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Form GON\_DF

# Return of Private Foundation

OMB No 1545-0052

	Depa	epartment of the Treasury lernal Revenue Service  Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements.					2011	
		çalendar year 2011 d				, and ending	NOV 30, 2012	
	Nar	me of foundation	-				A Employer identification	number
	T	HE ISABEL	ALLENDE	FOUNDAT	ION		91-1748486	
	Nun	nber and street (or PO b	ox number if mail is not	delivered to street	address)	Room/suite	B Telephone number	
	_1	16 CALEDO	NIA ST				415-331-02	00
		y or town, state, and $ar{z}$					C If exemption application is p	ending, check here
		AUSALITO,			· <del></del>		_	
	G (	Check all that apply:	Initial retu			ormer public charity	D 1. Foreign organizations	, check here
			Final retu		Amended return		Foreign organizations me 2. check here and attach co	eting the 85% test,
I	u (	Check type of organiza	Address of Sections		Name change kempt private foundation	· · · · · · · · ·	1	
į L	<u>"</u>	_ <i>``</i>	nonexempt charitat		Other taxable private found	ation	If private foundation state under section 507(b)(1)	
	l Fa	air market value of all		. 1		Accrual	F If the foundation is in a	
		rom Part II, col (c),	line 16)	o	ther (specify)	r (specify)		(B), check here
		\$	9,618,102	(Part I, colu	mn (d) must be on cash	basis.)		
	Pa	(The total of amo	evenue and Expense unts in columns (b), (c), il the amounts in column	and (d) may not	(a) Revenue and expenses per books	( <b>b)</b> Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
ı		1 Contributions,	gifts, grants, etc., rec	eived	796,508.		N/A	
			f the foundation is not require	d to attach Sch B				
		3 Interest on saving cash investments			64,347.	64,347.		STATEMENT 2
2013			interest from securiti	es	149,419.	149,419.	<u> </u>	STATEMENT 3
		5a Gross rents	()>					
ക		b Net rental income	from sale of assets not o	June 10 D	CEN 221-5, 857.			STATEMENT 1
~	Revenue	b Gross sales price assets on line 6a		1 1 1	PEIAFO.			
<b>E</b>	e ve	7 Capital gain net in	come (from Part IV, line	1-	S	335,643.		
1	č	8 Net short-term	capital gain	る MAR	1 1 2013			
SCANNED		9 Income modific		L	NO.			
Z		10a Gross sales less r and allowances	eturns	OGI	DEN, UT			
K		b Less Cost of goo	·				-	
Ĭ		c Gross profit or	(loss)		23.	23.	<u></u>	STATEMENT 4
		11 Other income 12 Total Add line	e 1 through 11		1,226,154.	549,432.	<del>                                     </del>	STATEMENT 4
	_		officers, directors, truste	nes etc	0.	0.		0.
		14 Other employee			180,083.	<del></del>		171,079
		15 Pension plans,						
	ses	16a Legal fees						
	ben	<b>b</b> Accounting fee:		TMT 5	15,612.			14,051.
	ŭ	c Other professio	onal fees S	TMT 6	14,281.	0.		14,281.
	tive	17 Interest	. ~		01 660	2 000		0 000
	ă Ta	18 Taxes		TMT 7	21,663.	3,022.	<u> </u>	8,809.
	ij	19 Depreciation an	id depletion		3,950.	0.		
	β	20 Occupancy 21 Travel, conferen	neae and meetings		12,573.	0.		12,573.
	þ	22 Printing and pu			12,515.	•		12,575
	Operating and Administrative Expenses	23 Other expenses		тмт 8	97,284.	56,878.	1	39,839.
	atin	24 Total operating			.,			
	pera	expenses Add	lines 13 through 23		345,446.	70,465.		260,632.
	Õ	25 Contributions,			580,100.			580,100.

123501 12-02-11 LHA For Paperwork Reduction Act Notice, see instructions.

a Excess of revenue over expenses and disbursements

b Net investment income (if negative, enter -0-)

c Adjusted net income (if negative, enter -0-)

Form **990-PF** (2011)

840,732.

925,546

<u>300,608.</u>

Add lines 24 and 25 27 Subtract line 26 from line 12:

26 Total expenses and disbursements

N/A

70,465

478,967.

For	m 99	0-PF (2011) THE ISABEL ALLENDE FOUND			L748486 Page 2
P	art	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End of	
<u> </u>	<u> </u>	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	17,961.	49,089.	49,089.
	2	Savings and temporary cash investments	20,437.	6,480.	6,481.
	3	Accounts receivable ►			
		Less: allowance for doubtful accounts ▶			
	4	Pledges receivable			
		Less: allowance for doubtful accounts			<del></del>
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons			
	7	Other notes and loans receivable			
		Less: allowance for doubtful accounts			
ţ	8	Inventories for sale or use			
Assets		Prepaid expenses and deferred charges			
⋖	10a	Investments - U.S. and state government obligations STMT 9	805,628.	907,264.	906,026.
	b	Investments - corporate stock STMT 10	4,933,664.	5,251,276.	6,647,715.
	C	Investments - corporate bonds STMT 11	2,130,259.	2,003,368.	1,999,795.
	11	Investments - land, buildings, and equipment basis			
		Less accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other			
	14	Land, buildings, and equipment: basis ► 22,397.  Less accumulated depreciation STMT 12 ► 13,400.			
		Less accumulated depreciation STMT 12► 13,400.	6,420.	8,997.	<u>8,996.</u>
	15	Other assets (describe ►)			<del></del>
_	16	Total assets (to be completed by all filers)	7,914,369.	8,226,474.	9,618,102.
	17	Accounts payable and accrued expenses	459.	11,956.	
	18	Grants payable			
es	19	Deferred revenue			
Ξ	20	Loans from officers, directors, trustees, and other disqualified persons			
Liabilities	21	Mortgages and other notes payable			
_	22	Other liabilities (describe )			
_	23	Total liabilities (add lines 17 through 22)	459.	11,956.	
	i	Foundations that follow SFAS 117, check here			
G		and complete lines 24 through 26 and lines 30 and 31.			
ë	24	Unrestricted			
Net Assets or Fund Balances	25	Temporarily restricted			
Ä	26	Permanently restricted			
Ĕ		Foundations that do not follow SFAS 117, check here			
F		and complete lines 27 through 31.			
ţ	27	Capital stock, trust principal, or current funds	0.	0.	
sse	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
Ä	29	Retained earnings, accumulated income, endowment, or other funds	7,913,910.	8,214,518.	
ž	30	Total net assets or fund balances	7,913,910.	8,214,518.	
			T 014 350	0 006 454	
	31	Total liabilities and net assets/fund balances	7,914,369.	8,226,474.	
P	art	Analysis of Changes in Net Assets or Fund Ba	alances		
1	Tota	net assets or fund balances at beginning of year - Part II, column (a), line 3	30		
•		st agree with end-of-year figure reported on prior year's return)		1	7,913,910.
2	•	r amount from Part I, line 27a		2	300,608.
		r increases not included in line 2 (itemize)		3	0.
		lines 1, 2, and 3		4	8,214,518.
5	Decr	eases not included in line 2 (itemize)		5	0.
6	Tota	net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	lumn (b), line 30	6	8,214,518.

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6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

(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 (col. (b) divided by col. (c))
2010	683,544.	9,020,686.	.075775
2009	1,038,109.	8,263,090.	.125632
2008	520,310.	7,652,207.	.067995
2007	669,898.	9,147,210.	.073235
2006	588,824.	9,378,111.	.062787

.405424 2 Total of line 1, column (d) 3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years .081085 the foundation has been in existence if less than 5 years 3 9,321,556. Enter the net value of noncharitable-use assets for 2011 from Part X, line 5 755,838. 5 Multiply line 4 by line 3 5 6 Enter 1% of net investment income (1% of Part I, line 27b) 4,790. 760,628. 7 Add lines 5 and 6 8 Enter qualifying distributions from Part XII, line 4 840,732.

