



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	Beginning of year	End of year
			(a) Book Value	(b) Book Value
ASSETS	1	192,867.	436,857.	436,857.
	2	30,139.	1,030,251.	1,030,251.
	3			
	Less: allowance for doubtful accounts ►			
	4			
	Less: allowance for doubtful accounts ►			
	5			
	Grants receivable			
	6			
	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7			
	Other notes and loans receivable (attach sch) ►			
	Less: allowance for doubtful accounts ►			
	8			
	Inventories for sale or use			
	9			
Prepaid expenses and deferred charges				
10a				
Investments — U S and state government obligations (attach schedule)				
b Investments — corporate stock (attach schedule)				
c Investments — corporate bonds (attach schedule)				
11				
Investments — land, buildings, and equipment basis				
Less: accumulated depreciation (attach schedule) ►				
12				
Investments — mortgage loans				
13				
Investments — other (attach schedule)				
14				
Land, buildings, and equipment basis				
Less: accumulated depreciation (attach schedule) ►				
15				
Other assets (describe ►)				
16				
Total assets (to be completed by all filers — see the instructions. Also, see page 1, item I)	223,006.	1,467,108.	1,467,108.	
LIABILITIES	17			
	Accounts payable and accrued expenses			
	18			
	Grants payable			
	19			
	Deferred revenue			
	20			
Loans from officers, directors, trustees, & other disqualified persons				
21				
Mortgages and other notes payable (attach schedule)				
22				
Other liabilities (describe ►)				
23				
Total liabilities (add lines 17 through 22)	0.	0.		
NET ASSETS	Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31.		<input checked="" type="checkbox"/>	
	24	Unrestricted	223,006.	1,467,108.
	25	Temporarily restricted		
	26	Permanently restricted		
	Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.		<input type="checkbox"/>	
	27	Capital stock, trust principal, or current funds		
	28	Paid-in or capital surplus, or land, building, and equipment fund		
	29	Retained earnings, accumulated income, endowment, or other funds		
	30	Total net assets or fund balances (see instructions)	223,006.	1,467,108.
	31	Total liabilities and net assets/fund balances (see instructions)	223,006.	1,467,108.

Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year — Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	223,006.
2	Enter amount from Part I, line 27a	2	1,244,102.
3	Other increases not included in line 2 (itemize) ►	3	
4	Add lines 1, 2, and 3	4	1,467,108.
5	Decreases not included in line 2 (itemize) ►	5	
6	Total net assets or fund balances at end of year (line 4 minus line 5) — Part II, column (b), line 30	6	1,467,108.

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shares MLC Company)			(b) How acquired P — Purchase D — Donation	(c) Date acquired (month, day, year)	(d) Date sold (month, day, year)
1a N/A					
b					
c					
d					
e					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)		
a					
b					
c					
d					
e					
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(I) Gains (Column (h) gain minus column (k), but not less than -0-) or Losses (from column (h))		
(i) Fair Market Value as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of column (i) over column (j), if any			
a					
b					
c					
d					
e					
2 Capital gain net income or (net capital loss)	[If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7]		2		
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6)	[If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8]		3		

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income) N/A

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? Yes No

If 'Yes,' the foundation does not qualify under section 4940(e). Do not complete this part

1 Enter the appropriate amount in each column for each year, see the instructions before making any entries.

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (column (b) divided by column (c))
2010			
2009			
2008			
2007			
2006			

2 Total of line 1, column (d)	2
3 Average distribution ratio for the 5-year base period — divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3
4 Enter the net value of noncharitable-use assets for 2011 from Part X, line 5	4
5 Multiply line 4 by line 3	5
6 Enter 1% of net investment income (1% of Part I, line 27b)	6
7 Add lines 5 and 6	7
8 Enter qualifying distributions from Part XII, line 4	8

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

Part VI **Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see instructions)**

