSUIT PROCEEDS				MENT INCOME 857	NET INCOM	
CLASS ACTION LAWSUIT PROCEEDS TOTAL TO FORM 990-PF, PART I, LIN	— — E 11 —	8			NET INCOM	
	E 11	8	357.	857	NET INCOM	
TOTAL TO FORM 990-PF, PART I, LIN		8	357.	857	NET INCOM	
TOTAL TO FORM 990-PF, PART I, LIN FORM 990-PF A EXP		8	357. 357.	857	NET INCOM	5
TOTAL TO FORM 990-PF, PART I, LIN FORM 990-PF A DESCRIPTION PER	CCOUNTI (A) ENSES	NG FEES (B) NET INVE	357. 357.	(C) ADJUSTED NET INCOM	NET INCOM	E 5 SLE

				
FORM 990-PF C	THER PROFES	SIONAL FEES	S'	ratement 6
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
OTHER PROF. FEES	25,345.	0.		25,345.
TO FORM 990-PF, PG 1, LN 16C	25,345.	0.		25,345.
FORM 990-PF	TAX	ES	S	ratement 7
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
FEDERAL EXCISE TAX FOREIGN TAXES PAYROLL TAXES	3,079. 2,531. 6,320.	0. 2,531. 63.		0. 0. 6,257.
TO FORM 990-PF, PG 1, LN 18	11,930.	2,594.		6,257.
FORM 990-PF	OTHER E	XPENSES	S	ratement 8
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
AUTO BANK CHARGES CONTRACT LABOR INTERNET EXPENSE INVESTMENT ADVISOR POSTAGE PROMOTION SUPPLIES TECH SUPPORT TELEPHONE UTILITIES BUSINESS MEALS FEES INSURANCE REFERENCE SEMINARS/EDUCATION DUES AND SUBS AMORTIZATION TO FORM 990-PF, PG 1, LN 23	84. 2,874. 19,005. 1,851. 52,268. 2,391. 1,540. 4,881. 75. 3,936. 399. 4,288. 160. 580. 300. 395. 800. 472.	0. 2,583. 0. 0. 52,268. 0. 0. 0. 0. 0. 0. 0.		84. 291. 19,005. 1,851. 0. 2,391. 1,540. 4,881. 75. 3,936. 399. 4,288. 160. 580. 300. 395. 800. 0.
	96,299.	54,851.		40,976.

FORM 990-PF U.S. AND STAT	E/CITY GOV	ERNMENT	OBLIGATIONS	STATEMENT 9
DESCRIPTION	U.S. GOV'T	OTHER GOV'T	BOOK VALUE	FAIR MARKET VALUE
STATE AND MUNICIPAL OBLIGATIONS		x	805,628.	808,749.
TOTAL U.S. GOVERNMENT OBLIGATION	IS	-		
TOTAL STATE AND MUNICIPAL GOVERN	MENT OBLIG	ATIONS	805,628.	808,749
TOTAL TO FORM 990-PF, PART II, L	INE 10A	-	805,628.	808,749
FORM 990-PF	CORPORATE	STOCK		STATEMENT 10
DESCRIPTION			BOOK VALUE	FAIR MARKET VALUE
CORP STOCK		-	4,933,664.	5,866,665.
TOTAL TO FORM 990-PF, PART II, L	INE 10B	=	4,933,664.	5,866,665.
FORM 990-PF	CORPORATE	BONDS		STATEMENT 11
DESCRIPTION			BOOK VALUE	FAIR MARKET VALUE
CORP BONDS		-	2,130,259.	2,197,303.
TOTAL TO FORM 990-PF, PART II, L	INE 10C	=	2,130,259.	2,197,303.
FORM 990-PF DEPRECIATION OF AS	SETS NOT H	ELD FOR	INVESTMENT	STATEMENT 12
DESCRIPTION	COST OTHER B		ACCUMULATED DEPRECIATION	BOOK VALUE
		3,753.	3,129.	624.

THE ISABEL ALLENDE FOUNDATION			91-1748486
MAC MINI OFFICE CHAIR SOFTWARE - PHOTOXPEDIT	653. 675. 1,700.	281. 96. 472.	372. 579. 1,228.
TOTAL TO FM 990-PF, PART II, LN 1	17,239.	10,819.	6,420.
	STANTIAL CONTRIBUTORS VII-A, LINE 10	ST	ATEMENT 13
NAME OF CONTRIBUTOR	ADDRESS		
ISABEL ALLENDE	116 CALDONIA ST SAUSALITO, CA 94965		
	AND CONTRIBUTIONS DURING THE YEAR	ST	ATEMENT 14
RECIPIENT NAME AND ADDRESS	RECIPIENT RELATIONSHI AND PURPOSE OF GRANT		
10,000 DEGREES 781 LINCOLN AVE, STE 140 SAN RAFAEL, CA 94901	NONE SCHOLARSHIPS FOR LATINO WOMEN	PUBLIC	29,500.
826 VALENCIA 826 VALENCIA STREET SAN FRANCISCO, CA 94110	NONE EDUCATION, LITERACY, EMPOWERMENT OF CHILDREN	PUBLIC	5,000.
A HOME AWAY FROM HOMELESSNESS FORT MASON, BUILDING 9 SAN FRANCISCO, CA 94123	NONE PROTECTION OF CHILDREN	PUBLIC I	5,000.
ACLU OF NORTHERN CALIFORNIA 39 DRUMM STREET SAN FRANCISCO, CA 94111	NONE SUPPORTING EMPOWERMENT OF WOMEN	PUBLIC	1,000.
ADOPT A FAMILY OF MARIN 1930 FOURTH STREET SAN RAFAEL, CA 94901	NONE EMPOWERMENT OF WOMEN AND PROTECTION OF	PUBLIC	