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.

orm 99 Part	00-PF (2011) THE ISABEL ALLENDE FOUNDATION  VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or	91 or 4948	<u>-1748</u> - see i	486 nstru	ctio	Page 4 <b>1s)</b>
	empt operating foundations described in section 4940(d)(2), check here  and enter "N/A" on line 1.					
	ite of ruling or determination letter: (attach copy of letter if necessary-see instructions)	- 1	i			
<b>b</b> Do	omestic foundations that meet the section 4940(e) requirements in Part V, check here 🕒 🗶 and enter 1%	1	<del>-</del>		<u>4,7</u>	<u>90.</u>
	Part I, line 27b	- 1				
	other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).					_
	x under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2_	+		4 5	0.
	ld lines 1 and 2	3			4,7	90.
	ibitile A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	+		4 7	0.
	x based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5			4,7	90.
	edits/Payments:					
	11 estimated tax payments and 2010 overpayment credited to 2011 6a 6, 60	0.	1			
	empt foreign organizations - tax withheld at source					
	x paid with application for extension of time to file (Form 8868)		Ì			
	ckup withholding erroneously withheld					
	tal credits and payments. Add lines 6a through 6d	7			6,6	00.
	ter any <b>penalty</b> for underpayment of estimated tax. Check here if Form 2220 is attached	8	<b>-</b>			1.
	x due. If the total of lines 5 and 8 is more than line 7, enter amount owed	<b>▶</b>   9	<b>-</b>			
	rerpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	► <u>10</u>			<u>1,8</u>	<u>09.</u>
	ter the amount of line 10 to be: Credited to 2012 estimated tax	<u> </u>				<u>0.</u>
	VII-A Statements Regarding Activities			,		-
	iring the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or inter	vene in			Yes	
	y political campaign?			1a		<u>X</u>
	d it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition	-		1b		_X_
lf i	the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials pub	lished or	•			
dis	stributed by the foundation in connection with the activities.					
	d the foundation file Form 1120-POL for this year?			1c		<u>X</u>
	ter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:	_		[		
	On the foundation.  \$ O. (2) On foundation managers.  \$	<u>o.</u>				
	ter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation					
	anagers. ► \$O.					
	s the foundation engaged in any activities that have not previously been reported to the IRS?			2		<u>X</u>
	"Yes," attach a detailed description of the activities.					
	is the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporati	on, or				
	laws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3		X
	d the foundation have unrelated business gross income of \$1,000 or more during the year?		.= / -	4a		<u>X</u>
	Yes," has it filed a tax return on Form 990-T for this year?		N/A	4b		
	as there a liquidation, termination, dissolution, or substantial contraction during the year?			_5_		_X_
	"Yes," attach the statement required by General Instruction T.					
	e 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?			6	X	
	d the foundation have at least \$5,000 in assets at any time during the year?			_7	X	
	"Yes," complete Part II, col. (c), and Part XV.					
	ter the states to which the foundation reports or with which it is registered (see instructions)					
_	the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)					
	each state as required by General Instruction G? If "No," attach explanation			8b	X	
	the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for	calendar				
	ar 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? If "Yes," complete Part XIV			_9		X
	d any persons become substantial contributors during the tay year? If the persons become substantial contributors during the tay year?	стм	т 1 3	10	x	

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orn	1 990-PF (2011) THE ISABEL ALLENDE FOUNDATION 91-174	8486	1	Page 5
ŭ	art VII-A   Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		_X_
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			
	If "Yes," attach statement (see instructions)	12		_X _
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X_	
	Website address WWW.ISABELALLENDEFOUNDATION.ORG			
14	The books are in care of ► ISABEL ALLENDE Telephone no. ► 415-3	31-02	200	
	Located at ► 116 CALEDONIA ST, SAUSALITO, CA ZIP+4 ►9	4965		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		<b></b>	
	and enter the amount of tax-exempt interest received or accrued during the year	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,		Yes	No
	securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of the foreign	1		
	country		l	
P	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required		•	
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	7	Yes	No
18	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?		İ	
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)	1 1		
	a disqualified person?	1 1		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?		j	
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?		ł	
	(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)?		İ	
	(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	1 1	- 1	
	termination of government service, if terminating within 90 days.)		1	
	o If any answer is "Yes" to 1a(1)-(6), did <b>any</b> 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)?  N/A	16	ŀ	
	Organizations relying on a current notice regarding disaster assistance check here	'''		
	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected		i	
•		1.		х
•	before the first day of the tax year beginning in 2011?  Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation	1c		
2				
	defined in section 4942(j)(3) or 4942(j)(5)):			
•	a 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?  Yes X No			
	Mark and the San San San San San San San San San San			
	If "Yes," list the years , , , , , , , , , , , , , , , , , , ,		İ	
,	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect	1 1	1	
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach	1		
	statement - see instructions.)  N/A	2b		
(	of the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
	<u> </u>		J	
3	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
	during the year?			
1	of "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,	1 1	ľ	
	Form 4720, to determine if the foundation had excess business holdings in 2011.)	3b		
	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		<u>X</u>
I	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?	4b		X

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orm 990-PF (2011) THE ISABEL ALLENDE FOUND	ATION		<u>91-17484</u>	86	Page 6
Part VII-B   Statements Regarding Activities for Which I	-orm 4/20 May Be F	tequirea (contin	ued)		<del></del>
5a During the year did the foundation pay or incur any amount to:		<b></b> ,	ਿ <b>ਦ</b> ਾ ∣		Ì
(1) Carry on propaganda, or otherwise attempt to influence legislation (section			8 X No		
(2) Influence the outcome of any specific public election (see section 4955); o	or to carry on, directly or indire	ectry,			
any voter registration drive?	•		8 X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes		· Ye	s X No		
(4) Provide a grant to an organization other than a charitable, etc., organizatio	n described in section		s X No		
509(a)(1), (2), or (3), or section 4940(d)(2)?			8 LAJ NO		
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or i	or — v-	s X No		
the prevention of cruelty to children or animals?	day tha avecations described i		ו מאובבו א	1	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und		n regulations	N/A	5b	
section 53.4945 or in a current notice regarding disaster assistance (see instru				30	
Organizations relying on a current notice regarding disaster assistance check h		, unad			
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption for		//A ☐ Ye	s 🖂 No		
expenditure responsibility for the grant?		I/A	.s no		
If "Yes," attach the statement required by Regulations section 53 494s 6a Did the foundation, during the year, receive any funds, directly or indirectly, to					
a personal benefit contract?	pay premiumo un	┌ va	s X No	-	
a personal ceneric contract?  b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	personal henefit contract?	16		6b	х
If "Yes" to 6b, file Form 8870	orgonal penent contract!		<u> </u>	-	<del></del>
7a At any time during the tax year, was the foundation a party to a prohibited tax s	shelter transaction?	☐ Ye	s X No		
b If "Yes," did the foundation receive any proceeds or have any net income attribu				7b	
Information About Officers Directors Trust		nagers, Highly			<del></del>
Part VIII Paid Employees, and Contractors	,		,		
List all officers, directors, trustees, foundation managers and their	compensation.				
A November 1 de la constantina	(b) Title, and average hours per week devoted	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans and deterred	(e)	Expense ount, other
(a) Name and address	to position	enter -0-)	and deterred compensation	all	owances
ISABEL ALLENDE	PRESIDENT				
116 CALEDONIA ST	]	]			
SAUSALITO, CA 94965	1.00	0.	0.	ļ	0.
VILLIAM C. GORDON	SECRETARY				
116 CALEDONIA ST		_	_		_
SAUSALITO, CA 94965	1.00	0.	0.	<u> </u>	0.
	<u> </u>				
				ļ	
	_				
2 Compensation of five highest-paid employees (other than those inc	luded on line 1) If none	enter "NONE "		<u> </u>	
Compensation of live ingrest-paid employees (other than those inc	(b) Title, and average	T TOTAL	(d) Contributions to	(e)	Expense
(a) Name and address of each employee paid more than \$50,000	` 'hours per week "	(c) Compensation	(d) Contributions to employee benefit plans and deferred	acco	ount, other owances
ODT DADDA	devoted to position  EXECUTIVE DIR	ECTOP	compensation	411	OWances
LORI BARRA 171 RIVIERA, SAN RAFAEL, CA 94901	40.00	128,000.	0.		0.
I/I KIVIEKA, SAN KAFAELI, CA 34301	40.00	120,000.	<u>.</u>	-	
	1				
		<del> </del>		-	
	1				
	-				
	1				
				i	
	1			}	
Total number of other employees paid over \$50,000	1				