1 a Exempt operating foundations described in section 4940(d)(2), check here ► <input type="checkbox"/> and enter 'N/A' on line 1.		
Date of ruling or determination letter: _____ (attach copy of letter if necessary – see instrs)		
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here ► <input type="checkbox"/> and enter 1% of Part I, line 27b.	1	10.
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, column (b)		
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	2	0.
3 Add lines 1 and 2	3	10.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	4	0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-.	5	10.
6 Credits/Payments		
a 2011 estimated tax pmts and 2010 overpayment credited to 2011	6a	
b Exempt foreign organizations – tax withheld at source	6b	
c Tax paid with application for extension of time to file (Form 8868)	6c	
d Backup withholding erroneously withheld	6d	
7 Total credits and payments. Add lines 6a through 6d	7	0.
8 Enter any penalty for underpayment of estimated tax Check here <input type="checkbox"/> if Form 2220 is attached	8	
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	10.
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	
11 Enter the amount of line 10 to be Credited to 2012 estimated tax ►	Refunded	► 11

Part VII-A **Statements Regarding Activities**

1 a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?

<input checked="" type="checkbox"/>	Yes	No
1a	X	

b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see the instructions for definition)?

<input checked="" type="checkbox"/>	Yes	No
1b	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.

c Did the foundation file **Form 1120-POL** for this year?

<input checked="" type="checkbox"/>	Yes	No
1c	X	

d 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?

If 'Yes,' attach a detailed description of the activities.

<input checked="" type="checkbox"/>	Yes	No
2	X	

3 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

<input checked="" type="checkbox"/>	Yes	No
3	X	

4 a Did the foundation have unrelated business gross income of \$1,000 or more during the year?

<input checked="" type="checkbox"/>	Yes	No
4a	X	

b If 'Yes,' has it filed a tax return on **Form 990-T** for this year?

<input checked="" type="checkbox"/>	Yes	No
4b	N/A	

5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?

<input checked="" type="checkbox"/>	Yes	No
5	X	

If 'Yes,' attach the statement required by General Instruction T

<input checked="" type="checkbox"/>	Yes	No
6	X	

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 remain in the governing instrument?

<input checked="" type="checkbox"/>	Yes	No
6	X	

7 Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, column (c), and Part XV

<input checked="" type="checkbox"/>	Yes	No
7	X	

8 a Enter the states to which the foundation reports or with which it is registered (see instructions)

DE CA

<input checked="" type="checkbox"/>	Yes	No
8b	X	

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) of each state as required by General Instruction G? If 'No,' attach explanation

<input checked="" type="checkbox"/>	Yes	No
9	X	

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 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? If 'Yes,' complete Part XIV

<input checked="" type="checkbox"/>	Yes	No
10	X	

10 Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names and addresses. See Statement 5

Part VII-A Statements Regarding Activities (continued)

11		X
12		X
13	X	
14	LEONA EGELAND SIADEK 185 GREENWOOD ROAD NAPA CA	Telephone no. 707-226-0373 ZIP + 4 94558
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 – Check here and enter the amount of tax-exempt interest received or accrued during the year ► 15 N/A	
16	At any time during calendar year 2011, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for Form TD F 90-22 1 If 'Yes,' enter the name of the foreign country ►	

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

	Yes	No
1a During the year did the foundation (either directly or indirectly)		
(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(6) Agree to pay money or property to a government official? (Exception. Check 'No' if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
1b If any answer is 'Yes' to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance check here ►		
1c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2011?		
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))		
2a At the end of tax year 2011, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2011? If 'Yes,' list the years ► 20__, 20__, 20__, 20__.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
2b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer 'No' and attach statement – see instructions)		
2c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. ► 20__, 20__, 20__, 20__.		
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
3b If 'Yes,' did it have excess business holdings in 2011 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2011)		
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		
4b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2011?		

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)

5a During the year did the foundation pay or incur any amount to:					
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No			
(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No			
(3) Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No			
(4) Provide a grant to an organization other than a charitable, etc, organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see instructions)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No			
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No			
b If any answer is 'Yes' to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?			5b	N/A	
Organizations relying on a current notice regarding disaster assistance check here	<input type="checkbox"/>				
c If the answer is 'Yes' to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?	N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
<i>If 'Yes,' attach the statement required by Regulations section 53.4945-5(d)</i>					
6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No			
b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			6b	X	
<i>If 'Yes' to 6b, file Form 8870.</i>					
7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No			
b If 'Yes,' did the foundation receive any proceeds or have any net income attributable to the transaction?			N/A	7b	

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).**

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
See Statement 6		0.	0.	0.