CHILDREN

ALBERGUE JESUS EL BUEN PASTOR DEL POBRE Y EL MIGRANTE CAMINO A RAYMUNDO ENRIQUE 500 METROS HACIA ADENTRO TAPACHULA,	PROTECTION AND EMPOWERMENT OF MIGRANT	FOREIGN	
AMBASSADORS OF HOPE AND OPPORTUNITY PROJECT PO BOX 2278 MILL VALLEY, CA 94942	NONE PROVIDES AID TO LOW INCOME YOUNG ADULTS IN MA	PUBLIC	
AMERICAN CANCER SOCIETY, NORTHERN CA 1710 WEBSTER ST OAKLAND, CA 94612			
AMERICAN PORPHYRIA FOUNDATION PO BOX 22712 HOUSTON, TX 77227	NONE HEALTH	PUBLIC	2,500.
AMNESTY INTERNATIONAL 5 PENN PLAZA NEW YORK, NY 10001	NONE HUMAN RIGHTS ADVOCACY	PUBLIC	1,100.
BAHIA VISTA ELEMENTARY 125 BAHIA WAY SAN RAFAEL, CA 94901	NONE EDUCATION AND EMPOWERMENT OF GIRLS	PUBLIC	
C/O MARIANA RUYBALID 2951 DERBY STREET APT 2459 BERKELY, CA	HEALTH AND EMPOWERMENT OF WOMEN WITH DISABILITIES		
BAY AREA WOMEN AGAINST RAPE 470 27TH STREET OAKLAND, CA 94612	NONE HEALTH AND EMPOWERMENT	PUBLIC	2,500.
CAMINOS/PATHWAYS LEARNING CENTER 2301 MISSION ST, STE 105 SAN FRANCISCO, CA 94110	NONE EDUCATION AND LITERACY PROGRAMS	PUBLIC	4,000.
CANAL ALLIANCE 91 LARKSPUR STREET SAN RAFAEL, CA 94901	NONE SUPPORT THE DEVELOPMENT OF LEADERSHIP SKILLS FOR	PUBLIC	9,500.

YOU

THE ISABEL ALLENDE FOUNDATION			91-1748486
CARE	NONE HEALTH	PUBLIC	1,000.
	NONE HEALTH	PUBLIC	
CATHOLIC CHARITIES CYO 180 HOWARD STREET STE 100 SAN FRANCISCO, CA 94105	NONE EDUCATION AND LITERACY PROGRAMS	PUBLIC	2,500.
TRANSLATION	NONE EDUCATION AND EMPOWERMENT OF WOMEN	PUBLIC	
CENTRO CHILENO LAUTARO 15 AVALON COURT ALAMO, CA 94507	NONE EMPOWERMENT OF WOMEN	PUBLIC	5,000.
CENTRO LEGAL DE LA RAZA 3022 INTERNATIONAL BLVD STE 410 OAKLAND, CA 94601	NONE HEALTH AND EDUCATION FOR LOW INCOME FAMILIES	PUBLIC	
CENTROS CULTURALES MAPUCHE ASOCIACION GREMIAL CALLE ENRIQUE BARRAZA NO 18 LORENZO ARENAS NO 1 CONCEPCION,	NONE HUMAN RIGHTS ADVOCACY	FOREIGN	2,500.
CEO WOMEN 405 14TH STREET, ST 712 OAKLAND, CA 94612	NONE EMPOWERMENT AND EDUCATION OF WOMEN	PUBLIC	5,000.
CHILDHOOD MATTERS 221 OAK STREET STE B OAKLAND, CA 94607	NONE LITERACY PROGRAMS FOR CHILDREN	PUBLIC	5,000.
CHILDRENS BOOK PROJECT 45 HOLLY PARK CIRCLE SAN FRANCISCO, CA 94110	NONE LITERACY PROGRAMS FOR CHILDREN	PUBLIC	2,000.

