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# Form 990

**Return of Organization Exempt From Income Tax** 

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

OMB No 1545 0047

Department of the Treasury

Open to Public

inter	nai Rev	enue Service	- The organization may have to						
Α	For t	he 2012 calen	ar year, or tax year beginning 7	/01 ,20	012, and endin	g 6/30	,	2013	
В	Check	ıf applıcable	C			D Emp	loyer identif	ication Number	
	Па	ddress change	Central Valley Foundat	ion		l 68	-02838	378	
	H <sub>N</sub>	ame change	2255 Watt Avenue #375				phone number		
	$\vdash$	_	Sacramento, CA 95825			/ 0	16) 979	-0166	
	$\vdash$	itial return	•			13	10) 3/3	9-9100	
	Нщ	erminated				_	_		
	ШA	mended return					s receipts \$	<del></del>	<u>426.</u>
	L A	oplication pending	F Name and address of principal officer	Stephen Boutin		H(a) Is this a group re		ates? Yes	X No
			Same As C Above			H(b) Are all affiliates If 'No,' attach a l	included?	Yes Yes	∐ No
ī	Tax-	exempt status	X 501(c)(3) 501(c) ( )	(insert no.) 4947(a)(	1) or 527	ii No, allacii a i	ist (see msu	uctions)	
<u> </u>		bsite: ► N/		<u> </u>	,	H(c) Group exemption	number ►		
<del></del>				Other >	L Year of Forma			gal domicile CA	
K		of organization	X Corporation Trust Association	Other*	L Tear of Forma	יון כפפד ייוו	State of le	gar domicile CA	
Pa	ार प्र- ÷	<u> </u>							
	1		e the organization's mission or mo						
ġ			for English Learners:						<u>ley _</u>
<b>Governance</b>			rnia, programs that s					<u>which</u>	
Ë			the quality of life in						
Ş.	2	Check this bo	If the organization disconti	nued its operations or o	disposed of mo	ore than 25% of i	ts net ass	ets.	
Ğ			ing members of the governing body				3		7
<b>ο</b> δ	4	Number of in	ependent voting members of the g	overning body (Part VI,	line 1b)		4		7
ë.	5		of individuals employed in calendar		e 2a)		5		3
Activities &	6	Total number	of volunteers (estimate if necessary	/)			6		0
Ac			business revenue from Part VIII,				7 a		0.
	ь	Net unrelated	business taxable income from Forr	n 990-T, line 34			7 b		0.
						Prior Ye	ar	Current Ye	ar
	8	Contributions	and grants (Part-VIII, line 1h)			100	,588.		
Revenue	9	Program sen	ce revenue (Part VIII, Time 2g)				, , , , , ,		
e e	10	Investment	ome (Part-VIII column (A), lines 3	. 4. and 7d)		549	,507.	1,629,	291
æ	11	Other revenil	(Part VIII column (A) lines 5 6d	8c 9c 10c and 11e)		<u> </u>	558.	1,023,	135.
	12	Total revenue	ome (Part-VIII, column (A), lines 3 (Part-VIII, column (A), lines 5, 6d, – add-lines 8 through 11 kmust eq	ual Part VIII. column (4	1) line 12)	650	,653.	1,629,	
_		Cranta and a	nilar amounts paid (Part IX) columi	- (A) lines 1 2)	1), 1110 12)				
	13	Grants and s	mar amounts paid (Part INVOORUM)	(A), lines 1-3)		802	,718.	1,109,	6/3.
	14	Benefits paid	on formembers (Part IX, column compensation, employee benefits	(A), line 4)					
en.	15	Salaries, oth	-compensation, employee benefits	(Part IX, column (A), I	ines 5-10)	155	<u>,410.</u>	211,	<u>,140.</u>
Expenses	16 a	Professional	ındraısıng fees (Part IX, column (A	), line 11e)					
ĕ	۱ ہ	Total fundrag	ng expenses (Part IX, column (D),	line 25) ►					,
ᄶ			• • • • • • • • • • • • • • • • • • • •				054	006	
	_	•	s (Part IX, column (A), lines 11a-1		-		, 254.		, 907.
	18	•	s Add lines 13-17 (must equal Par		5)	1,188		1,547,	
		Revenue less	expenses Subtract line 18 from lin	e 12		-537	,729.	81,	706.
Net Assets of Fund Balance						Beginning of Cur	rent Year	End of Ye	ar
2 to 12 to 1	20	Total assets	Part X, line 16)			40,183	,443.	44,144,	199.
₹ <u>₽</u>	21	Total liabilitie	(Part X, line 26)			34	,689.	42,	,387.
ş	22	Not assets of	fund balances Subtract line 21 from	m line 20		40,148	754	44,101,	
				,, iiii 20		1 40,140	, /34.	44,101,	012.
	rt:ll	Signatu	***						<del></del>
Com	er pena olete D	lties of perjury, I de eclaration of prepa	lare that I have examined this return, including er (other than officer) is based on all information	accompanying schedules and in of which preparer has any kr	statements, and to nowledge	the best of my knowled	ige and belie	t, it is true, correct,	and
		<u> </u>					<del>, </del>		
<b>.</b>		Suggesti	Jan Jan	<u> </u>		Date	301	74	
≝Siç ₹He	jn 💮	Signati	of officer						
₹He	re		hen Boutin			Chairman			
<del>di</del>		Type or	rint name and title		$\rightarrow$				
.7		Print/Type (	eparer's name Preparer's	signature	Date	Check	ıf F	PTIN	
ΣPa	id	Steve	J. Olds CPA	13/3/	1/27/	/14 self emp	loved T	201343979	
7 <b>0</b> ~.	ia epar			PA'S	- 11/4//		,		
ᆤ	e On	er Firm's nam				<del> </del>	IN <b>P</b> 01	0560760	
ЩS	e Of	Firm's addr	* * * * * * * * * * * * * * * * * * *			Firm's E		0560769	
		ļ	SACRAMENTO, CA 958			Phone n	<u>• (916</u>	<u>) 858-168</u>	
<b>±</b> May	/ the	IRS discuss th	s return with the preparer shown at	oove? (see instructions)	)			X Yes	No