Form 990-PF (2011) THE ISABEL ALLENDE FOUNDATION	91-	1748486	Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation Managers, H Paid Employees, and Contractors (continued)	ighly		
3 Five highest-paid independent contractors for professional services. If none, enter "NONE."			
(a) Name and address of each person paid more than \$50,000 (b) Type of	f service	(c) Com	pensation
NONE			
<del></del>			
Total number of others receiving over \$50,000 for professional services		<b>—</b>	
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.	ie	Expenses	3
1 N/A			
2			
3			
			<del></del>
4			
Part IX-B Summary of Program-Related Investments		<del></del>	
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	<del></del>		
Total, Add lines 1 through 3	<b>•</b>		0.
TO SHIP THE SHIP TO SHIP THE S		Form <b>990-F</b>	F (2011)

| Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions) Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: <u>9,362,581.</u> a Average monthly fair market value of securities 18 100,928. b Average of monthly cash balances 1b 1c c Fair market value of all other assets 9,463,509. 1d d Total (add lines 1a, b, and c) e Reduction claimed for blockage or other factors reported on lines 1a and 0. 1c (attach detailed explanation) 1e Acquisition indebtedness applicable to line 1 assets 9,463,509. 3 Subtract line 2 from line 1d 4 141,953. Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 5 9,321,556. 466,078. Minimum investment return Enter 5% of line 5 6 Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain Part XI foreign organizations check here 
and do not complete this part.) 466,078. 1 Minimum investment return from Part X, line 6 4,790. 2a Tax on investment income for 2011 from Part VI, line 5 2b Income tax for 2011. (This does not include the tax from Part VI.) 4,790. 2c Add lines 2a and 2b C 288. 3 Distributable amount before adjustments. Subtract line 2c from line 1 3 Recoveries of amounts treated as qualifying distributions 4 0. 5 288. Add lines 3 and 4 Deduction from distributable amount (see instructions) 6 7 288. Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 Part XII Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: 840,732. 1a a Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 b Program-related investments - total from Part IX-B 1b Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes 2 Amounts set aside for specific charitable projects that satisfy the: 3a a Suitability test (prior IRS approval required) Cash distribution test (attach the required schedule) 3b 840,732. Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 4 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment <u>4,790.</u> income. Enter 1% of Part I, line 27b 835,942. 6 Adjusted qualifying distributions. Subtract line 5 from line 4 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

Form **990-PF** (2011)

4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

			······································	
•	(a) Corpus	(b) Years prior to 2010	(¢) 2010	(d) 2011
1 Distributable amount for 2011 from Part XI,				151 000
line 7				461,288.
2 Undistributed income, if any, as of the end of 2011				
a Enter amount for 2010 only			_0.	
b Total for prior years:		0		
3 Excess distributions carryover, if any, to 2011:		0.		
1				
a From 2006 142,600. b From 2007 225,531.				
b From 2007 225,531. c From 2008 140,152.				
d From 2009 631,666.				
e From 2010 245, 680.				
f Total of lines 3a through e	1,385,629.			
4 Qualifying distributions for 2011 from	2/000/020			
Part XII, line 4: ▶\$ 840,732.				
a Applied to 2010, but not more than line 2a	1		0.	
b Applied to undistributed income of prior				<u> </u>
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2011 distributable amount				461,288.
e Remaining amount distributed out of corpus	379,444.			
5 Excess distributions carryover applied to 2011	0.			0.
(If an amount appears in column (d), the same amount must be shown in column (a) )				
6 Enter the net total of each column as indicated below:				
8 Corpus Add lines 3f, 4c, and 4e Subtract line 5	1,765,073.			
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 instr.			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)	0.			
8 Excess distributions carryover from 2006				
not applied on line 5 or line 7	142,600.			
9 Excess distributions carryover to 2012.	1 (00 400		1	
Subtract lines 7 and 8 from line 6a	1,622,473.			
10 Analysis of line 9:				
a Excess from 2007 225,531.				
b Excess from 2008 140, 152.				
c Excess from 2009 631,666.				
d Excess from 2010 245,680.	}			
e Excess from 2011 379, 444.				Form <b>990-PF</b> (2011)

	BEL ALLENDE			91-17	48486 Page 10
Part XIV Private Operating F	oundations (see ins	structions and Part VII	A, question 9)	<u> N/A</u>	
1 a If the foundation has received a ruling o			ľ		
foundation, and the ruling is effective fo			▶└▃	<del>_</del>	
<b>b</b> Check box to indicate whether the found		g foundation described i		4942(j)(3) or 49	42(j)(5)
2 a Enter the lesser of the adjusted net	Tax year	(1) 0010	Prior 3 years (c) 2009	(4) 2000	(a) <b>T</b> akal
income from Part I or the minimum	(a) 2011	(b) 2010	(6) 2009	(d) 2008	(e) Total
investment return from Part X for					
each year listed		<del> </del>	<del></del>		
b 85% of line 2a	<u> </u>				
c Qualifying distributions from Part XII,					
line 4 for each year listed  d Amounts included in line 2c not				_ <del> </del>	
used directly for active conduct of	1				
exempt activities					
e Qualifying distributions made directly					<del></del>
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:		<u></u>			
(1) Total support other than gross					
investment income (interest,					
dividends, rents, payments on securities loans (section			·		
512(a)(5)), or royalties)					<del></del>
(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				İ	ii
an exempt organization					
Part XV Supplementary Info	rmation (Comple	te this part only i	f the foundation	on had \$5,000 or mo	ore in assets
at any time during t					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
1 Information Regarding Foundation	n Managers:				
a List any managers of the foundation wh		than 2% of the total contr	ibutions received by	the foundation before the clos	se of any tax
year (but only if they have contributed n	nore than \$5,000). (See s	ection 507(d)(2).)			
ISABEL ALLENDE				<del></del>	·
<ul> <li>b List any managers of the foundation wh other entity) of which the foundation has</li> </ul>			or an equally large po	ortion of the ownership of a pa	artnership or
NONE		<del></del> .			
2 Information Regarding Contribute					
Check here \( \sum \text{\text{X}} \) if the foundation of the foundation makes gifts, grants, etc.					
- <del></del>	<del></del>			, complete items za, b, c, and	<del></del>
a The name, address, and telephone num	per of the person to whon	n applications snould be a	addressed:		
<b>b</b> The form in which applications should b	e submitted and informat	ion and materials they sh	ould include;		
c Any submission deadlines:					
d Any restrictions or limitations on awards	s, such as by geographica	l areas, charitable fields,	kınds of institutions,	or other factors:	<del></del>
200001 10 00 11			_		Form <b>990-PF</b> (2011)

	Unrelated	business income		ded by section 512, 513, or 514	(e)
ter gross amounts unless otherwise indicated.	(a) Business	(b) Amount	Exclu- sion	(d) Amount	Related or exempt function income
Program service revenue:	code		code		1011011011111
			-		
d	1				·
Fees and contracts from government agencies			_		
Membership dues and assessments		<del>'\</del>	-		
nterest on savings and temporary cash					
investments			14	64,347.	
Dividends and interest from securities			14	64,347. 149,419.	
Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property				<u> </u>	
Net rental income or (loss) from personal			1		
property					
Other investment income			14	23.	
Gain or (loss) from sales of assets other					
than inventory			18	215,857.	
Net income or (loss) from special events			_		
Gross profit or (loss) from sales of inventory			<u> </u>		<del> </del>
Other revenue:					
a	<del>    </del>		-		
b	<del> </del> -				<del></del>
<u> </u>	1		<del>                                     </del>		
d			+-		
Subtotal. Add columns (b), (d), and (e)		Ö		429,646.	<del></del>
Total. Add line 12, columns (b), (d), and (e)	L		•,	13	429,64
e worksheet in line 13 instructions to verify calculation	ns )				
· · · · · · · · · · · · · · · · · ·		nplishment of I	Exemp	t Purposes	
art XVI-B   Relationship of Activiti		-			alishment of
<del></del>	n income is reported in	column (e) of Part XVI	-A contril		
<del></del>	n income is reported in than by providing fund	column (e) of Part XVI is for such purposes).	-A contril		
e No Explain below how each activity for which	n income is reported in than by providing fund	column (e) of Part XVI is for such purposes).	-A contril	outed importantly to the accomp	
ne No Explain below how each activity for which	n income is reported in than by providing fund	column (e) of Part XVI is for such purposes).	-A contril	outed importantly to the accomp	
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Form **990-PF** (2011)

123621 12-02-11

(b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements (a) Line no N/A 2a is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described X No in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? If "Yes," complete the following schedule. (b) Type of organization (c) Description of relationship (a) Name of organization Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge May the IRS discuss this return with the preparer Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge Sign hown below (so Here X Yes Signature of officer or trustee Title Check PTIN Preparer's signature Print/Type preparer's name self- employed P00391856 Paid ELLEN M. REED CPA Preparer Firm's name ► JILLIAN M. HELMER, Firm's EIN  $\triangleright$  68-0399752 **Use Only** 

> (707) 578-4444 Form **990-PF** (2011)

Phone no.