THE ISABEL ALLENDE FOUNDATION			91-1748486
2601 MISSION STREET, STE 702	HEALTH EDUCATION.	PUBLIC	5,750.
CITY OF JOY AID, INC 9501 4TH PLACE LORTON, VA 22079	NONE HEALTHCARE FOR CHILDREN IN INDIA	PUBLIC	7,500.
COLEMAN ELEMENTARY 280 WOODLAND AVE SAN RAFAEL, CA 94901		PUBLIC	
CUMBERLAND VALLEY BREAST CARE ALLIANCE 344 LEEDY WAY EAST CHAMBERSBURG, PA 17201	NONE HEALTH	PUBLIC	500.
DAVIDSON MIDDLE SCHOOL 280 WOODLAND AVE SAN RAFAEL, CA 94901	NONE EDUCATION AND EMPOWERMENT OF GIRLS	PUBLIC	
175 GOLDEN GATE AVE SAN	NONE EDUCATION UNDERSERVED YOUTH	PUBLIC	
DEVELOPMENT AND EDUCATION PROGRAMME FOR DAUGHTERS 465 CALIFORNIA STREET, STE 900 SAN FRANCISCO, CA 94104	PROTECTION OF WOMEN FROM VIOLENCE AND	PUBLIC	
EDGEWOOD CENTER FOR CHILDREN AND FAMILIES 1801 VICENTE STREET SAN FRANCISCO, CA 94116	NONE PROTECTION OF CHILDREN FROM VIOLENCE AND ABUSE	PUBLIC	
ENRICHING LIVES THROUGH MUSIC 150 LOCUST AVE LARKSPUR, CA 94939	NONE MUSIC EDUCATION FOR LOW INCOME LATINAS	PUBLIC	
EXIL ASSOCIATION AV REPUBLICA ARGENTINA 6 40 2A BARCELONA, SPAIN 08023	NONE HUMAN SERVICES FOR LOW INCOME FAMILIES	PUBLIC	5,000.

THE ISABEL ALLENDE FOUNDATION			91-1748486
FAIRFAX SAN ANSELMO CHILDREN'S CENTER 199 PORTEOUS AVE FAIRFAX, CA 94930	PROVIDES CHILDCARE AND	PUBLIC	9,500.
FAMILY SERVICE AGENCY OF MARIN CHILDHOOD TRAUMA PROGRAM 555 NORTHGATE DRIVE SAN RAFAEL, CA 94903	PROTECTION OF WOMEN	PUBLIC	7,500.
FEMINIST MAJORITY FOUNDATION 1600 WILSON BLVD, STE 801 ARLINGTON, VA 22209	NONE EMPOWERS AND PROTECTS WOMEN	PUBLIC	1,000.
FREEDOM FIRM USA 38 18TH AVE S HOPKINS, MN 55343	NONE PROTECTION OF WOMEN FROM VIOLENCE AND ABUSE	PUBLIC	3,000.
FRIENDS INTERNATIONAL 107 EAST MAIN STREET ,STE 27 MEDFORD, OR 97501	NONE PROTECTION OF WOMEN FROM VIOLENCE AND ABUSE	PUBLIC	3,000.
FUNDACION COLECTIVO ALQUIMIA FONDO PARA MUJERES CONDELL 1325 PROVIDENCIA SANTIAGO, CHILE	NONE EMPOWERMENT OF WOMEN	FOREIGN	5,000.
FUNDACION DE LOS SAGRADO CORAZONES CALLE SEIS NO. 4584 JAIME EYZAGUIRRE MACUL SANTIAGO,	NONE PROTECTION OF WOMEN AND CHILDREN IN CHILE	FOREIGN	
GIFTS OF THE HEART C/O MARINLINK 2620 THE MALL AT NORTHGATE SAN RAFAEL, CA 94903	NONE SUPPORT FOR HOMELESS IN MARIN AND SAN FRANCISCO	PUBLIC	
GIRLS FOR A CHANGE PO BOX 1436 SAN JOSE, CA 95109-1436	NONE EMPOWERMENT OF YOUNG WOMEN	PUBLIC	2,500.
GIRLS INCORPORATED OF ALAMEDA COUNTY 13666 EAST 14TH STREET SAN LEANDRO, CA 94578	NONE EMPOWERMENT OF YOUNG WOMEN	PUBLIC	