Part		response to any question in this Part III			X
1 8	Briefly describe the organization's miss				
	Caa Cabadula O				
-					
2 [	Did the organization undertake any signifi	cant program services during the year which were not	listed on the prior		
	Form 990 or 990-EZ?	Sant program of the control of the c	motor of the prior	☐ Yes	X No
I	If 'Yes,' describe these new services o	n Schedule O			
	•	, or make significant changes in how it conducts, a	any program services?	Ye	s X No
	If 'Yes,' describe these changes on Sci				
4 [	Describe the organization's program se Section 501(c)(3) and 501(c)(4) organizat others, the total expenses, and revenu	ervice accomplishments for each of its three larges tions and section 4947(a)(1) trusts are required to repo ie, if any, for each program service reported.	st program services, as i ort the amount of grants ar	measured by nd allocations	r expenses ; to
4a (	(Code: ) (Expenses \$	1,471,404. including grants of \$ 1,1	09.673 ) (Revenue	\$	)
		cational grants to five public u			in the
		ornia as well as two community f			
		a university to sponsor a Firs			
	First Amendment rights o	organization during the year end	ed_June_30,_201	3	
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4 b (	(Code ) (Expenses \$	including grants of \$	) (Revenue	\$	
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4c (	(Code. ) (Expenses \$	including grants of \$	) (Revenue	\$	)
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	Other program services (Describe in S				
	(Expenses \$		) (Revenue \$		)
	Total program service expenses ▶	1,471,404.		ΕΛ	rm <b>990</b> (2012)
BAA		TEEA0102L 08/08/12		1 0	220 (2012)

Form 990 (2012) Central Valley Foundation

68-0283878

Page 2

Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes.' complete 1 X 1 Schedule A Х Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates Х for public office? If 'Yes,' complete Schedule C, Part I 3 Section 501(c)(3) organizations Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II Х 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III 5 Х Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Х Part I 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, the Х environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III Х 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management credit repair, or debt negotiation X 9 services? If 'Yes,' complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, Х permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V 10 If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI Х 11 a **b** Did the organization report an amount for investments — other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII Х 11 b c Did the organization report an amount for investments — program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII 11 c Х d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported X in Part X, line 169 If Yes, complete Schedule D, Part IX 11 d Х e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X 11 e f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X Х 11 f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII Х 12a **b** Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional 12b X Х 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E 13 X 14a 14a Did the organization maintain an office, employees, or agents outside of the United States? **b** Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? *If 'Yes,' complete Schedule F, Parts I and IV* 14b X Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV Х 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV Х 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, 17 Х column (Å), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions). Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, Х lines 1c and 8a? If 'Yes,' complete Schedule G, Part II 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' Х 19 complete Schedule G, Part III

20 20 b X

20 a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H

b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?

Form 990 (2012) Central Valley Foundation

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	23		х
24 8	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25	24a		х
ı	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
(	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
•	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
1	b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
i	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a	X	
ı	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
	c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c	Х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
30	contributions? If 'Yes,' complete Schedule M	30		х
31		31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34	Х	
35	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
ı	b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		Х
38	Note. All Form 990 filers are required to complete Schedule O	38	X	
BAA		Form	990	(2012)

14b

Form 990 (2012)

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

b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule Q

Page 6 Form 990 (2012) Central Valley Foundation 68-0283878 Part VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. X Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management No Yes 1 a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members 1 a of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O **b** Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee? 2 X Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 X of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 X Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? See Schedule O 7 a Х **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body? X 7 h Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 8a a The governing body? X b Each committee with authority to act on behalf of the governing body? 8 b Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O 9 Х Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. Yes No 10a Did the organization have local chapters, branches, or affiliates? 10 a Х b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their 10 b operations are consistent with the organization's exempt purposes? 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11 a Х **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O Х 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 12 a b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise 12b Х to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done See Schedule O 12 c 13 13 Did the organization have a written whistleblower policy? 14 14 Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Х a The organization's CEO, Executive Director, or top management official See Schedule Q 15 a X b Other officers of key employees of the organization 15<sub>b</sub> If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16 a X b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the 16 b organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed CA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available. Check all that apply Other (explain in Schedule O) Own website Another's website X Upon request Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. See Schedule O

State the name, physical address, and telephone number of the person who possesses the books and records of the organization

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

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

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

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee (B) Position (do not check more than (F) one box, unless person is both an officer and a director/trustee) Name and Title Reportable compensation from Reportable compensation from Estimated amount of other Average hours per week (list compensation from the the organization (W-2/1099 MISC) related organizations (W-2/1099-MISC) Former any hours for related Officer Individual trustee employee nstitutional lighest compensated r director organization and related employee organiza-tions below dotted organizations trustee line) (1) Rafael Solis 1 0 Х 3,000 0 0. Director (2) Stephen Boutin 2.5 0. Х 3,000 0 Chairman 0 Х 1 (3) Joan E. Eaton 0 0 Х Х 0. 3,000 Secretary (4) Susan B. McClatchy 2.5 Vice Chair 0 Х Х 0 0 0. 2 (5) John Mockler 0 Х X 3,000 0 0. Treasurer 1 (6) David Post 0 Х 2,000 0 Director 0. 7 Rich Smith 1 ٥. Director 0 Х 1,000 0 20 (8) Lauren Wolkov 0 4,900. Executive Dir. 0 Х 70,000 (9) (10)(11) (12)(13)(14)