Firm's address ▶ 384 TESCONI COURT

SANTA ROSA, CA 95401

#### Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

### **Schedule of Contributors**

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

OMB No 1545-0047

2011

Employer identification number

ጥ	HE ISABEL ALLENDE FOUNDATION	91-1748486					
Organization type (check one):							
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 <b>General Rule</b> or a <b>Special Rule.</b> )(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	lle. See instructions.					
General Rule							
For an organizatio contributor Comp	n filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in molete Parts I and II.	oney or property) from any one					
Special Rules							
509(a)(1) and 170(	c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the reg (b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the g (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II						
total contributions	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.						
contributions for u If this box is check purpose Do not c	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 <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.						
but it must answer "No" or	hat is not covered by the General Rule and/or the Special Rules does not file Schedule E Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on Part t the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).						

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

Employer identification number

#### THE ISABEL ALLENDE FOUNDATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ISABEL ALLENDE  116 CALEDONIA ST  SAUSALITO, CA 94965	\$\$.	Person Payroll Noncash X (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	ISABEL ALLENDE  116 CALEDONIA ST  SAUSALITO, CA 94965	\$223,530.	Person Payroll Noncash X (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	ISABEL ALLENDE  116 CALEDONIA ST  SAUSALITO, CA 94965	\$ 109,751.	Person Payroll Noncash X (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	ISABEL ALLENDE  116 CALEDONIA ST  SAUSALITO, CA 94965	\$ 42,918.	Person Payroll Noncash X (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	ISABEL ALLENDE  116 CALEDONIA ST  SAUSALITO, CA 94965	\$56,365.	Person Payroll Noncash X (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	ISABEL ALLENDE  116 CALEDONIA ST  SAUSALITO, CA 94965	\$67,129.	Person Payroll Noncash X (Complete Part II if there is a noncash contribution)
	· · · · · · · · · · · · · · · · · · ·	Cabadula D /Farm	990 990-F7 or 990-PF\ (2011

Employer identification number

#### THE ISABEL ALLENDE FOUNDATION

Part I	Contributors (see instructions). Use duplicate copies of Part I r	f additional space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	ISABEL ALLENDE  116 CALEDONIA ST  SAUSALITO, CA 94965	\$ 29,082.	Person Payroll Noncash X (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	ISABEL ALLENDE  116 CALEDONIA ST  SAUSALITO, CA 94965	\$\$,694.	Person Payroli Noncash X (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	ISABEL ALLENDE  116 CALEDONIA ST  SAUSALITO, CA 94965	\$73,135.	Person Payroll Noncash X (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there Is a noncash contribution.)

Employer identification number

#### THE ISABEL ALLENDE FOUNDATION

HE I	SABEL ALLENDE FOUNDATION		91-1748486
Part II	Noncash Property (see instructions). Use duplicate copies of Pa	rt II if additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	3,000 SHARES ACCENTURE		
1			
		\$ 173,59	12/08/11
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_	6,000 SHARES ARCH CAPITAL GROUP		
_2		\$\$	0. 12/08/11
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	1,455 SHARES PHILIP MORRIS		
3	INTERNATIONAL		
		\$ 109,75	1. 12/08/11
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	500 SHARES AMGEN		
4			
		\$42,91	8. 11/20/12
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	100 SHS APPLE		
5			
		\$ 56,36	<u> 11/20/12</u>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	100 SHS GOOGLE		
6			
		\$67,12	9. 11/20/12
		Cabadula D./	Form 990, 990-F7, or 990-PE\ (2

Employer identification number

#### THE ISABEL ALLENDE FOUNDATION

(a) No. from Part I	Noncash Property (see instructions). Use duplicate copies of F  (b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
7	600 SHARES PHILLIPS 66		
		\$ 29,082.	11/20/12
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_8	200 SHARES PHILLIPS 66		
		sss	11/20/12
(a) No. from	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
9	500 VISA		<del></del>
		\$ 73,135.	11/20/12
(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
ļ		s	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$ Schedule B (Form 99	

Schedule E	3 (Form 990, 990·EZ, or 990·PF) (2011)		Page 4
Name of org		· · · · · · · · · · · · · · · · · · ·	Employer identification number
THE IS Part III	SABEL ALLENDE FOUNDATION  Exclusively religious, charitable, etc., indivice year. Complete columns (a) through (e) and the the total of exclusively religious, charitable, etc.,	dual contributions to section 501(c)(7),	91-1748486  (8), or (10) organizations that total more than \$1,000 for the ompleting Part III, enter year, (forter tible information once)  \$ \infty \text{\$\frac{1}{3}} \text{\$\frac{1}{3
	Use duplicate copies of Part III if additional		
(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	1 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	d 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	
ļ	Transferee's name, address, and	d 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	<u> </u>
-	Transferee's name, address, and	d ZIP + 4	Relationship of transferor to transferee

THE ISABEL ALLENDE FOUNDATION

3 Grants and Contributions Paid During the		- <del></del>		
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	any roomation manager		
AVERTALLY PER GROOM	NO.	PUBLIC	HEALTH SERVICES/AID TO	
AMERICAN RED CROSS	NONE	POBLIC	PROVIDE RELIEF FOR	
PO BOX 37243			VICTIMS OF HURRICANE	
WASHINGTON , DC 20013			SANDY	10,00
AMNESTY INTERNATIONAL	NONE	PUBLIC	HUMAN RIGHTS ADVOCACY	
5 PENN PLAZA				
NEW YORK, NY 10001				1,00
BAY AREA WOMEN AGAINST RAPE	NONE	PUBLIC	HEALTH AND EMPOWERMENT	
470 27TH STREET				
OAKLAND, CA 94612				3,00
CALIFORNIA WATCH, A PROJECT OF THE	NONE	PUBLIC	EDUCATION	
CENTER FOR INVESTIGATIVE REPORTING				
2130 CENTER ST., STE 103				
BERKELY, CA 94704		<u> </u>		1,50
CAMINOS/PATHWAYS LEARNING CENTER	NONE	PUBLIC	EDUCATION AND LITERACY	
2301 MISSION ST, STE 105	[		PROGRAMS	
SAN FRANCISCO, CA 94110		<u> </u>		4,00
CANAL ALLTANGE	NONE	PUBLIC	SUPPORT THE	
CANAL ALLIANCE 91 LARKSPUR STREET	NONE	FUBLIC	DEVELOPMENT OF	
SAN RAFAEL, CA 94901			LEADERSHIP SKILLS FOR	
			YOU	9,50
CARE	NONE	PUBLIC	HEALTH	
151 ELLIS ST NE				
ATLANTA, GA 303032440				1,00
CASA HOGAR BENITO JUAREZ	NONE	PUBLIC	HUMAN SERVICES FOR LOW	
2140 S HWY 3			INCOME FAMILIES	
NORTHFIELD, MN 55057				3,80
CATHOLIC CHARITIES CYO	NONE	PUBLIC	EDUCATION AND LITERACY	
180 HOWARD STREET STE 100			PROGRAMS	
SAN FRANCISCO, CA 94105				2,50
CENTER FOR REPRODUCTIVE RIGHTS	NONE	PUBLIC	HEALTH AND EMPOWERMENT	
120 WALL STREET 14TH FLOOR NEW YORK, NY 10005				41,50
Total from continuation sheets	<del> !</del>			536,20

THE ISABEL ALLENDE FOUNDATION

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual. Recipient Foundation Purpose of grant or show any relationship to Amount status of contribution any foundation manager Name and address (home or business) recipient or substantial contributor CENTRO CHILENO LAUTARO NONE PUBLIC EMPOWERMENT OF WOMEN 15 AVALON COURT ALAMO CA 94507 2,500. NONE PUBLIC HEALTH AND EDUCATION CENTRO LEGAL DE LA RAZA 3022 INTERNATIONAL BLVD STE 410 FOR LOW INCOME PAMILIES 2,500. OAKLAND, CA 94601 CENTROS CULTURALES MAPUCHE ASOCIACION FOREIGN HUMAN RIGHTS ADVOCACY NONE GREMIAL CALLE ENRIQUE BARRAZA NO 18 LORENZO 2,500, ARENAS NO 1 CONCEPCION CHILE CHILDHOOD MATTERS NONE PUBLIC LITERACY PROGRAMS FOR CHILDREN 221 OAK STREET STE B 2,000. OAKLAND CA 94607 CHILDRENS BOOK PROJECT NONE PUBLIC LITERACY PROGRAMS FOR CHILDREN 45 HOLLY PARK CIRCLE SAN FRANCISCO, CA 94110 2,000. CIRCULO DE VIDA CANCER SUPPORT AND NONE PUBLIC HEALTH, EDUCATION, RESOURCE CENTER ADVOCACY, COUNSELING 2601 MISSION STREET, STE 702 FOR LATINAS 6,000. SAN FRANCISCO, CA 94110 CITY OF JOY AID, INC NONE PUBLIC HEALTHCARE FOR 9501 4TH PLACE CHILDREN IN INDIA 7.500. LORTON VA 22079 EDUCATION FOR CORAL - OAXACA SCHOOL FOR THE DEAF NONE PUBLIC CALLE ZARAGOZA 101, COLONIA MARGARITA UNDERSERVED HEARING IMPAIRED CHILDREN IN MAZA DE JUAREZ SAN MARTIN MEXICAPAM 385. OAXACA DE JUAREZ OAXACA MEXICO MEXICO HUMAN SERVICES FOR LOW CORAL NONE PUBLIC INCOME FAMILIES CENTRO OAXAQUENO DE REHABILITACION DE AUDICION IGNACIO ZARAGOZA 101 MARGARITA MAZA DE JUAREZ, OAXACA 1,500. CUMBERLAND VALLEY BREAST CARE NONE PUBLIC HEALTH ALLIANCE 344 LEEDY WAY EAST 500, CHAMBERSBURG PA 17201 Total from continuation sheets