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THE ISABEL ALLENDE FOUNDATION			91-1748486
GIRLSOURCE 1550 BRVANT STREET, STE 675 SAN FRANCISCO, CA 94103	NONE EDUCATION AND EMPOWERMENT OF GIRLS	PUBLIC	
GLIDE FOUNDATION 330 ELLIS STREET SAN FRANCISCO, CA 94102	NONE HEALTH, EDUCATION, AND LITERACY FOR WOMEN AND CHILDR		
GREENGULCH FARMS 1601 SHORELINE HWY MUIR BEACH, CA 94965		PUBLIC	
HAITI PROJECTS, INC 31 LEONARD STREET GLOUCESTER, MA 01930	NONE HEALTH AND EMPOWERMENT	PUBLIC	
HISPANICS IN PHILANTHROPY 55 SECOND STREET STE 1500 SAN FRANCISCO, CA 94105	NONE EMPOWERMENT OF LATINOS	PUBLIC	
5704 ROLAND AVE BALTIMORE, MD	NONE HEALTH AND EDUCATION OF UNDERSERVED COMMUNITIES IN C	PUBLIC	
HOMELESS PRENATAL PROGRAM 2500 18TH STREET SAN FRANCISCO, CA 94110		PUBLIC	22,500.
HUCKLEBERRY YOUTH PROGRAMS 555 COLE STREET SAN FRANCISCO, CA 94117	NONE EMPOWERMENT OF THE YOUTH	PUBLIC	5,000.
IPAS PO BOX 5027 CHAPEL HILL, NC 27514	NONE PROTECTION OF WOMEN'S HEALTH	PUBLIC	

SCHOLARSHIPS FOR YOUNG

NONE

WOMEN

PUBLIC

5,000.

IRAQI STUDENT PROJECT

BEND, IN 46617

1154 EAST COLFAX AVE SOUTH

THE ISABEL ALLENDE FOUNDATION			91-1748486
JAMESTOWN COMMUNITY CENTER 3382-26TH STREET SAN FRANCISCO, CA 94110		PUBLIC	5,000.
KQED 2601 MARIPOSA SAN FRANCISCO, CA 941101426		PUBLIC	2,500.
	NONE EMPOWERING FAMILIES	PUBLIC	
LAUREL DELL ELEMENTARY 225 WOODLAND AVE SAN RAFAEL, CA 94901		PUBLIC	
	NONE DIRECT LEGAL AND SOCIAL SERVICES TO LOW INCOME YOUTH	PUBLIC	5,000.
MADRE 121 WEST 27TH STREET NEW YORK, NY 10001		PUBLIC	3,000.
MAPENDO INTERNATIONAL 689 MASSACHUSETTS AVE, 2ND FLOOR CAMBRIDGE, MA 02139		PUBLIC	4,000.
MARIN COMMUNITY CLINIC 300 PROFESSIONAL CENTER, STE 311 NOVATO, CA 94947	NONE HEALTH EDUCATION AND EMPOWERMENT OF WOMEN AND CHILDR	PUBLIC	
MARIN FOOD BANK 75 DIGITAL DRIVE NOVATO, CA 94949	NONE HUMAN SERVICES FOR LOW INCOME FAMILIES	PUBLIC	4,000.
MARIN LITERACY PROGRAM 1100 E STREET SAN RAFAEL, CA 94901	NONE EDUCATION/SCHOLARSHIPS	PUBLIC	1,500.

THE ISABEL ALLENDE FOUNDATION			91-1748486
MINGA PO BOX 610004 NEWTON, MA 02461		PUBLIC	
MS FOUNDATION FOR WOMEN 12 METROTECH CENTER 26TH FLOOR NEW YORK, NY 11201		PUBLIC	3,500.
MUJERES UNIDAS Y ACTIVAS 3543 18TH STREET, #23 SAN FRANCISCO, CA 94110		PUBLIC	20,000.
NARAL PRO-CHOICE CALIFORNIA FOUNDATION 11 PINE STREET, ST 500 SAN FRANCISCO, CA 94110	NONE EMPOWERMENT OF WOMEN	PUBLIC	
NEPALESE YOUTH OPPORTUNITY FOUNDATION 3030 BRIDGEWAY, ST 123 SAUSALITO, CA 94965	NONE EMPOWERMENT OF WOMEN	PUBLIC	30,828.
NEW DIMENSIONS MEDIA PO BOX 569 UKIAH, CA 95482	NONE EDUCATION AND EMPOWERMENT OF GIRLS	PUBLIC	
NOVATO YOUTH CENTER/NOVATO WELLNESS CENTER 680 WILSON AVE NOVATO, CA 94947	NONE HEALTH SERVICES FOR YOUTH	PUBLIC	7,500.
OASIS FOR GIRLS/THE TIDES CENTER 245 11TH STREET 3RD FLOOR SAN FRANCISCO, CA 94610	NONE ART PROGRAMS FOR UNDERSERVED YOUTH	PUBLIC	
OMEGA INSTITUTE FOR HOLISTIC STUDIES 150 LAKE DRIVE RHINEBECK, NY 12572	NONE EDUCATION/SCHOLARSHIPS FOR YOUNG WOMEN	PUBLIC	5,000.
ON LOK SENIOR HEALTH SERVICES 1333 BUSH STREET SAN FRANCISCO, CA 94109	NONE HEALTH CARE FOR SENIORS	PUBLIC	