2 Compensation of five highest-paid employees (other than those included on line 1 – see instructions). If none, enter 'NONE.'

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
None				

Total number of other employees paid over \$50,000

► 0

Part VIII. Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)

3 Five highest-paid independent contractors for professional services (see instructions). If none, enter 'NONE.'

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
None		

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

Organizations and other beneficiaries served, conferences convened, research papers produced, etc.	
1	N/A
2	
3	
4	

Part IX-B Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2		Amount
1	N/A	
2		

All other program-related investments See instructions.

3 _____

Total. Add lines 1 through 3 ► 0.

BAA

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, 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
- b Average of monthly cash balances
- c Fair market value of all other assets (see instructions)
- d **Total** (add lines 1a, b, and c)
- e Reduction claimed for blockage or other factors reported on lines 1a and 1c
(attach detailed explanation)
- 1e _____ 0.
- 2 Acquisition indebtedness applicable to line 1 assets
- 3 Subtract line 2 from line 1d
- 4 Cash deemed held for charitable activities. Enter 1-1/2% of line 3
(for greater amount, see instructions)
- 5 **Net value of noncharitable-use assets.** Subtract line 4 from line 3 Enter here and on Part V, line 4
- 6 **Minimum investment return.** Enter 5% of line 5

1a	
1b	407,546.
1c	
1d	407,546.
2	0.
3	407,546.
4	6,113.
5	401,433.
6	20,072.

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ► and do not complete this part.)

- 1 Minimum investment return from Part X, line 6
- 2a Tax on investment income for 2011 from Part VI, line 5
- b Income tax for 2011 (This does not include the tax from Part VI.)
- c Add lines 2a and 2b
- 3 Distributable amount before adjustments. Subtract line 2c from line 1.
- 4 Recoveries of amounts treated as qualifying distributions
- 5 Add lines 3 and 4
- 6 Deduction from distributable amount (see instructions)
- 7 **Distributable amount** as adjusted. Subtract line 6 from line 5 Enter here and on Part XIII, line 1

1	20,072.
2a	10.
2b	
2c	10.
3	20,062.
4	
5	20,062.
6	
7	20,062.

Part XII Qualifying Distributions (see instructions)

- 1 Amounts paid (including administrative expenses) to accomplish charitable, etc, purposes.
- a Expenses, contributions, gifts, etc — total from Part I, column (d), line 26
- b Program-related investments — total from Part IX-B
- 2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc, purposes
- 3 Amounts set aside for specific charitable projects that satisfy the:
 - a Suitability test (prior IRS approval required)
 - b Cash distribution test (attach the required schedule)
- 4 **Qualifying distributions.** Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4
- 5 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income
Enter 1% of Part I, line 27b (see instructions)
- 6 **Adjusted qualifying distributions.** Subtract line 5 from line 4

1a	752,366.
1b	
2	
3a	
3b	
4	752,366.
5	
6	752,366.

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2010	(c) 2010	(d) 2011
1 Distributable amount for 2011 from Part XI, line 7				20,062.
2 Undistributed income, if any, as of the end of 2011:				
a Enter amount for 2010 only ..			0.	
b Total for prior years: 20 ___, 20 ___, 20 ___		0.		
3 Excess distributions carryover, if any, to 2011:				
a From 2006 ..				
b From 2007 ..				
c From 2008 ..	67,000.			
d From 2009 ..	194,171.			
e From 2010 ..	502,466.			
f Total of lines 3a through e	763,637.			
4 Qualifying distributions for 2011 from Part XII, line 4: ► \$ 752,366.				
a Applied to 2010, 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 (Election required – see instructions)	0.			
d Applied to 2011 distributable amount				20,062.
e Remaining amount distributed out of corpus	732,304.			
5 Excess distributions carryover applied to 2011 (If an amount appears in column (d), the same amount must be shown in column (a).)	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e Subtract line 5	1,495,941.			
b Prior years' undistributed income Subtract 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 amount – see instructions		0.		
e Undistributed income for 2010. Subtract line 4a from line 2a. Taxable amount – see instructions ..			0.	
f Undistributed income for 2011. Subtract lines 4d and 5 from line 1 This amount must be distributed in 2012				0.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions)	0.			
8 Excess distributions carryover from 2006 not applied on line 5 or line 7 (see instructions)	0.			
9 Excess distributions carryover to 2012. Subtract lines 7 and 8 from line 6a	1,495,941.			
10 Analysis of line 9:				
a Excess from 2007 ..	67,000.			
b Excess from 2008 ..	194,171.			
c Excess from 2009 ..	502,466.			
d Excess from 2010 ..	732,304.			
e Excess from 2011 ..				