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual. Recipient Foundation Purpose of grant or show any relationship to Amount status of contribution any foundation manager Name and address (home or business) or substantial contributor recipient NONE PUBLIC HUMAN SERVICES FOR LOW EXIL ASSOCIATION INCOME FAMILIES AV REPUBLICA ARGENTINA 6 40 2A BARCELONA, SPAIN 08023 5,000, PUBLIC PROVIDES CHILDCARE AND FAIRFAX SAN ANSELMO CHILDREN'S CENTER NONE 199 PORTEOUS AVE SUPPORT SYSTEM TO 9 500. FAIRFAX CA 94930 **FAMILIES** FAMILY SERVICE AGENCY OF MARIN NONE PUBLIC PROTECTION OF WOMEN AND CHILDREN CHILDHOOD TRAUMA PROGRAM 555 7,500. NORTHGATE DRIVE SAN RAFAEL CA 94903 FEMINIST MAJORITY FOUNDATION NONE PUBLIC EMPOWERS AND PROTECTS 1600 WILSON BLVD, STE 801 WOMEN 1,000. ARLINGTON, VA 22209 FREEDOM FIRM USA NONE PUBLIC PROTECTION OF WOMEN FROM VIOLENCE AND 38 18TH AVE S ABUSE 3,000. HOPKINS, MN 55343 FRIENDS INTERNATIONAL NONE PUBLIC PROTECTION OF WOMEN 107 EAST MAIN STREET STE 27 FROM VIOLENCE AND MEDFORD OR 97501 ABUSE 1 500. FUNDACION COLECTIVO ALQUIMIA FONDO NONE FOREIGN EMPOWERMENT OF WOMEN PARA MUJERES CONDELL 1325 PROVIDENCIA SANTIAGO, CHILE 5,000. GIRLS INCORPORATED OF ALAMEDA COUNTY NONE PUBLIC EMPOWERMENT OF YOUNG 13666 EAST 14TH STREET WOMEN SAN LEANDRO CA 94578 2,500. PUBLIC GREENGULCH FARMS HEALTH NONE 1601 SHORELINE HWY MUIR BEACH CA 94965 1,000. NONE HAITI PROJECTS, INC PUBLIC HEALTH AND EMPOWERMENT 136 RANTOUL STREET 2,000. BEVERLY MA 01915 Total from continuation sheets

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to Amount any foundation manager or substantial contributor status of contribution Name and address (home or business) recipient NONE PUBLIC ASSISTING HOMELESS HOMELESS PRENATAL PROGRAM 2500 18TH STREET PREGNANT WOMEN SAN FRANCISCO, CA 94110 30,000, NONE PUBLIC EMPOWERMENT OF THE HUCKLEBERRY YOUTH PROGRAMS 555 COLE STREET YOUTH SAN FRANCISCO CA 94117 5,000. HUMBLE DESIGN, INC NONE PUBLIC PROVIDE HOUSING AND 242 ASPEN ROAD HUMAN SERVICES TO BIRMINGHAM MI 48009 LOW-INCOME FAMILIES 7,500. NONE PUBLIC JAMESTOWN COMMUNITY CENTER EMPOWERMENT OF THE 3382-26TH STREET YOUTH 5,000. SAN FRANCISCO, CA 94110 KQED NONE PUBLIC EDUCATION THROUGH 2601 MARIPOSA PUBLIC RADIO AND TV 2,500. SAN FRANCISCO, CA 941101426 LA CONCINA NONE PUBLIC EMPOWERING FAMILIES 2948 FOLSOM STREET SAN FRANCISCO, CA 94110 2,500. NONE PUBLIC LEGAL AID OF MARIN PROVIDE LEGAL AID TO IMMIGRANTS AND THOSE 30 N SAN PEDRO RD STE 220 UNDERSERVED SAN RAPAEL, CA 94903 COMMUNITIES 1,330. PUBLIC LEGAL SERVICES FOR CHILDREN NONE DIRECT LEGAL AND 1254 MARKET STREET SOCIAL SERVICES TO LOW INCOME YOUTH SAN FRANCISCO, CA 94102 5,000. MADRE NONE PUBLIC PROTECTING HUMAN 121 WEST 27TH STREET RIGHTS OF WOMEN AND NEW YORK NY 10001 CHILDREN 3,000. MARIN FOOD BANK NONE PUBLIC HUMAN SERVICES FOR LOW 75 DIGITAL DRIVE INCOME FAMILIES NOVATO, CA 94949 4,000. Total from continuation sheets

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual. Recipient Foundation Purpose of grant or show any relationship to Amount status of contribution any foundation manager Name and address (home or business) or substantial contributor recipient NONE PUBLIC EDUCATION/SCHOLARSHIPS MARIN LITERACY PROGRAM 1100 E STREET 2,000. SAN RAFAEL, CA 94915 NONE PUBLIC MARIN STATE PARKS ASSOCIATION-EDUCATION AMOUNT OUR FRIENDS OF CHINA CAMP NATION'S PARKS FOR 100 CHINA CAMP VILLAGE FAMILIES AND CHILDREN SAN RAFAEL CA 94901 2,000. MAYOR'S FUND TO ADVANCE NEW YORK CITY PUBLIC HEALTH SERVICES/AID TO NONE 253 BROADWAY 8TH FLOOR PROVIDE RELIEF FOR VICTIMS OF HURRICANE NEW YORK, NY 10007 SANDY <u>5,000,</u> NONE PUBLIC HEALTH AND EMPOWERMENT MISSSEY 436 14TH STREET STE 1201 20 000. OAKLAND CA 94612 MS FOUNDATION FOR WOMEN NONE PUBLIC EMPOWERMENT OF WOMEN 12 METROTECH CENTER 26TH FLOOR 3,500, NEW YORK, NY 11201 PUBLIC EMPOWERMENT OF WOMEN MUJERES UNIDAS Y ACTIVAS NONE AND THEIR RIGHTS 3543 18TH STREET, #23 20,250. SAN FRANCISCO, CA 94110 PUBLIC EMPOWERMENT OF AFRICAN MUSEUM OF THE AFRICAN DIASPORA (MOAD) 685 MISSION STREET AMERICAN CHILDREN 2,500. SAN FRANCISCO, CA 94105 PUBLIC NARAL PRO-CHOICE CALIFORNIA NONE EMPOWERMENT OF WOMEN FOUNDATION 111 PINE STREET, ST 500 SAN FRANCISCO CA 94110 10,000. NEPALESE YOUTH OPPORTUNITY FOUNDATION PUBLIC EMPOWERMENT OF WOMEN NONE 3030 BRIDGEWAY, ST 123 30,000. SAUSALITO, CA 94965 NONE PUBLIC EDUCATION FOR MEDICAL NETWORK FOR GOOD DONOR ADVISED FUND-MEDICAL STUDENTS FOR CHOICE STUDENTS IN THE FIELD OF WOMEN'S RIGHTS TO PO BOX 40188 PHILIDELPHIA, PA 19106 HEALTHCARE 1,500. Total from continuation sheets