Part VII   Section A. Officers, Directors, True		Key	Em			es,	and	d Highest Com	pensated Emp	loyees (cont)
	(B)	Ì		((	•					
(A)	Average			heck		than		(D)	<b>(E)</b>	(F)
Name and title	hours per				direct	ıs bot or/trus	tee)	Reportable compensation from	Reportable compensation from	Estimated amount of other
	(list any	9 2	ls.	읔	6	em E	ਨੂ	the organization (W 2/1099-MISC)	related organizations (W-2/1099 MISC)	compensation from the
	hours for related	dividual	ilprin	Officer	9	ploye	]∄			organization and related
	organiza • tions	ξ <u>σ</u>	onal		Key employee	le com	`			organizations
	below dotted	ndividual trustee or director	nstitutional trustee		8	pens				
	line)	°	ee			Highest compensated employee				
(15)	<u> </u>	$\vdash$			-				·	****
									<del></del>	
(16)	┥									
(17)	1									
				_						
(18)										
(19)	<b>_</b>									
(20)	ļ	-	_	_	<u> </u>	-				
(20)	<del> </del>	1								
(21)	1									
(22)	+			-	$\vdash$	_	-			
	<u> </u>				<u> </u>		L			
(23)	<del> </del>	-								
(24)		<del>                                     </del>			H	$\vdash$	┢			
		<u> </u>				<u> </u>	<u> </u>			1
(25)	<del></del>	1								
1 b Sub-total		<del></del>			1	Ш	<b>&gt;</b>	85,000.	0.	4,900.
c Total from continuation sheets to Part VII, Section	n A						•	0.	0.	0.
d Total (add lines 1b and 1c)							_	85,000.	0.	4,900.
2 Total number of individuals (including but not limited	to those	listed	abo	ve)	who	rece	ived	more than \$100,00	00 of reportable com	pensation
from the organization 0										Yes No
3 Did the organization list any former officer, direct	or or tru	ctoo	kov		بمامر	,00	or h	uahast compansat	ad amplayee	1 1 1 1 1 140 14
3 Did the organization list any former officer, direct on line 1a? If 'Yes,' complete Schedule J for such	or or tru: r individi	ial	ĸey	en	ipioy	ree,	01 11	iignest compensat	eu employee	3 X
4 For any individual listed on line 1a, is the sum of	reportab	le co	mpe	ensa	ation	and	oth	ner compensation	from	
the organization and related organizations greate such individual	r than \$1	150,0	00'?	If "	Yes'	com	ple	te Schedule J for		4 X
5 Did any person listed on line 1a receive or accrue for services rendered to the organization? If 'Yes	comper	nsatio	on fr	om	any	unre	elate	ed organization or	ındıvıdual	5 X
Section B. Independent Contractors										
Complete this table for your five highest compensation from the organization. Report compensation.	sated ind	leper the c	iden aler	it co	ntra	ctors	tha	at received more twith or within the or	han \$100,000 of ganization's tax yea	r
(A) Name and business addr							<u> </u>	Description	)	(C) Compensation
Bingham, Osborn & Scarborough 345 Californ		et.	Sui	t.e	110	2 00	an	Investment ma		125,649.
zingnum, obbeth a southerstugh sas cutifolih		,	~~.	<u> </u>						
2 Total number of independent contractors (including b	ut not lim	ited t	o th	ose	liste	d abo	ove)	who received more	than	
\$100,000 in compensation from the organization	<b>1</b>									ر الموراكية الأقدام الأوراطية الموراكية الموراكية الموراكية الموراكية الموراكية الموراكية الموراكية الموراكية ا 
RAA		TEFA	กากฉเ	01	/24/13	1				Form <b>990</b> (2012)

	Check if Schedule O contains a response to any quest	tion in this Part VIII			П
· ·		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS					
뿔	Business Code	<del>                                     </del>			
PROGRAM SERVICE REVENUE	2 a b c d e f All other program service revenue g Total. Add lines 2a-2f	-			
	3 Investment income (including dividends, interest and				
	other similar amounts)  4 Income from investment of tax-exempt bond proceeds  5 Royalties  (i) Real (ii) Personal	1,459,084.			1,459,084.
	6 a Gross rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss)	- - - -			
	7 a Gross amount from sales of assets other than inventory  b Less: cost or other basis				
	and sales expenses  c Gain or (loss)  d Net gain or (loss)	170,207.	170,207.		
OTHER REVENUE	8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 a b Less direct expenses c Net income or (loss) from fundraising events	_			
	9a Gross income from gaming activities See Part IV, line 19 a b Less direct expenses c Net income or (loss) from gaming activities				
	10a Gross sales of inventory, less returns and allowances  b Less cost of goods sold c Net income or (loss) from sales of inventory				
	Miscellaneous Revenue Business Code  11a Miscellaneous 900099  b	135.			135.
	d All other revenue e Total. Add lines 11a-11d	135.			
	12 Total revenue See instructions	► 1 620 <i>1</i> 26	170 207	Λ .	1 1/50 210

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a r				
Do 1 7b,	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	1,109,673.	1,109,673.		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	85,000.	68,159.	16,841.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	104,131.	81,171.	22,960.	
8	Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)				-
9	Other employee benefits				
10	Payroll taxes	22,009.	16,845.	5,164.	
11	Fees for services (non-employees)			-	
a	Management			_	
b	Legal				
C	: Accounting				
d	Lobbying				
	Professional fundraising services See Part IV, line 17		n_,		
	Investment management fees	125,649.	119,367.	6,282.	
	Other (If line 11g amt exceeds 10% of line 25, col- umn (A) amt, list line 11g expenses on Sch 0)  Advertising and promotion	20,226.	10,747.	9,479.	···-
13	Office expenses			-	_ <u></u>
14	Information technology	2,854.	2,026.	828.	·
15	Royalties				-
16	Occupancy	7,620.	4,854.	2,766.	
17	Travel	2,733.	1,594.	1,139.	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials			-	
	Conferences, conventions, and meetings	14,801.	14,224.	577.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	897.	562.	335.	
23	Other expenses Itemize expenses not	7,828.	5,465.	2,363.	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	Evaluation and research	24,000.	24,000.		
	Consultants	14,445.	8,928.	5,517.	
	Telephone	2,388.	1,509.	879.	
	Supplies	1,661.	1,086.	575.	
е	All other expenses	1,805.	1,194.	611.	
25	Total functional expenses. Add lines 1 through 24e	1,547,720.	1,471,404.	76,316.	0.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.  Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