BAA

Form 990-PF (2011)

Part XIV. Private Operating Foundations (see instructions and Part VII-A, question 9)

N/A

Part XV Supplementary Information (Complete this part only if the organization had \$5,000 or more in assets at any time during the year – see instructions.)

1. Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2))

None

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

None

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc, Programs:

Check here ► if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.

a The name, address, and telephone number of the person to whom applications should be addressed

See Statement 7

b The form in which applications should be submitted and information and materials they should include:

See Statement for Line 2a

c Any submission deadlines

See Statement for Line 2a

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

See Statement for Line 2a

Part XV: Supplementary Information (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
<i>a Paid during the year</i> See Statement 8				
Total			► 3a	752,366.
<i>b Approved for future payment</i>				
Total			► 3b	

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions)
	(a) Business code	(b) Amount	(c) Exclu- sion code	(d) Amount	
1 Program service revenue:					
a					
b					
c					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments				14	513.
4 Dividends and interest from securities					
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory					
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a					
b					
c					
d					
e					
12 Subtotal. Add columns (b), (d), and (e)					513.
13 Total. Add line 12, columns (b), (d), and (e)				13	513.

(See worksheet in line 13 instructions to verify calculations)

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (See instructions.)
N/A	

Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting foundation to a noncharitable exempt organization or

- (1) Cash
- (2) Other assets

b Other transactions

- (1) Sales of assets to a noncharitable exempt organization
- (2) Purchases of assets from a noncharitable exempt organization
- (3) Rental of facilities, equipment, or other assets
- (4) Reimbursement arrangements
- (5) Loans or loan guarantees
- (6) Performance of services or membership or fundraising solicitations

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

	Yes	No
1a (1)		X
1a (2)		X
1b (1)		X
1b (2)		X
1b (3)		X
1b (4)		X
1b (5)		X
1b (6)		X
1c		X

d If the answer to any of the above is 'Yes,' complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received

(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
N/A			

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?

Yes No

b If 'Yes,' complete the following schedule.

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

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

Sign
Here

► Leona Egeland Siadeh 104-12-12 ► Executive Director

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

Signature of officer or trustee		Date	Title		Yes	No
Paid Preparer Use Only	Print/Type preparer's name		Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
			Self-Prepared			
	Firm's name ►				Firm's EIN ►	
Firm's address ►				Phone no.		

BAA

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

Department of the Treasury
Internal Revenue Service

OMB No 1545-0047

Schedule of Contributors

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

2011

Name of the organization

THE DOCTORS COMPANY FOUNDATION

Employer identification number

26-1636256

Organization type (check one)

Filers of:

Form 990 or 990-EZ

Section:

501(c)(_____) (enter number) organization
 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
 527 political organization

Form 990-PF

501(c)(3) exempt private foundation
 4947(a)(1) nonexempt charitable trust treated as a private foundation
 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc, purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc, purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc, contributions of \$5,000 or more during the year .. ► \$ _____

Caution: An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF) but it **must** answer 'No' on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on Part I, line 2, of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

Name of organization

THE DOCTORS COMPANY FOUNDATION

Employer identification number

26-1636256

Part I **Contributors** (see instructions) Use duplicate copies of Part I if additional space is needed.