THE ISABEL ALLENDE FOUNDATION

3 Grants and Contributions Paid During the Y	ear (Continuation)			
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	CONTRIBUTION	
NEW YORK CLOSE	Vova	DUDI TO	WHAT MY GROWT COG (AND MO	
NEW YORK CARES 65 BROADWAY 19TH FLOOR	NONE	PUBLIC	PROVIDE RELIEF FOR	
NEW YORK, NY 10006			VICTIMS OF HURRICANE	
			SANDY	10,000
NOVATO YOUTH CENTER/NOVATO WELLNESS CENTER	NONE	PUBLIC	HEALTH SERVICES FOR YOUTH	
680 WILSON AVE NOVATO, CA 94947				7,500
NOVATO, CA 9494/		<u> </u>		
OMEGA INSTITUTE FOR HOLISTIC STUDIES	NONE	PUBLIC	EDUCATION/SCHOLARSHIPS	
150 LAKE DRIVE			FOR YOUNG WOMEN	
RHINEBECK, NY 12572				6,000
PARENT SERVICES PROJECT, INC	NONE	PUBLIC	EMPOWERING FAMILIES	
79 BELEVEDERE ST, STE 101				
SAN RAFAEL, CA 94901				5,000
PLANNED PARENTHOOD FEDERATION OF	NONE	PUBLIC	EMPOWERMENT OF WOMEN	
AMERICA, INC				
434 WEST 33RD STREET				
NEW YORK, NY 10001				42,500
PROGRAM FOR TORTURE VICTIMS	NONE	PUBLIC	SUPPORTING VICTIMS OF	
3655 SOUTH GRAND AVENUE #290			VIOLENCE AND TORTURE	3 000
LOS ANGELES, CA 90007				3,000
PROJECT OPEN HAND	NONE	PUBLIC	FOOD AND HEALTHCARE	
730 POLK STREET	NONE	FOBLIC	FOR UNINSURED/HOMELESS	
SAN FRANCISCO, CA 94109			WOMEN WIT	5,000
REFUGE POINT - FORMERLY MAPENDO	NONE	PUBLIC	HEALTH AND EDUCATION	
INTERNATIONAL	NONE	FUBLIC	FOR LOW INCOME	
689 MASSACHUSETTS AVE, 2ND FLOOR			FAMILIES	
CAMBRIDGE MA 02139	<del> </del>	ļ		4,000
SAN FRANCISCO WOMEN'S CENTERS	NONE	PUBLIC	EDUCATION AND	
3543 18TH STREET, #8			EMPOWERMENT OF WOMEN	
SAN FRANCISCO, CA 94110		<del>                                     </del>	+	1,500
SAN JOSE STATE UNIVERSITY	NONE	PUBLIC	SCHOLARSHIPS FOR LOW	
ONE WASHINGTON SQUARE SAN JOSE CA 951920091			INCOME YOUTH	5,000
Total from continuation sheets			<del></del>	

Part XV Supplementary Information 3 Grants and Contributions Paid During the				
Recipient	If recipient is an individual,	<b>6</b>	D	
Name and address (home or business)	show any relationship to any foundation manager	Foundation status of recipient	Purpose of grant or contribution	Amount
	or substantial contributor	recipient		
T BONIFACE HAITI FOUNDATION, INC	NONE	PUBLIC	HEALTH AND EMPOWERMENT	
00 NORTH MAIN STREET			i	
RANDOLPH, MA 02368				2,00
STREETSIDE STORIES	NONE	PUBLIC	FOR LITERACY PROGRAMS	
3130 20TH STREET, STE 311			SERVING CHILDREN	
SAN FRANCISCO, CA 94110		<u> </u>		2,50
SURVIVORS INTERNATIONAL	NONE	PUBLIC	PROTECTION OF WOMEN	
2727 MARIPOSA ST. STE 100			FROM VIOLENCE	
SAN FRANCISCO CA 94110				2,500
TECHO PARA MI PAIS	NONE	FOREIGN	HEALTH AND EDUCATION	
440 SAN JOAQUIN	NO.L	I OKE I OK	FOR LOW INCOME	
SANTIAGO, CHILE			FAMILIES	10,00
THE AMOS FUND	NONE	PUBLIC	HUMAN SERVICES FOR LOW	
PO BOX 67081			INCOME FAMILIES	
LINCOLN, NE 68506			<del> </del>	3,000
THE ART OF YOGA PROJECT	NONE	PUBLIC	HEALTH AND EMPOWERMENT	
555 BRYANT ST #232	NONE	FUBLIC	REALIR AND EMPOWERMENT	
PALO ALTO, CA 94301				5,00
THE CENTER FOR YOUNG WOMEN'S	NONE	PUBLIC	HEALTH, EDUCATION,	
DEVELOPMENT			PROTECTION AND	
332 FOLSOM STREET STE 700			LITERACY FOR WOMEN	
SAN FRANCISCO, CA 94107				25,000
THE GLOBAL FUND FOR WOMEN	NONE	PUBLIC	HEALTH, EDUCATION,	
222 SUTTER STREET, STE 500			PROTECTION AND	
SAN FRANCISCO, CA 94108			LITERACY FOR WOMEN	30,00
BUE HANDAN DOCTOR	YOVE	DUBL TO	EDVICAMION	
FHE HANNAH PROJECT 170 DONAHUE ST	NONE	PUBLIC	EDUCATION	
MARIN CITY, CA 94965				2,500
THE TEACHER SALARY PROJECT	NONE	PUBLIC	EDUCATION	
146 VALENCIA ST SAN FRANCISCO, CA 94103				2,50
Total from continuation sheets		<u> </u>		

Part XV Supplementary Informatio				
3 Grants and Contributions Paid During the	_,	·		
Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
TOM STEEL CLINIC	NONE	PUBLIC	HEALTH	
655 REDWOOD HWY, STE 200		j		500
MILL VALLEY, CA 94941		<del>                                     </del>		500
TRIPS FOR KIDS	NONE	PUBLIC	EDUCATION AND	
610 4TH STREET SAN RAFAEL CA 94901		1	EMPOWERMENT OF LOW INCOME CHILDREN	3,000,
UTAH FILM CENTER- INVISIBLE	NONE	PUBLIC	EDUCATING THE PUBLIC	
DISABILITIES 122 SO MAIN ST		1	ABOUT DISABILITIES AND EMPOWERING DISABLED	
SALT LAKE CITY, UT 84101			CHILDREN	1,000
V-DAY	NONE	PUBLIC	HUMAN RIGHTS ADVOCACY	
303 PARK AVE SOUTH, STE 1184			install, areas about	
NEW YORK, NY 10010-3657				17,435,
WAGES - WOMENS ACTION TO GAIN	NONE	PUBLIC	PROMOTE THE ECONOMIC	
ECONOMIC SECURITY	101/2		WELL-BEING OF	
1904 FRANKLIN ST. STE 801			LOW-INCOME WOMEN	
OAKLAND, CA 94612		-		
WARM WISHES C/O MARINLINK	NONE	PUBLIC	HUMAN SERVICES FOR LOW	
5800 THE MALL AT NORTHGATE, STE 250			INCOME FAMILIES	<u>7</u> 50.
SAN RAFAEL, CA 94903				<u></u>
WOMEN'S INITIATIVE FOR SELF	NONE	PUBLIC	BUSINESS TRAINING FOR	
EMPLOYMENT			LOW-INCOME WOMEN	
1398 VALENCIA ST SAN FRANCISCO, CA 94110				5,000,
				<u>-</u>
WOMEN'S RECOVERY SERVICES	NOVE	PUBLIC	EMPOWERMENT OF WOMEN	
PO BOX 1356	NONE	FORLIC	EMPOWERMENT OF WOMEN	
SANTA ROSA, CA 95402		ļ <u></u>		23,500,
ZEN HOSPICE PROJECT	NONE	PUBLIC	HEALTH AND EDUCATION	
273 PAGE STREET		1		
SAN FRANCISCO, CA 94102			-	2,250,
Total from continuation sheets		<u> </u>		
	· · · · · · · · · · · · · · · · · · ·			

2011 DEPRECIATION AND AMORTIZATION REPORT FORM 990-PF PAGE 1

990-PF

Current Year Deduction	624.	253.	331.	145.	58.	222.	591.	149.	165.	567.	422.	684.	100.	206.	4,517.		
Current Sec 179								-							0		
Accumulated Depreciation	3,129.	991.	1,214.	1,791.	356.	1,373.	1,116.	281.	96	472.					10,819.	•	
Basis For Depreciation	3,753.	1,263.	1,655.	2,516.	501.	1,929.	2,594.	653.	675.	1,700.	2,111.	3,418.	700.	1,445.	24,913.		
Reduction In Basis							-					<del></del>			0		
Bus % Excl						-							•		_		
Unadjusted Cost Or Basis	3,753.	1,263.	1,655.	2,516.	501.	1,929.	2,594.	653.	675.	1,700.	2,111.	3,418.	700.	1,445.	24,913.		
No o	16	16	16	17	17	17	17	17	17	43	19B	19B	190	190			
Life	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00	7.00	36M	5.00	5.00	7.00	7.00			 
Method	'Sr	SI	SI	3200DE	200DE	200DE	200DE	200DE	1200DE		200DE	2200DE	2200DE	2200DE		<del></del>	****
Date Acquired	092207gr	011208SL	032408SL	122908	050509200DB5.0	090409200DB5.0	091410200DB5.00	092510200DB5.0	032911200DB7.0	012511	022312200DB5.0	022812200DB5.0	031712200DB7.0	112012200DB7.0			
Description	3COMPUTER EQUIPMENT	4COMPUTER PRINTER	SCOMPUTER - APPLE	6(D)COMPUTER PRINTER122908200DB5.0	7COMPUTER PRINTER	8COMPUTER - APPLE	9COMPUTER - APPLE	10MAC MINI	HAIR	13PHOTOXPEDIT	14IMAC	15LAPTOP	160FFICE CHAIR	7	TOTAL 990-FF FG L DEPR & AMORT		
Asset No	ε 	<b>4</b>	<u>г</u>	φ	7	ω	on 	10	11	13	14	15	16	17			 