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THE ISABEL ALLENDE FOUNDATION			91-1/48486
ORITEL 1221 BRICKELL AVE. SUITE 1590 MIAMI, FL 33131	NONE HUMAN SERVICES FOR LOW INCOME FAMILIES	PUBLIC	
88 CANYON ROAD FAIRFAX, CA	NONE HEALTH AND EDUCATION FOR LOW INCOME FAMILIES	PUBLIC	
PARENT SERVICES PROJECT, INC 79 BELEVEDERE ST, STE 101 SAN RAFAEL, CA 94901	NONE EMPOWERING FAMILIES	PUBLIC	5,000.
PARTNERS IN HEALTH 888 COMMMONWEALTH AVE 3RD FLOOR BOSTON, MA 02215	NONE HEALTH AND EMPOWERMENT	PUBLIC	
PLANNED PARENTHOOD FEDERATION OF AMERICA, INC 434 WEST 33RD STREET NEW YORK, NY 10001	NONE EMPOWERMENT OF WOMEN	PUBLIC	2,500.
PLANNED PARENTHOOD GOLDEN GATE 815 EDDY STREET, STE 300 SAN FRANCISCO, CA 94109	NONE EMPOWERMENT OF WOMEN	PUBLIC	
PROGRAM FOR TORTURE VICTIMS 3655 SOUTH GRAND AVENUE #290 LOS ANGELES, CA 90007	NONE SUPPORTING VICTIMS OF VIOLENCE AND TORTURE	PUBLIC	3,000.
PROJECT OPEN HAND 730 POLK STREET SAN FRANCISCO, CA 94109	NONE FOOD AND HEALTHCARE FOR UNINSURED/HOMELESS WOMEN WIT	PUBLIC	6,000.
RAPHAEL HOUSE OF SAN FRANCISCO 1065 SUTTER ST SAN FRANCISCO, CA 94109	NONE PROVIDE SUPPORT TO WOMEN RECOVERING FROM BEING HOMEL	PUBLIC	
RED HEN PRESS PO BOX 3537 GRENADA HILLS, CA	NONE EDUCATION AND	PUBLIC	

EMPOWERMENT OF GIRLS

91394

THE ISABEL ALLENDE FOUNDATION			91-1748486
REDWOOD CITY PAL 1301 MAPLE STREET REDWOOD CITY, CA 94063	NONE SUPPORTING AT-RISK YOUTH IN REDWOOD CITY	PUBLIC	
SAFEHOUSE FOR WOMEN LEAVING PROSTITUTION 559 ELLIS ST SAN FRANCISCO, CA 94109	SUPPORTING WOMEN AFTER	PUBLIC	
SAN DOMENICO DEVELOPMENT OFFICE 1500 BUTTERFIELD ROAD SAN ANSELMO, CA 94960		PUBLIC	
	NONE EDUCATION AND EMPOWERMENT OF WOMEN	PUBLIC	1,500.
SAN FRANCISCO ZEN CENTER 300 PAGE STREET SAN FRANCISCO, CA 94102		PUBLIC	
SAN JOSE STATE UNIVERSITY ONE WASHINGTON SQUARE SAN JOSE, CA 951920091	NONE SCHOLARSHIPS FOR LOW INCOME YOUTH	PUBLIC	5,000.

SAN JOSE STATE UNIVERSITY ONE WASHINGTON SQUARE SAN JOSE, CA 951920091	NONE SCHOLARSHIPS FOR LOW INCOME YOUTH	PUBLIC	5,000.

OF CHILDREN

SAN PEDRO ELEMENTARY 498 PT SAN PEDRO ROAD SAN RAFAEL, CA 94901	NONE EDUCATION AND EMPOWERMENT OF GIRLS	PUBLIC
SEVA FOUNDATION 1786 FIFTH STREET BERKELY, CA	NONE HEALTH AND PROTECTION	PUBLIC

SHANTI PROJECT 730 POLK STREET, 3RD FL SAN FRANCISCO, CA 94109	NONE HELPING WOMEN WITH CANCER WHO ARE HOMELESS OR NO HEA	PUBLIC
SOCIAL JUSTICE CENTER OF MARIN	NONE	PUBLIC

94710

THE ISABEL ALLENDE FOUNDATION			91-1748486
SPIRIT AWAKENING FOUNDATION PO BOX 11643 MARINA DEL REY, CA 902957643		PUBLIC	
ST BONIFACE HAITI FOUNDATION, INC 400 NORTH MAIN STREET RANDOLPH, MA 02368	NONE HEALTH AND EMPOWERMENT	PUBLIC	2,000.
STREETSIDE STORIES 3130 20TH STREET, STE 311 SAN FRANCISCO, CA 94110	NONE FOR LITERACY PROGRAMS SERVING CHILDREN	PUBLIC	2,500.
2727 MARIPOSA ST, STE 100 SAN	NONE PROTECTION OF WOMEN FROM VIOLENCE	PUBLIC	2,500.
ART OF YOGA PROJECT 555 BRYANT ST #232 PALO ALTO, CA 94301	NONE HEALTH AND EMPOWERMENT	PUBLIC	5,000.
CENTER FOR YOUNG WOMEN'S DEVELOPMENT 832 FOLSOM STREET STE 700 SAN FRANCISCO, CA 94107	HEALTH, EDUCATION,	PUBLIC	23,500.
GLOBAL FUND FOR WOMEN 222 SUTTER STREET, STE 500 SAN FRANCISCO, CA 94108	NONE HEALTH, EDUCATION, PROTECTION AND LITERACY FOR WOMEN	PUBLIC	30,000.
HANNA PROJECT C/O MARIN CITY CDC 630 DRAKE AVE MARIN CITY, CA 94965	NONE EDUCATION	PUBLIC	
HUMAN RACE - VOLUNTEER CENTER OF SONOMA COUNTY 153 STONY CIRCLE #100 SANTA ROSA, CA 95401	NONE HEALTH AND EDUCATION	PUBLIC	500.
TOM STEEL CLINIC 655 REDWOOD HWY, STE 200 MILL VALLEY, CA 94941	NONE HEALTH	PUBLIC	500.