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	THE DOCTORS COMPANY 185 GREENWOOD ROAD NAPA, CA 94558	\$ 2,000,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

THE DOCTORS COMPANY FOUNDATION

26-1636256

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

BAA

Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

Name of organization

THE DOCTORS COMPANY FOUNDATION

Employer identification number

26-1636256

Part III Exclusively religious, charitable, etc, individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete cols (a) through (e) and the following line entry.

For organizations completing Part III, enter total of exclusively religious, charitable, etc, contributions of \$1,000 or less for the year. (Enter this information once. See instructions.)

► \$ N/A

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
N/A			
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

THE DOCTORS COMPANY FOUNDATION

26-1636256

Statement 1
Form 990-PF, Part I, Line 16b
Accounting Fees

	(a) Expenses per Books	(b) Net Investment Income	(c) Adjusted Net Income	(d) Charitable Purposes
Tax Return review	\$ 480.			
Tax Software	404.			
Total	<u>\$ 884.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>

Statement 2
Form 990-PF, Part I, Line 16c
Other Professional Fees

	(a) Expenses per Books	(b) Net Investment Income	(c) Adjusted Net Income	(d) Charitable Purposes
PROFESSIONAL ORGANIZATION DUES	\$ 500.			
Total	<u>\$ 500.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>

Statement 3
Form 990-PF, Part I, Line 18
Taxes

	(a) Expenses per Books	(b) Net Investment Income	(c) Adjusted Net Income	(d) Charitable Purposes
FRANCHISE TAX BOARD	\$ 10.			
INTERNAL REVENUE SERVICE	14.			
Total	<u>\$ 24.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>

Statement 4
Form 990-PF, Part I, Line 23
Other Expenses

	(a) Expenses per Books	(b) Net Investment Income	(c) Adjusted Net Income	(d) Charitable Purposes
BUSINESS LICENSES & FEES	\$ 319.			
BUSINESS MEETINGS	275.			
CORPORATE FILING SERVICE	10.			
DATA COMMUNICATIONS	26.			
OFFICE SUPPLIES	10.			
Total	<u>\$ 640.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>

THE DOCTORS COMPANY FOUNDATION

26-1636256

Statement 5
Form 990-PF, Part VII-A, Line 10
Substantial Contributors During the Tax Year

<u>Name of Substantial Contributor</u>	<u>Address of Substantial Contributor</u>
THE DOCTORS COMPANY	185 GREENWOOD ROAD NAPA, CA 94558

Statement 6
Form 990-PF, Part VIII, Line 1
List of Officers, Directors, Trustees, and Key Employees

<u>Name and Address</u>	<u>Title and Average Hours Per Week Devoted</u>	<u>Compensation</u>	<u>Contribution to EBP & DC</u>	<u>Expense Account/Other</u>
RICHARD E. ANDERSON, M.D. 185 GREENWOOD ROAD NAPA, CA 94558	Director 1.00	\$ 0.	\$ 0.	\$ 0.
DONALD J. PALMISANO, M.D. 185 GREENWOOD ROAD NAPA, CA 94558	Director 1.00	0.	0.	0.
CHARLES R. KOSSMAN, M.D. 185 GREENWOOD ROAD NAPA, CA 94558	Director 1.00	0.	0.	0.
DAVID. B. TROXEL, M.D. 185 GREENWOOD ROAD NAPA, CA 94558	Chairman 1.00	0.	0.	0.
KATHLEEN D. RICORD 185 GREENWOOD ROAD NAPA, CA 94558	Director 1.00	0.	0.	0.
ROBERT D. FRANCIS 185 GREENWOOD ROAD NAPA, CA 94558	Vice Chairman 1.00	0.	0.	0.
ROBIN DIAMOND 185 GREENWOOD ROAD NAPA, CA 94558	Director 1.00	0.	0.	0.
DAVID G. PREIMESBERGER 185 GREENWOOD ROAD NAPA, CA 94558	Sec / Treasurer 1.00	0.	0.	0.
LEONA EGELAND SIADEK 185 GREENWOOD ROAD NAPA, CA 94558	Executive Direc 1.00	0.	0.	0.
Total		\$ 0.	\$ 0.	\$ 0.