(D) - Asset disposed

\* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

FORM 990-PF	GAIN OR (LOSS)	FROM SALE	OF A	SSETS		STA	TEMENT	1
(A) DESCRIPTION OF PROPERT	Y			ANNER QUIRED	DA' ACQU	TE IRED	DATE S	OLD
CORPORATE OBLIGATIONS	<del></del>		PUR	CHASED		<del></del>	<del> </del>	
(B) GROSS SALES PRICE	(C) VALUE AT TIME OF ACQ.	(D) EXPENSE SALE	OF	(E)	c.		(F)	S
1,457,385.	1,381,058.		0.		0.		76,3	
(A) DESCRIPTION OF PROPERT	Y			ANNER QUIRED	DA' ACQU		DATE SO	OLD
CORPORATE SECURITIES			DC	NATED				
(B) GROSS SALES PRICE	(C) VALUE AT TIME OF ACQ.	(D) EXPENSE SALE	OF	(E)	c.		(F)	S
427,373.	293,676.		0.		0.		133,69	97.
(A) DESCRIPTION OF PROPERT	Y			ANNER QUIRED	DA' ACQU		DATE SO	OLD
CORPORATE SECURITIES	<del></del>		PUR	CHASED				
(B) GROSS SALES PRICE	(C) VALUE AT TIME OF ACQ.	(D) EXPENSE SALE	OF	(E)	c.		(F)	S
520,017.	511,964.		0.		0.		8,0!	53.

DESÇRIP	· (A) TION OF PROPERTY	? 		MANNER ACQUIRED	DA'		E SO	)LD
MUNICIP	AL OBLIGATIONS			PURCHASED				
	(B) GROSS SALES PRICE	(C) VALUE AT TIME OF ACQ.	(D) EXPENSE C SALE	(E) OF DEPRE		(F)	Loss	<b>!</b>
	400,000.	402,220.		0.	0.	<	2,22	0.>
	GAINS DIVIDENDS O FORM 990-PF, F				-	21	5,85	0.
FORM 99	0-PF INTEREST C	ON SAVINGS AND	TEMPORARY (	ASH INVEST	MENTS	STATEME	NT	2
SOURCE						AMOU	NT	
UNION B.						6	4,34	5.
TOTAL T	O FORM 990-PF, F	PART I, LINE 3,	COLUMN A			6	4,34	7.
FORM 99	0-PF DI	VIDENDS AND IN	TEREST FROM	SECURITIE	S	STATEME	NT	3
SOURCE		GR	OSS AMOUNT	CAPITAL DIVIDE		COLUMN		
UNION B	ANK		149,419.		0.	14	9,41	9.
								_

149,419.

0.

149,419.

TOTAL TO FM 990-PF, PART I, LN 4

FORM 990-PF	OTHER	INCOME		STATEMENT 4
DESCRIPTION		(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
CLASS ACTION LAWSUIT PROCEEDS	-	23.	23.	
TOTAL TO FORM 990-PF, PART I,	LINE 11 =	23.	23.	
FORM 990-PF	ACCOUNT	ING FEES		STATEMENT 5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING FEES	15,612	. 1,561	•	14,051.
TO FORM 990-PF, PG 1, LN 16B	15,612	1,561	•	14,051.
FORM 990-PF C	THER PROFE	SSIONAL FEES		STATEMENT 6
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
OTHER PROF. FEES	14,281	. 0	•	14,281.
TO FORM 990-PF, PG 1, LN 16C	14,281	. 0	•	14,281.
FORM 990-PF	TA	KES		STATEMENT 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	9,832 2,558 9,273	. 2,558	•	0. 0. 8,809.
TO FORM 990-PF, PG 1, LN 18	21,663	3,022	•	8,809.

FORM 990-PF	OTHER E	XPENSES	STATEMENT					
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		(C) ADJUSTED NET INCOM	(D) CHARITABL E PURPOSES			
BANK CHARGES CONTRACT LABOR INTERNET EXPENSE INVESTMENT ADVISOR POSTAGE PROMOTION SUPPLIES TECH SUPPORT TELEPHONE	1,689. 6,634. 2,411. 55,411. 2,567. 10,626. 7,295. 800. 3,364.		0. 0. 411. 0. 0. 0.		222 6,634 2,411 0 2,567 10,626 7,295 800 3,364			
UTILITIES BUSINESS MEALS AND ENTERTAINMENT FEES INSURANCE REFERENCE PRINTING LOSS ON ASSET DISPOSAL AMORTIZATION	427. 3,039. 128. 500. 300. 946. 580. 567.		0. 0. 0. 0.		427 3,039 128 500 300 946 580			
TO FORM 990-PF, PG 1, LN 23	97,284.	56,	878.	8.				
FORM 990-PF U.S. AND S	STATE/CITY G		OBLI	GATIONS	STATEMENT			
DESCRIPTION	U.S GOV'		BOO	K VALUE	FAIR MARKET VALUE			
STATE AND MUNICIPAL OBLIGATION	<u>x</u>		907,264.	906,026.				
TOTAL U.S. GOVERNMENT OBLIGAT	rions							
TOTAL STATE AND MUNICIPAL GOV		907,264.	906,026					
TOTAL TO FORM 990-PF, PART I		907,264.	906,026					

FORM 990-PF	CORPORATE STOCK						
DESCRIPTION		BOOK VALUE	FAIR MARKET VALUE				
CORP STOCK		5,251,276.	6,647,715.				
TOTAL TO FORM 990-PF, PART II,	FORM 990-PF, PART II, LINE 10B 5,2						
FORM 990-PF	CORPORATE BONDS		STATEMENT 11				
DESCRIPTION		BOOK VALUE	FAIR MARKET VALUE				
CORP BONDS		2,003,368.	1,999,795.				
TOTAL TO FORM 990-PF, PART II,	LINE 10C	2,003,368.	1,999,795.				
FORM 990-PF DEPRECIATION OF A	ASSETS NOT HELD FO	R INVESTMENT	STATEMENT 12				
DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE				
COMPUTER EQUIPMENT COMPUTER PRINTER COMPUTER - APPLE COMPUTER - APPLE COMPUTER - APPLE COMPUTER - APPLE MAC MINI OFFICE CHAIR SOFTWARE - PHOTOXPEDIT IMAC LAPTOP OFFICE CHAIR	3,753. 1,263. 1,655. 501. 1,929. 2,594. 653. 675. 1,700. 2,111. 3,418. 700.	3,753. 1,244. 1,545. 414. 1,595. 1,707. 430. 261. 1,039. 422. 684. 100.	0. 19. 110. 87. 334. 887. 223. 414. 661. 1,689. 2,734. 600.				

22,397.

13,400.

8,997.

TOTAL TO FM 990-PF, PART II, LN 14

FORM 990-PF LIST OF SUBSTANTIAL CONTRIBUTORS PART VII-A, LINE 10

STATEMENT 13

NAME OF CONTRIBUTOR

ISABEL ALLENDE

ADDRESS

116 CALDONIA ST SAUSALITO, CA 94965

34

## 4562

Department of the Treasury Internal Revenue Service (99)

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

(Including Information on Listed Property)

➤ See separate instructions.

➤ Attach to your tax return.