THE ISABEL ALLENDE FOUNDATION			91-1748486
610 4TH STREET SAN RAFAEL, CA 94901	NONE EDUCATION AND EMPOWERMENT OF LOW INCOME CHILDREN	PUBLIC	3,000.
UN TECHO PARA MI PAIS 440 SAN JOAQUIN SANTIAGO, CHILE		FOREIGN	10,000.
VENETIA VALLEY K-8 SCHOOL 177 N. SAN PEDRO ROAD SAN RAFAEL, CA 94903		PUBLIC	
1904 FRANKLIN ST. STE 801	PROMOTE THE ECONOMIC	PUBLIC	2,500.
WARM WISHES C/O MARINLINK 5800 THE MALL AT NORTHGATE, STE 250 SAN RAFAEL, CA 94903	HUMAN SERVICES FOR LOW	PUBLIC	750.
WISDOM IN ACTION PO BOX 1004 MILL VALLEY, CA 94942	NONE EMPOWERING FAMILIES	PUBLIC	
444 S. FLOWER STREET STE 4650	NONE EMPOWERMENT AND EDUCATION OF WOMEN	PUBLIC	
WOMEN'S INITIATIVE FOR SELF EMPLOYMENT 1398 VALENCIA ST SAN FRANCISCO, CA 94110	NONE BUSINESS TRAINING FOR LOW-INCOME WOMEN	PUBLIC	5,000.
WOMEN'S RECOVERY SERVICES PO BOX 1356 SANTA ROSA, CA 95402	NONE EMPOWERMENT OF WOMEN	PUBLIC	21,000.
WORLD PULSE 4223A NE FREEMONT STREET PORTLAND, OR 97213	NONE EMPOWERMENT	PUBLIC	

THE ISABEL ALLENDE FOUNDATION			91-1748486
YWCA OF SEATTLE 1118 FIFTH STREET SEATTLE, WA 98101	NONE EDUCATION AND EMPOWERMENT OF GIRLS	PUBLIC	
ZEN HOSPICE PROJECT 273 PAGE STREET SAN FRANCISCO, CA 94102	NONE HEALTH AND EDUCATION	PUBLIC	1,000.
AMERICAN FOUNDATION FOR SUICIDE PREVENTION 120 WALL STREET 29TH FLOOR NEW YORK, NY 10005	NONE HEALTH AND EMPOWERMENT	PUBLIC	250.
CASA HOGAR BENITO JUAREZ 2140 S HWY 3 NORTHFIELD, MN 55057		PUBLIC	1,500.
CORAL - CENTRO OAXAQUENO DE REHABILITACION DE AUDICION IGNACIO ZARAGOZA 101 MARGARITA MAZA DE JUAREZ, OAXACA, MEXICO	HUMAN SERVICES FOR LOW	PUBLIC	1,500.
V-DAY 303 PARK AVE SOUTH, STE 1184 NEW YORK, NY 10010-3657	NONE HUMAN RIGHTS ADVOCACY	PUBLIC	21,531.
CALIFORNIA WATCH, A PROJECT OF THE CENTER FOR INVESTIGATIVE REPORTING - 2130 CENTER ST., STE 103 BERKELY, CA 94704		PUBLIC	2,500.
FUNDACION MUER LEVANTATE AV LIBERTADOR B OHIGGINS 3155 PISO 2 SANTIAGO, ESTACION, CHILE		PUBLIC	2,500.
JESUIT REFUGEE SERVICE C/O FELIPE BERRIOS SJ BP 2382 BUJUMBURA, BURUNDI	NONE HUMAN SERVICES FOR LOW INCOME FAMILIES	PUBLIC	10,000.
NATIONAL WRITING PROJECT 2105 BANCROFT WAY #1042 BERKELY, CA 94720	NONE EDUCATION	PUBLIC	3,000.