THE DOCTORS COMPANY FOUNDATION

26-1636256

Statement 7
Form 990-PF, Part XV, Line 2a-d
Application Submission Information

Name of Grant Program:
 Name: Leona Egeland Siadek, ED
 Care Of: The Doctors Company
 Street Address: 185 Greenwood Road
 City, State, Zip Code: Napa, CA 94558
 Telephone: (707) 226-0373
 Form and Content: COVER LETTER: signed by an authorized officer requesting support
 BACKGROUND: statement of the organization's history, mission and goal. Background on staff carrying out the project.
 DESCRIPTION: of the proposed work, the project's necessity and the target population.
 BUDGET: for the project; amount requested and other sources of income.
 TIME LINE: for scheduled benchmarks including evaluation Requests after 11/1 will be considered the following yr.
 Submission Deadlines:
 Restrictions on Awards: Our Foundation issues grants to qualified entities or individuals that assist in carrying out our mission and emphasis is placed on promoting and supporting research that will enhance patient safety or legal reform. We will consider programs that highlight physician education or liability issues, as well.

Statement 8
Form 990-PF, Part XV, Line 3a
Recipient Paid During the Year

Name and Address	Donee Relationship	Found- ation Status	Purpose of Grant	Amount
NATIONAL PATIENT SAFETY FOUNDATION 132 MASS MOCA WAY NORTH ADAMS, MA 01247	NONE	501(c)(3)	TO SUPPORT THE ANNUAL LUCIAN LEAPE TOWN HALL PLENARY SESSION AT THE NATIONAL PATIENT SAFETY FOUNDATION CONGRESS.	\$ 44,080.
ANESTHESIA PATIENT SAFETY FOUNDATION 520 N. NORTHWEST HIGHWAY PARK RIDGE, IL 60068	NONE	501(c)(3)	TO SPONSOR THE ANN S. LOFSKY, MD RESEARCH AWARD.	5,000.
CALIFORNIA MEDICAL ASSOCIATION FNDTN 3835 NORTH FREEWAY BLVD #100 SACRAMENTO, CA 95834	NONE	501(c)(3)	TO SUPPORT THE CMA'S ANNUAL MEDICAL STUDENT LEADERSHIP CONFERENCE.	31,250.

THE DOCTORS COMPANY FOUNDATION

26-1636256

Statement 8 (continued)
Form 990-PF, Part XV, Line 3a
Recipient Paid During the Year

Name and Address	Donee Relationship	Found- ation Status	Purpose of Grant	Amount
AMERICAN ACADEMY OF OTOLARYNGOLOGY 1650 DIAGONAL ROAD ALEXANDRIA, VA 22314	NONE	501(c) (3)	TO FUND CORE GRANT THAT WILL ENCOURAGE NEW RESEARCH AND FOCUS ON VITAL ADVANCES IN PATIENT SAFETY AND TO SUPPORT THEIR ANNUAL MEETING & EXPO.	\$ 42,000.
CLEVELAND CLINIC FOUNDATION 9500 EUCLID AVENUE NO H-18 CLEVELAND, OH 44195	NONE	501(c) (3)	FIRST OF THREE INSTALLMENTS FOR HEART CARE AT HOME.	100,836.
ABG ANESTHESIA SAFETY RESEARCH INSTITUTE C/O SPECTRUM MED GR 324 GRANNETT DR SOUTH PORTLAND, ME 04106	NONE	501(c) (3)	2010 GRANT FOR STATISTICAL ANALYSIS OF PERIOPERATIVE	64,900.
UNIVERSITY OF ILLINOIS FOUNDATION 1305 WEST GREEN STREET URBANA, IL 61801	NONE	501(c) (3)	PATIENT SAFETY EDUCATIONAL CAMP FOR MEDICAL STUDENTS IN TELLURIDE AS WELL AS MEETING OF MEDICAL SCHOOL DEANS IN CHICAGO JUNE 2011.	155,000.
UNIVERSITY OF HAWAII FOUNDATION 2444 DOLE STREET BACHMAN HALL 105 HONOLULU, HI 96822	NONE	501(c) (3)	GRANT TO SUPPORT 2ND CROSS-CULTURAL HEALTH CARE CONFERENCE: COLLABORATIVE AND MULTI DISCIPLINARY INTERVENTIONS.	5,000.
SOCIETY OF HOSPITAL MEDICINE 1500 SPRING GARDEN STREET PHILADELPHIA, PA 19130	NONE	501(c) (3)	TO SUPPORT TRAINING FOR HOSPITALIST PHYSICIAN MENTORS AS PART OF THEIR "MENTORED IMPLEMENTATION" PROGRAM.	52,000.