OMB No 1545-0172 2011

Attachment Sequence No 179

Name(s) shown on return

Business or activity to which this form relates

Identifying number

	: ISABEL ALLENDE FO	UNDATION	·	FOR	M 990-P	F PAGE	1	91-1748486
Par	t 1   Election To Expense Certain Prope	erty Under Section 1	79 Note: If you have	any lis	ted property,	complete Part	V before y	
1 M	laximum amount (see instructions)						1	500,000.
2 T	otal cost of section 179 property plac	ed in service (see	instructions)				2	
3 T	hreshold cost of section 179 property	y before reduction	in limitation .				3	2,000,000.
4 R	eduction in limitation. Subtract line 3	4						
5 D	ollar limitation for tax year. Subtract line 4 from lin	ie 1 if zero or less, enter	r-0- If married filing separ	ately, see	instructions		5	
6	(a) Description of p	cost	[					
	<del></del>							
<u> </u>								
	isted property. Enter the amount fron otal elected cost of section 179 prope			6 and	7		8	
	entative deduction. Enter the smaller	5	• • •	o and	•		9	
	arryover of disallowed deduction from						10	
	usiness income limitation. Enter the s	•		han zar	o) or line 5		11	
			•		•		12	<del></del>
	ection 179 expense deduction. Add I arryover of disallowed deduction to 2	•		o an III	▶ 13		12	<del> </del>
	Do not use Part II or Part III below for			-	13	<del></del> -		<u> </u>
Par	<del> </del>			t includ	de listed propi	erty )		
	pecial depreciation allowance for qua		<del></del>					<u> </u>
	pecial depreciation allowance for qua- ne tax year	illied property (oti	ner triair iisted brobi	erry) Pic	2000 111 301 110	e during	14	
	roperty subject to section 168(f)(1) el	lootion					15	
		ection					16	1,208.
Par	ther depreciation (including ACRS)  t III MACRS Depreciation (Do no	et include listed p	roperty \ /See instru	ctions \			10	1,200.
	tii WACRS Depreciation (Do no	ot include listed pi	Section		<del></del>	<del></del>	· · · · · · · · · · · · · · · · · · ·	<del></del>
47 1	IAODO de de electronidad de la constantidad de la c						47	1,330.
	IACRS deductions for assets placed	-	•				<u>17</u>	1,330.
18 If	you are electing to group any assets placed in ser					peral Depresi	tion Syst	
	Section B - Assets	(b) Month and	(c) Basis for deprecia			Terai Deprecia	ation Syst	em
	(a) Classification of property	year placed in service	(business/investmen only - see instruction	t use	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property							
b	5-year property	_		529.	5 YRS.	HY	200DB	
С	7-year property	_	2,1	L <b>45.</b>	7 YRS.	HY	200DB	306.
_d_	10-year property	_						
е_	15-year property							
ſ	20-year property							
g	25-year property				25 yrs.		S/L	
	Decidential restal area and	/			27.5 yrs.	MM	S/L	
h	Residential rental property	/			27.5 yrs.	MM_	S/L	
	Managed and and an artist	_/			39 yrs.	ММ	S/L	
i 	Nonresidential real property	/				ММ	S/L	
	Section C - Assets I	Placed in Service	During 2011 Tax Y	ear Us	ing the Alter	native Deprec	iation Sys	stem
20a	Class life						S/L	
b	12-year				12 yrs.		S/L	
С	40-year	/			40 yrs.	MM	S/L	
Par	t IV Summary (See instructions)							
21 L	isted property. Enter amount from lin	e 28					21	
	otal. Add amounts from line 12, lines		nes 19 and 20 in coli	umn (g)	, and line 21.			
	nter here and on the appropriate lines					tr	22	3,950.
	or assets shown above and placed in	-	· ·					
	ortion of the basis attributable to sec	_	,,,		23			
116251 11-21-			separate instructi	ons.				Form 4562 (2011)

P	art V Listed Proper	ty (Include a	utomobiles, c	ertain ot	her vehic	cles, ce	rtain cor	nputers	s, and pro	perty use	ed for e	ntertainn	nent, red	reation,	or
	amusement.) Note: For any	vehicle for w	hich you are t	using the	standar	d milea	ge rate d	r dedu	cting lease	expens	e, comp	lete onl	y 24a, 2	4b, colu	mns (a)
_	through (c) of S	Section A, all	of Section B	, and Se	ction C <sub>II</sub>	f applic	able.							<u> </u>	
_			on and Other			-		_	Т					7 7	
248	a Do you have evidence to s	T		ent use cl	laimed?_	<u>' </u>	Yes L	No_	24b If "Y			nce writ	ten? L	_ Yes └	No
	Type of property Date Busin (list vehicles first ) placed in investi		Business investmen use percenta	t o	(d) Cost or other basis		(e) Basis for deprecial (business/investm use only)		(f) Recovery period	(g) Method/ Convention		(h) Depreciation deduction		(i) Elected section 179 cost	
25	Special depreciation alle	owance for q	ualified listed	property	y placed	ın serv	rice durin	g the t	ax year an	d					
_	used more than 50% in	'-	='		•			•			25				
26	Property used more that	n 50% in a c	ualified busir	ness use	:										
				%											
				%			·								
				%											
<u>27</u>	Property used 50% or le	ess in a qual	fied business	use.											
		<u> </u>		%						S/L·				1	
_				%						S/L·				]	
		<u> </u>		%					<u> </u>	S/L -				]	
28	Add amounts in column	(h), lines 25	through 27	Enter her	e and or	n line 21	1, page 1				28				
<u>29</u>	Add amounts in column	(i), line 26 E	nter here and	d on line	7, page	1				-· · ·			29	<u> </u>	
			;	Section	B - Infor	mation	n on Use	of Vet	nicles						
	mplete this section for ve										•				_
	ou provided vehicles to y	our employe	es, first ansv	ver the q	uestions	ın Sec	tion C to	see if y	you meet a	an excep	tion to	complet	ing this :	section f	or
tno	se vehicles					T									
				(	(a)	ļ	(b)		(c)	(4	너)		e)		f)
30	Total business/investment	miles driven d	uring the	Ve	hicle	Ve	ehicle	<u>                                     </u>	ehicle	Ver	ncle	Vel	hicle	Vehicle	
	year (do not include com	,		<u></u>		ļ		<u> </u>		<b> </b> -				ļ	
	Total commuting miles of	_	•			<u> </u>		<del> </del>				-		-	
32	Total other personal (no	ncommuting	ı) miles	1											
	driven					ļ		<del>  -</del>						-	
33	Total miles driven during									}		l			
	Add lines 30 through 32				<del></del>	<del> </del>	T	+	т	<del>                                     </del>				<del> </del>	Γ
34	34 Was the vehicle available for personal use			Yes	No	Yes	No	Yes	No No	Yes	No_	Yes	No	Yes_	No.
05	during off-duty hours?			-	<del> </del>	<u> </u>	+	╁──	+	<del> </del> -			<del> </del>	<del> </del>	┼──
35	Was the vehicle used p	, ,	more	1	1							ļ			
26	than 5% owner or relate	•	no!	<del> </del>	<del> </del>	ļ	+	<del> </del>		<del> </del>			<del> </del>	-	<del> </del>
30	Is another vehicle availa	tole for perso	mai											İ	
_	use?	Castian C	- Questions	for E	levere H	Vha De	ovido Ma	hiolog	for Use b	Thoir F			<u> </u>	·	<u></u>
Δn	swer these questions to	-		•	•								not m	ore than	50%
	ners or related persons.		you meet an t	saceptio	11 10 0011	pietiilig	Cection	D 101 V	Cilicies as	oo by or	iipioyee	o willo a	i e not n	ioro triai	1 370
	Do you maintain a writte	en policy stat	tement that n	robibits :	all nerso	nal use	of vehic	les inc	kıdına cor	nmutina	hy you	 r		Yes	No
٥,	employees?	on policy star	toment that p	· Or illoits	an person	ila, aso	01 101110		idding our	·····atirig	, <i>5</i> , ,00			103	110
38	Do you maintain a writte	en policy stat	tement that p	rohibits i	nersonal	use of	vehicles	excer	ot commut	ına. bv v	our		•		_
-	employees? See the ins														
39	Do you treat all use of v							•					•		
	Do you provide more that	•				informa	ation from	n your (	employee:	about					1
	the use of the vehicles,		•					•	, -,						-
41	Do you meet the require					monstr	ation use	∍?		•					
	Note: If your answer to		• .						covered ve	hicles.					
P	art VI Amortization														
_	(a)			(b) (c)			(d)		(e)		(f)				
	Description of	costs	Dat	e amortization begins		Amortiza amoui	able nt		Code section		Amortiza period or per			mortization or this year	
42	Amortization of costs th	at begins du	ring your 201		ar:										
												$\Box$			
43	Amortization of costs th	at began be	fore your 201	1 tax yea	ar .							43			567
44	Total. Add amounts in o	column (f) Se	ee the instruc	tions for	where to	report	t					44			567

116252 11-18-11