		Check if Schedule O contains a response to any qu	estion i	n this Part X					
	<u> </u>				(A) Beginning of year		( <b>B</b> ) End of year		
	1	Cash - non-interest-bearing				1			
- }	2	Savings and temporary cash investments			62,626.	2	38,091.		
	3	Pledges and grants receivable, net				3			
	4	Accounts receivable, net				4			
	5	Loans and other receivables from current and former trustees, key employees, and highest compensated e Part II of Schedule L				5			
	6	Loans and other receivables from other disqualified p section 4958(f)(1)), persons described in section 4958(c)(employers and sponsoring organizations of section 501(c) beneficiary organizations (see instructions) Complete	3)(B), ar (9) volur	id contributing itary employees'		6	(		
Ą	7	Notes and loans receivable, net	. i ait ii	or concaute E		7	-		
A S E T S	8	Inventories for sale or use			8				
Ť	9	Prepaid expenses and deferred charges			3,691.	9	401.		
5	-		1 1		5,091.		401.		
ì	10 a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	7,290.			1		
	h	Less accumulated depreciation	10Ъ	4,586.	1,375.	10 c	2,704.		
	11	Investments — publicly traded securities.		4,500.	38,490,574.	11	42,262,702.		
	12	Investments – other securities See Part IV, line 11	30,450,374.	12	12,202,702.				
I	13	Investments - program-related. See Part IV, line 11			13				
	14	Intangible assets		14	****				
	15	Other assets See Part IV, line 11	1,625,177.	15	1,840,301.				
	16	Total assets. Add lines 1 through 15 (must equal line	34)		40,183,443.	16	44,144,199.		
	17	Accounts payable and accrued expenses	<u> </u>		34,689.	17	42,387.		
	18	Grants payable		18					
	19	Deferred revenue		19					
ı۱	20	Tax-exempt bond liabilities		20					
	21	Escrow or custodial account liability Complete Part	V of Sc	hedule D		21			
LIABILITIES	22	Loans and other payables to current and former office key employees, highest compensated employees, and Complete Part II of Schedule L				22			
Ť	22	Secured mortgages and notes payable to unrelated the	ard part	105		23			
Ë	23	Unsecured notes and loans payable to unrelated third	•			24	·		
	24 25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24) Com	•			25			
	26	Total liabilities. Add lines 17 through 25	•		34,689.	26	42,387.		
N E T		Organizations that follow SFAS 117 (ASC 958), check he lines 27 through 29, and lines 33 and 34.	re >	X and complete			1		
- 1	27	Unrestricted net assets			36,283,479.	27	39,778,887.		
ASSETS	28	Temporarily restricted net assets			3,865,275.	28	4,322,925.		
š	29	Permanently restricted net assets				29			
P R		Organizations that do not follow SFAS 117 (ASC 958), chand complete lines 30 through 34.	neck her	• ►					
FUZD	30	Capital stock or trust principal, or current funds				30			
	31	Paid-in or capital surplus, or land, building, or equipm	nent fun	d		31			
Ã	32	Retained earnings, endowment, accumulated income		32	<del></del>				
<b>BALA宮CES</b>	33	Total net assets or fund balances							
Ĕ	34	Total liabilities and net assets/fund balances			40,148,754. 40,183,443.	33 34	44,101,812.		
					, ===,				

BAA

Form 990 (2012)

3 h

Form 990 (2012)

b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

BAA

TEEA0112L 08/09/11

### **SCHEDULE A** (Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

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

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

OMB No 1545-0047 2012

Department of the Treasury Internal Revenue Service Name of the organization

Open to Public Inspection

Employer identification number

	tral Valley Four								28387		
	I Reason for Pub		_ <del></del>					See ii	nstruct	ions.	
The o	rganization is not a priva		•			-	•				
1	<b>—</b>		ciation of churches des		sectio	n 170(b)	(1)(A)(i)	-			
2	A school described i	n <b>section 170(b)(1)(A</b> )	<b>(ii).</b> (Attach Schedule E	Ξ)							
3		,	e organization describe								
4	A medical research	organization operated	in conjunction with a h	iospital	describe	ed in <b>sec</b>	tion 17	0(b)(1)( <i>A</i>	<b>A)(iii)</b> . Er	nter the ho	spital's
	name, city, and state										
5	<u>└</u> 170(b)(1)(A)(iv). (Co	mplete Part II.)	college or university own	•				I unit des	scribed in	section	
6	A federal, state, or local government or governmental unit described in <b>section 170(b)(1)(A)(v).</b> An organization that normally receives a substantial part of its support from a governmental unit or from the general public described										
7		<b>A)(vi).</b> (Complete Par	t II )		-	ientai un	it or fron	i the ger	ierai pub	iic describe	a
8	=		<b>'0(b)(1)(A)(vi).</b> (Comple								
9	An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)										
10			xclusively to test for pu								
11	An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.										
	a X Type I b Type II c Type III − Functionally integrated d Type III − Non-functionally integrated										
е	e X By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)										
f		eived a written determir	nation from the IRS that i	is a Type	l, Type	II or Typ	e III sup	porting o	ırganızatı	ion,	
g	Since August 17, 20	06, has the organizati	on accepted any gift o	r contrib	oution fr	om any	of the fo	ollowing	persons	۶۶	
	•	•				_		_	•		Yes No
	(i) A person who obelow, the gove	directly or indirectly co erning body of the sup	ontrols, either alone or oported organization?	togethe	r with pe	ersons d	escribe	d in (ii) i	and (III)	11 g (i)	Х
	(ii) A family memb	er of a person descril	oed in (i) above?							11 g (ii)	Х
	(iii) A 35% controll	ed entity of a person	described in (i) or (ii) a	bove?						11 g (iii)	X
h	Provide the following	information about th	e supported organization	on(s)							<u> </u>
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organiz column ( your go	Is the zation in	(v) Did yo the organ column ( supp	ization in	organiz	s the ation in in (i) ed in the		nt of monetary oport
				Yes	No	Yes	No	Yes	No		_
	Sacramento Regi	on Community F	ound.								
<u>(A)</u>		94-2891517	11a	X		X		X			12,500.
	Fresno Regional	Foundation									
(B)		77-0478025	11a	X		X_		X			12,500.
(C)				ļ	L	_					
(D)											
(E)				_							
Total											25 000