THE DOCTORS COMPANY FOUNDATION

26-1636256

Statement 8 (continued)
Form 990-PF, Part XV, Line 3a
Recipient Paid During the Year

Name and Address	Donee Relationship	Found- ation Status	Purpose of Grant	Amount
OLIVE VIEW-UCLA EDU AND RSRCH INST. INC 14445 OLIVE VIEW DRIVE ADMIN BLDG SYLMAR, CA 91342	NONE	501(c) (3)	ALZHEIMER'S HOME SAFETY PROGRAM PILOT & EVALUATION.	\$ 72,000.
MICHIGAN STATE MEDICAL SOCIETY FNDTN DBA MSMSF - 120 WEST SAGINAW EAST LANSING, MI 48823	NONE	501(c) (3)	TO SUPPORT THE MICHIGAN STATE HEALTH CARE QUALITY SYMPOSIUM.	9,000.
MILLS-PENINSULA HOSPITAL FOUNDATION 1501 TROUSDALE DRIVE BURLINGAME, CA 94010	NONE	501(c) (3)	COLLABORATIVE PROJECT TO FUND A NORTHERN CALIFORNIA REGIONAL "NATIONAL SURGICAL QUALITY IMPROVEMENT PROJECT".	89,300.
CALIF INST. FOR NURSING & HEALTH CARE P.O. BOX 70007 OAKLAND, CA 94612	NONE	501(c) (3)	TO HELP FUND THEIR 2011 "MAGIC IN TEACHING" CONFERENCE HIGHLIGHTING PATIENT SAFETY FOR NURSING EDUCATION IN SCHOOLS OF NURSING AND HOSPITALS.	25,000.
TUFTS HEALTH CARE INSTITUTE, INC. 136 HARRISON AVENUE BOSTON, MA 02111	NONE	501(c) (3)	TO HELP SUPPORT A TWO-DAY INTENSIVE FACULTY DEVELOPMENT COURSE.	27,000.
ANDREY OSTROVSKY 5 OAK HILL COURT OWINGS MILLS, MD 21117	NONE		YOUNG PHYSICIANS AWARD WINNER.	5,000.
CHRISTOPHER D. THOM 234 KINGS GRANT DRIVE YORKTOWN, VA 23692	NONE		YOUNG PHYSICIANS AWARD WINNER.	5,000.

THE DOCTORS COMPANY FOUNDATION

26-1636256

Statement 8 (continued)
Form 990-PF, Part XV, Line 3a
Recipient Paid During the Year

Name and Address	Donee Relationship	Found- ation Status	Purpose of Grant	Amount
DANIEL E HENDERSON 355 TALMADGE ROAD CHESHIRE, CT 06410	NONE		YOUNG PHYSICIANS AWARD WINNER.	\$ 5,000.
MENGYAO LIANG 2324 S. OAKLEY AVE. APT. 1 CHICAGO, IL 60608	NONE		YOUNG PHYSICIANS AWARD WINNER.	5,000.
NOAH ROSENBERG 99 JANUARY HILL ROAD AMHERST, MD 01002	NONE		YOUNG PHYSICIANS AWARD WINNER.	5,000.
WAEL SALEM 1240 6TH AVENUE, APT. 5 SAN FRANCISCO, CA 94122	NONE		YOUNG PHYSICIANS AWARD WINNER.	5,000.

Total \$ 752,366.