THE ISABEL ALLENDE FOUNDATION			91-1748486
RIPPLES TO WAVES, PROGRAM ON SOCIAL ENTREPRENEURSHIP STANFORD UNIVERSITY, SERRA STREET STANFORD, CA 94305	NONE EMPOWERMENT	PUBLIC	10,000.
THE TEACHER SALARY PROJECT 446 VALENCIA ST SAN FRANCISCO, CA 94103	NONE EDUCATION	PUBLIC	7,069.
CENTER FOR REPRODUCTIVE RIGHTS 120 WALL STREET 14TH FLOOR NEW YORK, NY 10005	NONE HEALTH AND EMPOWERMENT	PUBLIC	20,000.
MISSSEY 470 27TH STREET OAKLAND, CA 94612	NONE HEALTH AND EMPOWERMENT	PUBLIC	20,000.
THE AMOS FUND PO BOX 67081 LINCOLN, NE 68506	NONE HUMAN SERVICES FOR LOW INCOME FAMILIES	PUBLIC	900.
TOTAL TO FORM 990-PF, PART XV, LI	NE 3A		491,178.

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

Depreciation and Amortization 990-PF (Including Information on Listed Property)

► See separate instructions. Attach to your tax return. OMB No 1545-0172

Attachment Sequence No 67

Business or activity to which this form relates

Identifying number

	ISABEL ALLENDE FO				M 990-P	7		91-1748486
Par		erty Under Section 1	79 Note: If you ha	ave any list	ed property, c	omplete Part		
1 M	aximum amount (see instructions)	1	500,000.					
	otal cost of section 179 property plac	•	•				2	
3 Tr	reshold cost of section 179 property	y before reduction	in limitation				3	<u>2,000,000.</u>
4 R	eduction in limitation. Subtract line 3	4						
5 Do	illar limitation for tax year. Subtract line 4 from lin						5	
6	(a) Description of p	roperty	(6	d cost				
				_				
			. <u> </u>					
7 Li	sted property. Enter the amount from	n line 29			7			
8 To	otal elected cost of section 179 prop	erty Add amounts	s in column (c), lir	nes 6 and	7		8	
9 Te	entative deduction. Enter the smaller	9	····					
10 C	arryover of disallowed deduction fror	n line 13 of your 2	009 Form 4562				10	
11 B	usiness income limitation. Enter the s	smaller of busines:	s income (not les	s than zer	o) or line 5		11	
12 Se	ection 179 expense deduction Add l	ines 9 and 10, but	t do not enter mo	re than lin	e 11		12	
	arryover of disallowed deduction to 2				▶ 13			·····
_	Do not use Part II or Part III below for	or listed property	nstead, use Part	V				
Part	II Special Depreciation Allowa	ance and Other D	epreciation (Do	not includ	le listed prope	rty)		
14 Sp	pecial depreciation allowance for qua	alified property (otl	her than listed pr	operty) pla	aced in service	during		
th	e tax year						14	
15 Pr	operty subject to section 168(f)(1) el	ection					15	
	ther depreciation (including ACRS)						16	1,335.
Par	MACRS Depreciation (Do no	ot include listed p	roperty) (See ins	tructions)				
			Section	n A				
17 M	ACRS deductions for assets placed	in service in tax ye	ears beginning be	efore 2010)		17	2,183.
18_ լլչ	ou are electing to group any assets placed in se	rvice during the tax year	into one or more gene	ral asset acco	unts, check here]	
	Section B - Assets	Placed in Service	e During 2010 T	ax Year L	Ising the Gen	eral Deprecia	tion Syste	m
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depi (business/investr only - see instru	ment use	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property							· - -
ь	5-year property							
c	7-year property			675.	7 YRS.	HY	200DB	96.
d	10-year property							
е	15-year property							
f	20-year property							
9	25-year property				25 yrs.		S/L	
	Based and an add a second of	/			27 5 yrs	MM	S/L	
h 	Residential rental property				27.5 yrs.	MM	S/L	
		/			39 yrs	MM	S/L	
i	Nonresidential real property	1				MM	S/L	
	Section C - Assets I	Placed in Service	During 2010 Ta	x Year Us	ing the Altern	ative Deprec	iation Syst	em
20a	Class life						S/L	
b	12-year				12 yrs		S/L	
С	40-year				40 yrs.	MM	S/L	
Parl								
	sted property Enter amount from lin	e 28					21	
	otal. Add amounts from line 12, lines		es 19 and 20 in o	column (a)	, and line 21.		<u>-</u>	
	nter here and on the appropriate line				-		22	3,614.
	or assets shown above and placed in				223 111311	·		
	ortion of the basis attributable to sec	-			23		ĺ	
18251					20 1			Form 4562 (2010)