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

Schedule A (Form 990 or 990-EZ) 2012

Part II | Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

orbbott concorne to a dame and the common of the start of
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the
organization fails to qualify under the tests listed below, please complete Part III)
organization tails to quality and or the tools notes below; product complete and in /

Sec	tion A. Public Support	·						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2008	<b>(b)</b> 2009	<b>(c)</b> 2010	<b>(d)</b> 2011	<b>(e)</b> 201:	2	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants')							
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total. Add lines 1 through 3							
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)							
6	<b>Public support.</b> Subtract line 5 from line 4							
Sec	tion B. Total Support				,			
Cale begi	ndar year (or fiscal year nning in) ▶	(a) 2008	<b>(b)</b> 2009	<b>(c)</b> 2010	<b>(d)</b> 2011	<b>(e)</b> 201	2	(f) Total
7	Amounts from line 4							
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)							
11	<b>Total support.</b> Add lines 7 through 10							
12	Gross receipts from related activ	rities, etc (see ins	structions)				12	
	First five years. If the Form 990 is organization, check this box and	stop here		nird, fourth, or fifth	tax year as a secti	on 501(c)(3)		▶ []
	tion C. Computation of Pu				<del></del>			
	Public support percentage for 20			ne 11, column (f))	l		14 15	<u>%</u> %
	Public support percentage from							
16 a	a 33-1/3% support test — 2012. If and stop here. The organization	the organization qualifies as a pu	did not check the blicly supported o	box on line 13, a organization	nd the line 14 is	33-1/3% or r	nore, o	check this box
t	and stop here. The organization	the organization of qualifies as a pu	did not check a bo iblicly supported o	ox on line 13 or 16 organization	Sa, and line 15 is	33-1/3% or	more,	check this box
17 a	n 10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts	meets the 'facts-	and-circumstance	s' test, check this	box and stop he	re. Explain i	ın Part	IV how
	o 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an	meets the 'facts- d-circumstances'	and-circumstance test The organiz	s' test, check this ation qualifies as	box and <b>stop he</b> a publicly suppor	<b>re.</b> Explain i ted organiza	in Part ation	IV how the ►
	Private foundation. If the organi	zation did not che	eck a box on line	13, 16a, 16b, 17a				
RAA					90	hadula A (F	arm QC	10 or 990-F7) 2012

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

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

Sec	tion A. Public Support						
Calen	dar year (or fiscal yr beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	<b>(e)</b> 2012	<b>(f)</b> Total
1	Gifts, grants, contributions and membership fees received (Do not include any 'unusual grants')						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
5	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	: Add lines 7a and 7b						
8	<b>Public support</b> (Subtract line 7c from line 6.)						
Sec	tion B. Total Support				····	·	
Calen	dar year (or fiscal yr beginning in) 🕨	(a) 2008	<b>(b)</b> 2009	<b>(c)</b> 2010	(d) 2011	<b>(e)</b> 2012	(f) Total
10 a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	: Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add ins 9, 10c, 11, and 12)						
	First five years. If the Form 990 organization, check this box and	stop here		nd, third, fourth, o	r fifth tax year as	a section 501(c)(3	3) ▶ □
	tion C. Computation of Pu						
	Public support percentage for 20	•		ne 13, column (f))		15	%
	Public support percentage from					16	8
Sec	tion D. Computation of Inv						
17	Investment income percentage f	or <b>2012</b> (line 10c	, column (f) dıvıde	ed by line 13, colu	ımn (f))	17	%
	Investment income percentage f					18	%
	<b>33-1/3% support tests — 2012.</b> If is not more than 33-1/3%, check	this box and <b>sto</b>	<b>p here.</b> The organ	nization qualifies a	as a publicly supp	orted organization	▶   }
	33-1/3% support tests — 2011. If line 18 is not more than 33-1/3%						3-1/3%, and nization
20	Private foundation. If the organi	zation did not chi	eck a box on line	14, 19a, or 19b, c	heck this box and	see instructions	<u> </u>

Schedule A' (Form 990 or 990-EZ) 2	2012 Central	Valley Foun	dation	68-0283878	Page 4
Part IV Supplemental In Part II, line 17a ( See instructions	formation. Compor 17b; and Part I	lete this part to II, line 12. Also	provide the explan complete this part	ations required by Part II, lin for any additional information	e 10; 1.
		· <b></b>			
	<b> </b>	<b></b> .		<b></b>	

# SCHEDULE D (Form 990)

**Supplemental Financial Statements** 

OMB No 1545-0047

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

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

'Inspection'
Employer identification number

Cen	tral Valley Foundation		68-0283878
Par	Organizations Maintaining Dono	r Advised Funds or Other Similar Fu	unds or Accounts. Complete if
	the organization answered 'Yes'	to Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and dor are the organization's property, subject to the	nor advisors in writing that the assets held in o organization's exclusive legal control?	donor advised funds Yes No
	Did the organization inform all grantees, dono for charitable purposes and not for the benefit impermissible private benefit?	of the donor or donor advisor, or for any other	er purpose conferring Yes No
Par	till Conservation Easements. Comp		s' to Form 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by		
	Preservation of land for public use (e.g., r	· -	of an historically important land area
	Protection of natural habitat	Preservation	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization hast day of the tax year	neld a qualified conservation contribution in the fo	orm of a conservation easement on the
	last day of the tax year		Held at the End of the Tax Year
2	Total number of conservation easements		2 a
_	Total acreage restricted by conservation ease	ments	2 b
	: Number of conservation easements on a certi		2c
		` '	
	Number of conservation easements included i structure listed in the National Register		2 d
3	Number of conservation easements modified, tran	nsferred, released, extinguished, or terminated by	the organization during the
4	tax year ►  Number of states where property subject to conse	envation easement is located >	
4	• • • •		
5	Does the organization have a written policy re and enforcement of the conservation easement	nts it holds?	∐ Yes
6	Staff and volunteer hours devoted to monitoring,	inspecting, and enforcing conservation easements	s during the year
7	Amount of expenses incurred in monitoring, inspenses	ecting, and enforcing conservation easements dur	ring the year
8	Does each conservation easement reported or	n line 2(d) above satisfy the requirements of s	section 170(h)(4)(B)(i)
Ŭ	and section 170(h)(4)(B)(ii)?	Timo E(a) above eather, the requirements of a	Yes No
9	In Part XIII, describe how the organization reports include, if applicable, the text of the footnote conservation easements	to the organization's financial statements that	describes the organization's accounting for
Par	Organizations Maintaining Colle Complete if the organization ans	ections of Art, Historical Treasures, o wered 'Yes' to Form 990, Part IV, Inc	or Other Similar Assets. e 8.
1 a	If the organization elected, as permitted unde art, historical treasures, or other similar assets he in Part XIII, the text of the footnote to its final	eld for public exhibition, education, or research in	venue statement and balance sheet works of furtherance of public service, provide,
ŀ	If the organization elected, as permitted unde historical treasures, or other similar assets held following amounts relating to these items	r SFAS 116 (ASC 958), to report in its revenu or public exhibition, education, or research in furth	le statement and balance sheet works of art, herance of public service, provide the
	(i) Revenues included in Form 990, Part VIII,	, line 1	<b>►</b> \$
	(ii) Assets included in Form 990, Part X		<b>▶</b> \$
2	If the organization received or held works of art, I amounts required to be reported under SFAS	nistorical treasures, or other similar assets for fina 116 (ASC 958) relating to these items	ancial gain, provide the following
á	Revenues included in Form 990, Part VIII, line	e 1	<b>▶</b> \$
t	Assets included in Form 990, Part X		▶\$

4 Describe in Fait Ain the interided uses	or the organization's endowine	iit lulius.		
Part VI Land, Buildings, and Equip	ment. See Form 990, Pa	rt X, line 10.		
Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land				
<b>b</b> Buildings				
c Leasehold improvements				
<b>d</b> Equipment		6,135.	4,077.	2,058
e Other		1,155.	509.	646
Total. Add lines 1a through 1e (Column (d) n	nust equal Form 990, Part X, c	olumn (B), line 10(c) )	<b>&gt;</b>	2,704

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Schedule **D** (Form 990) 2012

Part VII Investments - Other Securities. See	Form 990, Part X,	line 12 N/A	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation end-of-year market	
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(A) (B) (C) (D) (E)			
(E)			
(F)			
(F) (G) (H)			
(H)			
(l)			-
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.)			
Part VIII Investments - Program Related. See	Form 990, Part X,	line 13. N/A	
(a) Description of investment type	(b) Book value	(c) Method of valuation	Cost or
- William Will		end-of-year market	value
(1)			
(2)			
(3)			
(4)			····
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)		<u>L</u>	
Part IX Other Assets. See Form 990, Part X,		<u> </u>	da Bardania
	scription		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			· -,
(10)	D) ( 15 )	<b>&gt;</b>	
Total. (Column (b) must equal Form 990, Part X, column (			
Part X Other Liabilities. See Form 990, Part			<del></del>
(a) Description of liability	(b) Book value		
(1) Federal income taxes	<u> </u>	<del></del>	
(2)			
(3)			
(4)			
(5)			
(6)			
<u>(7)</u>		<del></del>	
(8)			
(9)			
(10)			
(11)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 25)	<u> </u>	1	

2. FIN 48 (ASC 740) Footnote In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII See Part XIII

Schedule D (Form 990) 2012 Central Valley Foundation 68-0283878 Page 4					
turn					
1	<u>5,375,129.</u>				
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1					
1					
2 e	3,871,352.				
3	1,503,777.				
ļ					
4c	125,649.				
5	1,629,426.				
	<u> </u>				
1	1,422,071.				
<del> </del>	1, 122, 0, 1.				
1 1					
	1 400 071				
3	1,422,071.				
	125 640				
	125,649. 1,547,720.				
J	1,347,720.				
, lines 1b and	d 2b; Part V,				
auditionalii	normation				
in conf	ormity				
f Americ	a				
to vari	ous tax				
tions ha	ve met				
k positi	ons.				
_ = =======					
relevan	t tax				
and stat	e tax				
	(Form 990) 2012				
	2e 3  Ac 5  Return 1  1  2e 3  Ac 5  Return 1  in conf f Americ to vari tions ha x positi relevan and stat				

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Schedule <b>D</b> (Form 990) 2012 Central Valley Foundation	68-0283878	Page 5
Part XIII Supplemental Information (continued)		
Part X - FIN 48 Footnote (continued)		
authorities generally have the right to examine and audit the	e_previous_three_year	rs
of tax returns filed. Any interest or penalties assessed to	the Foundation are	
recorded in operating expenses. No interest or penalties from	om federal or state t	tax
authorities were recorded in the accompanying financial state	ements.	

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Department of the Treasury Internal Revenue Service

Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 or 22. ► Attach to Form 990. Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

OMB No 1545-0047

Open to Public Inspection

**Employer identification number** 68-0283878 **ջ** □

X Yes

Central Valley Foundation
Part | General Information on Grants and Assistance Name of the organization

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

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Coalinga-Huron Joint USD	1400000		300	c			117 mersone
(2) Committee Brotect Tournellists	T#16000-11		T00, 220	0			enn programs
330 7th Avenue, 11th Floor							General
New York, NY 10001	13-3081500		7,500.	0.			support.
(3) CSU, Fresno Foundation							Central Valley
2380 E Keats Avenue							art
	94-6003272	ï	57,284.	0.			exhibitions.
(4) First Amendment Coalition							Support of
534_4th_St,_Suite_B							First
	33-0308483		10,000.	0.			Amendment.
(5) Fresno Regional Foundation							Improving
5250 N Palm Ave Ste 424							quality of
Fresno, CA 93704	77-0478025		12,500.	0.			life.
(6) Kings_Canyon_USD							
675_West_Manning_Avenue							
Reedly, CA 93654	58-2103066		84,807.	0.			ELL programs
7 Mendota USD							
115_McCabe_Avenue							
Mendota, CA 93640	77-0460306		51,906.	0.			ELL programs
(8) Robla School District							
5248 Rose Street							English learner
5838	94-6002528		70,453.	0.			summer school
2 Enter total number of section 501(c)(3) and government organization	3) and government or		is listed in the line 1 table			•	13
3 Enter total number of other organizations listed in the line 1 table	ions listed in the line	1 table				•	0