Form 4562	<u> </u>		<u>ISABEI</u>											486		
Part V	Listed Proper	ty (Include at	utomobiles, c	ertaın otl	ner vehic	les, ce	rtaın com	puters	s, and pro	perty us	ed for e	ntertainn	nent, red	reation,	or	
	' amusement) Note: For any	vehicle for wh	hich you are u	sing the	standard	d mileag	ge rate oi	dedu	cting lease	e expens	se, comp	ete onl	y 24a, 2	4b, colui	mns (a)	
	through (c) of	Section A, all	of Section B,	and Sec	tion C if	applica	able		-							
			on and Other			<u> </u>		_						7 [
24a Do you	have evidence to	1		ent use ci	aimed?	<u> </u>	∕es ∟	_l No	24b If "Y	1				_l Yes L l	No	
Tuna	(a)	(b) Date	(c) Business/		(d)	Ва	(e) Isis for depr	eciation	(f)		(g)		(h)		(i) cted	
	of property hicles first)	placed in	investment	: [₀₁	Cost or her basis		usiness/inve	stment	Recovery period		thod/ vention		eciation uction	section	on 179	
	<u>·</u>	service	use percenta	96			use only		<u> </u>			 		C	ost	
•	depreciation all	•		property	/ placed i	ın servi	ice durinț	the ta	ax year an	nd						
	ore than 50% in										25	<u> </u>		L		
26 Propen	ty used more tha	in 50% in a q										 		1		
		 		%					<u> </u>	 		 				
		<u> </u>		%						 		ļ				
O7 Proport	bad E0% or l	000 10 0 011011		<u>% </u>	_				<u> </u>			L				
27 Flopen	ty used 50% or l	ess iii a quaii				· · · · ·				S/L -		T		г		
				% %		-				S/L -				1		
		 		%						S/L·		 	_	ł		
20 Add 20	nounts in column	(h) lings 25		· - 1	and on	lino 21	page 1			3/L ·	28			1		
	nounts in column		-				, page 1					J	29			
ZS Add an	lounts in column	1 (I), III IO ZO L					on Use	of Veh	icles							
Complete t	his section for ve	shicles used l								or relate	d nereor	,				
	ded vehicles to \												ına thıs :	section f	or	
those vehic	•	, , -	,					,					•			
					a)		(b)	<u> </u>	(c)	- (——— d)	-	e)	((f)	
30 Total bu	siness/investment	miles driven di	uring the	1	nicle		hicie	V	ehicle	1	nicle	1	nicle	1	ncle	
	not include comi		ag	1.5,								70111010		¥ 3111010		
	ommuting miles		the vear													
	ther personal (no	-	•													
driven			,		İ					İ				İ		
33 Total m	iles driven during	a the vear			-											
	es 30 through 32															
34 Was th	e vehicle availab	le for person	al use	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	
during	off-duty hours?	•														
35 Was th	e vehicle used p	rimarily by a i	more													
than 59	% owner or relate	ed person?			<u> </u>					ļ						
36 Is anoti	her vehicle availa	able for perso	nal	_												
use?				1												
		Section C	- Questions	for Empl	oyers W	ho Pro	vide Vet	icles	for Use b	y Their I	Employe	es				
Answer the	se questions to	determine if y	ou meet an e	xception	to comp	oleting	Section I	3 for v	ehicles us	ed by er	mployee	s who a	re not m	ore than	1 5%	
owners or r	elated persons.															
37 Do you	maintain a writte	en policy stat	ement that pi	rohibits a	ıll person	al use	of vehicle	es, incl	luding cor	nmuting	, by you	r		Yes	No	
employ	ees?															
38 Do you	maintain a writte	en policy stat	ement that pr	ohibits p	ersonal	use of	vehicles,	ехсер	t commut	ing, by y	our/					
employ	ees? See the ins	structions for	vehicles used	by corp	orate off	ficers, d	directors,	or 1%	or more	owners				ļ		
39 Do you	treat all use of v	ehicles by en	nployees as p	ersonal	use?										<u> </u>	
40 Do you	provide more th	an five vehicl	es to your em	nployees	, obtain ii	nforma	tion from	your e	employee	s about				İ		
the use	of the vehicles,	and retain th	e information	received	1?											
41 Do you	meet the require	ements conce	erning qualifie	d autom	obile der	nonstra	ation use	?						<u> </u>		
	your answer to	37, 38, 39, 4 <u>(</u>	0, or 41 is "Ye	s, " do no	ot comple	ete Sec	ction B fo	r the c	overed ve	hicles				<u> </u>	┸┈_	
Part VI	Amortization			<u> </u>												
	(a) Description o	f costs	Date	(b) amortization		(C) Amortiza	ble		(d) Çode		(e) Amortiza	itron	A	(f) mortization		
	· · · · · · · · · · · · · · · · · · ·			begins	<u> </u>	amoun	nt	Ш	section		period or pe		fo	r this year		
	ation of costs th										2 600	, -			470	
SOFTWA	KE - PHC	TOXPED	<u> 17 01</u>	2511			L <u>,700</u>	•			36M				472	
			<u> </u>		L						_					
	ation of costs th	•	•	-								43			472	
	Add amounts in o	column (t) Se	e the instruct	ions for	wnere to	report						44			472	
016252 12-21	- 10												F	orm 456 :	2 (201	