Schedule I (Form 990) (2012)

TEEA3901L 11/30/12

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

Page 2 Schedule I (Form 990) (2012) Central Valley Foundation

[Part III | Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed. (f) Description of non cash assistance Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non cash assistance (c) Amount of cash grant (b) Number of recipients additional information. (a) Type of grant or assistance Schedule I (Form 990) (2012) Part IV 9

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Schedule 1 (Form 990) (2012)

Continuation Sheet for Schedule I (Form 990)

Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

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Continuation Page 1

2012

students to law Schedule I Cont (Form 990) 2012 (h) Purpose of grant or assistance quality of Leadership Support of Improving Introduce Grant for Amendment learners American English school First Employer identification number Forum Part II | Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (g) Description of non-cash assistance 68-0283878 (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of non-cash assistance (d) Amount of cash grant 15,000. 633,667 10,000 30,000 12,500 TEEA4001L 12/10/12 (c) IRC section if applicable 95-6002210 77-0450770 94-6081352 94-6081352 94-2891517 (B) EIN 740 University Avenue, Suite 110 (a) Name and address of organization or government Central Valley Foundation Sanger\_Unified\_School\_District\_ Sac. Region Comm Foundation The Great Valley Center 1905 Seventh Street\_\_\_ 201\_Needham\_Street\_\_ Sacramento, CA 95825 UC Davis Foundation UC Davis Foundation One\_Shields\_Ave.\_\_ One\_Shields\_Ave.\_ Modesto, CA 95354 Sanger, CA 93657 Davis, CA 95616 Davis, CA 95616 Name of the organization ----111 111

### SCHEDULE L (Form 990 or 990-EZ)

### **Transactions With Interested Persons**

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

OMB No 1545-0047

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Central Valley Foundation

Employer identification number

68-0283878

	Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.									
	(a) Name of disqualified person	(b) Relationship between disqualified	(c) Description of transaction	(d) Co	rrected?					
1		person and organization		Yes	No					
(1)										
(2)					<u> </u>					
(3)					ļ					
(4)										
(5)					<u> </u>					
(6)										

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

►\$ ►\$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

### art II Loans to and/or From Interested Persons.

Complete if the organization answered 'Yes' on Form 990-EZ, Page V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Lo froi organ	(d) Loan to or from the organization? (e) Original principal amount (f) Balance due (g) In default? (h) by co		(e) Original (f) Balance due principal amount		(h) Ap by bo comm	(h) Approved by board or committee? (i) Writte agreement		ritten ment?	
			То	From			Yes	No	Yes	No	Yes	No
(1)			Ì									
(2)												
(3)					1							
(4)					r							
(5)	1											
(6)			T									
(7)												
(8)												
(9)	1				,							
(10)			1									
otal	<u> </u>		•	-	<b>▶</b> \$							

### Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 27.

	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of Assistance	(e) Purpose of assistance
(1)					
(2)					
(3)					<u> </u>
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)				. <u></u>	

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

Schedule L (Form 990 or 990-EZ) 2012

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz reven	ation
	organization			Yes	No.
(1) Susan B. McClatchy	Board member	7,200.	Rent for office space		Х
(2) Boutin Jones Inc.	Board member	1,223.	Trademark renewal		Х
(3)				<u> </u>	_
(4)					<u> </u>
(5)					├
(6)	<del></del>	<u> </u>			-
(8)					-
(9)			-119		
(10)					
Part V   Supplemental Information					
Complete this part to provide addit	ional information for responses	to questions on Sched	iule L (see instructions).		
<b></b>					
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### SCHEDULE O (Form 990 or 990-EZ)

### Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2012

Open'to:Public

Employer identification number

Inspection 📈

Department of the Treasury Internal Revenue Service

Attach to Form 990 or 990-EZ.

68-0283878 Central Valley Foundation Form 990, Part III, Line 1 - Organization Mission The Foundation supports educational programs for English Learners in K-12 public schools located in the Central Valley of California, programs that support the First Amendment and programs which preserve the quality of life in the Central Valley of California. Form 990, Part VI, Line 7a - How Members or Shareholders Elect Governing Body The two Community Foundations appoint the majority of the members of the board. Currently, the board has 7 members and the two Community Foundations have each appointed two members. Form 990, Part VI, Line 11b - Form 990 Review Process After the accounting firm, retained by the Central Valley Foundation's staff and Board, completes the Form 990, it is distributed to the Audit Committee for review. The Committee's Members are given ample time and an opportunity to ask questions of the accounting firm about the Form 990. Afterwards, the Committee emails its review of the Form 990 to the Board. The Board reviews Form 990 before it is submitted to the IRS. Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts Annually, in the Spring, the Central Valley Foundation has its Annual Board Meeting. At this Board Meeting, the Board Members and staff are asked to complete, sign and submit the conflict of interest statement by the end of the meeting. These statements are filed at the CVF office. Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO, Top Management The Personnel & Board Compensation Committee reviews the Executive Director's (ED) compensation (salary) and activities every 1-5 years (September is the anniversary of the ED's employment with CVF). Each Fall, the ED submits a summary of her accomplishments and new responsibilities during the past year. The Committee

TEEA4901L

Schedule <b>O</b> (Form 990 or 990-EZ) 2012	Page 2
Name of the organization	Employer identification number
Central Valley Foundation	68-0283878
Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO, Top	Management (continued)
reviews_the_summary_report	
Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available	
Form 990, audited financial statements, governing documents and	l policies are
available for public inspection at the business office.	
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	<del>-</del>

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Central Vallev Foundation

Related Organizations and Unrelated Partnerships

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

Attach to Form 990. 
See separate instructions.

OMB No 1545-0047

Open to Public Inspection

**Employer identification number** 

68-0283878

(g) Sec 512(b)(13) controlled entity? Schedule R (Form 990) 2012 ŝ × × Direct controlling entity Part II Identification of Related Tax-Exempt Organizations (Complete of the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) Yes (f) Direct controlling N/A N/A (e) End-of-year assets (e)
Public charity status
(if section 501(c)(3)) Part I Identification of Disregarded Entities (Complete If the organization answered 'Yes' to Form 990, Part IV, line 33.) 509(a)(3) 509(a)(3) (d) Total income (d) Exempt Code section 501(c)(3) 501 (c) (3) (c)
Legal domicile (state or foreign country) (c)
Legal domicile (state or foreign country) CA CA Primary activity 3 organization organization (b)
Primary activity Supported Supported BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990. (a) Name, address, and EIN (if applicable) of disregarded entity (1) Sac. Region Community Foundation 740 University Avenue, Ste 110 - Sacramento, CA 95825 - - 94-2891517 (a) Name, address, and EIN of related organization (2) Fresno Regional Foundation 5250 N Palm Avenue, Ste 424 Fresno, CA 93704 - 77-0478025 Ξ 9 <u>ල</u>් €

TEEA5001L 12/28/12

Page 2

Schedule R (Form 990) 2012 Central Valley Foundation

Related Organizations Taxable as a Partnership (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(a)  (b)  (c)  (d)  (d)  (d)  (e)  (e)  (e)  (f)  (e)  (f)  (f)  (f	(c) Legal domicile (state or foreign		(e) Predominant income (related, unrelated, excluded from tax under sections	t income related, om tax	(e) (negative control of the control	Share of end-of-year assets	of ear	(h) Disproportionate allocations?	Code V-UBI amount in box 20 of Schedule K-1 (Form	General or managing partner?		(k) Percentage ownership
		country)		512-514)	4)			Yes	No	1065)	Yes	No	
(1)													
					•				•				
(2)													
(3)		i											
Part IV Identification of Ine 34 because	Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)	<b>nizations</b> nore relat	Taxable as	s a Corporati	ion or Tr	<b>ust</b> (Comple orporation o	te if the or r trust durii	ganization a	answer ear.)	ed 'Yes' to F	orm 990,	Part	,  ≤
(a) Name, address, and EIN of related organization	of related organizat		(b) Primary activity	(c) Legal domicile (state or foreign		δι	Type of entity (C corp., S corp.,	(f) Share of total income	Sha	(g) Share of end-of- year assets	(h) Percentage ownership	Sec 512 controlle	(i) Sec 512(b)(13) controlled entity?
				country)	มี	enuny o	(LCDSL)					Yes	S.
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# Schedule R (Form 990) 2012 Central Valley Foundation

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Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule			ţ	Yes	ģ
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	n Parts II-IV?		,*** *** *	<b>第</b>	N.
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity			1a		×
<b>b</b> Gift, grant, or capital contribution to related organization(s)			1 <sub>b</sub>		×
c Gift, grant, or capital contribution from related organization(s)			1c	X	
<b>d</b> Loans or loan guarantees to or for related organization(s)			1 d		×
e Loans or loan quarantees by related organization(s)			- -		×
			ř.	, 24°	rá
f Dividends from related organization(s)					
a Sale of assets to related organization(s)			-		×
			, -		×
i Exchange of assets with related organization(s)			=		×
i Lease of facilities equipment or other assets to related organization(s)			: ;=		×
					,"
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s)					
I Performance of services or membership or fundraising solicitations for related organization(s)			=		×
m Performance of services or membership or fundraising solicitations by related organization(s)			1 m		×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			1 n		×
o Sharing of paid employees with related organization(s)			10		×
			•		15. 5. 81
<b>p</b> Reimbursement paid to related organization(s) for expenses			1 p		×
<b>q</b> Reimbursement paid by related organization(s) for expenses			19		×
			i,	. **!	-4,
r Other transfer of cash or property to related organization(s)			ָ <del>-</del>		×
s Other transfer of cash or property from related organization(s)			15		×
2 If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	lationships and tran	saction thresholds.			
(a) Name of other organization	(b) Transaction type (a·s)	ved	(d) Method of determining amount involved	deterr Involv	mining
	,		-		
(1) Sac. Region Community Foundation	υ	12,500.	Cash		
(2) Fresno Regional Foundation	υ	12,500.0	Cash		
(3)					
(4)					
(5)					
(9)					
<b>BAA</b> TEEA5003L 12/28/12		Schedul	Schedule R (Form 990) 2012	n 990	) 2012

Schedule R (Form 990) 2012 Central Valley Foundation

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

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

יבעבותבל וושר אבס ווסר מ ובושופת סולמוודשופון סכב ווסרמפוים ובא משפים ווסרמפוים ווסרמפ	במוטון סכם וויסוומר	66			4		3	S		13
(a) Name, address, and EIN of entity	(b) Primary activity	Legal domicile (state or foreign	Predominant income	Are all partners section	Share of total income	Share of end-of-year	Dispropor- tionate	Code V-UBI amount in box	General or managing	Percentage ownership
		Commission	lated, excluded from tax under	organizations				K-1 Form (1065)		
			section 512-514)	Yes No			Yes No	,	Yes No	
(t)										
	•									
	<del>.</del>									
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tPart∜US	Supplemental Information Complete this part to provide additional information for responses to questions on Schedule R (see instructions).
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Schedule **R** (Form 990) 2012

Page 5

2012	Schedule D, Part XIII - Supplemental I	Information	Page 4
•	Central Valley Foundation		68-0283878
1/27/14			05 10PM
Schedule D, Other Rever	Part XI, Line 2d nue Included In F/S But Not Included On Form 990		
Change in	split-interest agreement	Total \$	215,125.
		Total <u>\$</u>	215,125.
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Form 990, Part XI, Line 9 Other Changes In Net Assets Or Fund Balances	2012	Schedule O - Supplemental Information	mation Page
Form 990, Part XI, Line 9 Other Changes In Net Assets Or Fund Balances		Central Valley Foundation	68-028387
	1/27/14		05 10P
Change in value of split interest agreements  Total \$\frac{\\$215,125}{\\$215,125}\$.	Form 990, Part XI, Other Changes In I	Line 9 Net Assets Or Fund Balances	
	Change in value	e of split interest agreements	Total $\frac{$}{$}$ $\frac{215,125}{215,125}$ .