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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 private foundations)

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public.
 Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

A I	For the 2	2013 calend	lar year, or tax year beginning	7/01	, 2013, and ending	g 6/.		, 2014		
В	Check if app	plicable	С				D Employer	Identification N	umber	
	Addres	s change	Central Valley Foun	dation			68-02	283878		
	\dashv	change	2255 Watt Avenue #3				E Telephone			_
	\vdash	•	Sacramento, CA 9582				(016)	979-916	6	
	Initial						(910)	1919-310	<u> </u>	—
	Termin	nated						^ -	- 40 401	
	Amend	ied return					G Gross rece		,748,421	
	Applica	ation pending	F Name and address of principal office	r Stephen Bout:	±11	• •	-	or subordinates?	H." H	No
			Same As C Above			H(b) Are all	subordinates in	icluded? ee instructions)	∐ Yes ∐	No
	Tax-exen	npt status	X 501(c)(3) 501(c) ()◀ (insert no.) 494	7(a)(1) or 527	11 140,	attach a hat (a	ee manuchons)		
	Websit					H(c) Group	exemption num	_{her} ►		
			1	ociation Other	L Year of formation	• • • • •		te of legal domic	cile CA	—
		organization		ociation Other	L Year of formation	DII 199.	5 III 51a	te or legal domic	ille CA	—
² a	rt I	<u>Summar</u>	<u>/</u>							—
			oe the organization's mission o							
ارو	pi	rograms	<u>for English Learne</u>	<u>rs_in_K-12_publ</u>	<u>ic schools l</u>	<u>ocated</u>	<u>l_in_the</u>	<u>Centra</u>	<u>l Valley</u>	<u>′ </u>
Activities & Governance	<u>0</u> 1	<u>f Calif</u>	<u>ornia, programs tha</u>	<u>t support the F</u>	<u>irst Amendme</u>	nt and	<u>l progra</u>	<u>ums_whic</u> l	<u>n</u> _	
	pı	reserve	the quality of lif	<u>e in the Centra</u>	<u>l_Valley_of</u> _	<u>Califo</u>	<u>rnia.</u>			
			x ► If the organization dis		or disposed of mo	re than 2	5% of its ne	et assets		
1	-		ting members of the governing					3		_6
l	4 Nu	mber of in	dependent voting members of	the governing body (Part	t VI, line 1b)			4		6
١	5 To	tal number	of individuals employed in cal-	endar year 2013 (Part V	, line 2a)			5		6 /3 0
١	6 To	tal number	of volunteers (estimate if nece	essary)				6		<u>_0</u>
	7a To	tal unrelate	ed business revenue from Part	VIII, column (C), line 12				7 a		0.
	b Ne	t unrelated	business taxable income from	Form 990-T, line 34				7 b		<u>0.</u>
1						Р	rior Year	Cu	rrent Year	
1	8 Co	ntributions	and grants (Part VIII, line 1h)							
l			rice revenue (Part VIII, line 2g)	ı						—
	-	J	come (Part VIII, column (A), li			1	,629,29	1 1	,748,37	7
ł					10)	ļ -	<u> </u>			$\frac{'}{4}$.
1			e (Part VIII, column (A), lines !					35.		
4			e – add lines 8 through 11 (mu		iii (A), iiile 12)		,629,42		.,748,42	
I			milar amounts paid (Part IX, c			ļ1	.,109,67	$\frac{73.}{1}$,009,12	<u>U.</u>
1	14 Be	enefits paid	to or for members (Part IX, co	olumn (A), line 4)						
	15 Sa	laries, oth	er compensation, employee be	nefits (Part IX, column (A), lines 5-10)		211,14	10.	228,37	3.
Expenses	16a Pr	ofessional	fundraising fees (Part IX, colur	nn (A). line 11e)						_
5			- · ·							
₹			sing expenses (Part IX, column							
1			ses (Part IX, column (A), lines				226,90)7.	246,48	<u>8.</u>
1	18 To	ital expens	es Add lines 13-17 (must equa	I Part (X, column) (A), □	ne 25)	1	1,547,72	20. 1	, 483, 98	1.
			expenses Subtract line 18 fro		-70		81,70		264,44	
900					<u> </u>	Rogunnu	ng of Current		nd of Year	
	20 To	tal accote	(Part X, line 16)	MAR 0 9 201	1 1 11		1,144,19		662,00	_
						44				
2			s (Part X, line 26)				42,38		232,24	
•	22 Ne	et assets o	fund balances Subtract line 2	I from Jine 20 EN.	1.4. (44	1,101,81	12. 50	,429,75	<u>9.</u>
a	rt II	Signatu	e Block							
				icluding accompanying schedule:	and statements, and to	the best of n	ny knowledge a	nd belief, it is tru	ue, correct, and	_
wt	olete Decla	ration of preparent	eclare that I have examined this return, in arer (other than officer) is based on all and	formation of which preparer has	any knowledge		,			
			Jan Ifra	2~_			Marc	122	15	
:-	jn	Signati	ire of officer	-		Da	ate	<u> </u>		_
			-b Dti-			Chai				
5	re	Ste	phen Boutin print name and title			Chai	тшчи			
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		Print/Type	preparer's name Pre	parer's signature	Date		Check	ıf PTIN		
2	id	Steve	n J. Olds CPA		2/25/	/15	self-employed	P0134	13979	
re	eparer	Firm's nam		, CPA'S						
	e Only				<u></u>		Firm's EIN ►	01_0560	1760	
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۷lay	/ the IRS	discuss t	nis return with the preparer sho	wn above? (see instruct) هر	ions)			X Y	ies N	0

BAA	Total program service expenses 1, 409, 534.			Form	990	(2013)
	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses ► 1,409,534.)	
40	Other program services (Describe in Schedule O)					
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				. – –	 	·
40	(Code) (Expenses \$ including grants of \$) (Figure 1)	veverine (-			—— ,
	(Code) (Expenses \$ including grants of \$) (F	Povenie				
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4 b	(Code) (Expenses \$ including grants of \$) (F	Revenue	P)
	(Code) (Evenes & code description of A	Dougnes 1	<u> </u>			
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						. – – –
	2014.					
	program, and one First Amendment rights organization during the				30	· – – –
	non-profit community organizations, a university to sponsor a Fi					·
	The Foundation made educational grants to five public unified so Central Valley of California as well as to two community foundat				īn_	rue_
4 a	(Code				<u>. </u>	+1-
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount o others, the total expenses, and revenue, if any, for each program service reported.	r grants and	allocat	ions to)	
4	Describe the organization's program service accomplishments for each of its three largest program services Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of	rices, as m	easure	d by e	xpen	ses
•	If 'Yes,' describe these changes on Schedule O	- · - 			لثث	-
3	Did the organization cease conducting, or make significant changes in how it conducts, any program se	rvices?		Yes	X	No
	Form 990 or 990-EZ? If 'Yes.' describe these new services on Schedule O			Yes	X	No
2	Did the organization undertake any significant program services during the year which were not listed on the pri	or		V	4.0	N * -
						· -
	pec penedute o					
	Briefly describe the organization's mission See Schedule 0					
	Check if Schedule O contains a response or note to any line in this Part III					X
Parl	,					
Form	990 (2013) Central Valley Foundation	68-02	83878	3	Р	age 2

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3	_	Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		х
6	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, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, 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 services? If 'Yes,' complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
ā	a Did the organization report an amount for land, buildings and equipment in Part X, line 10° If 'Yes,' complete Schedule D, Part VI	11 a	Х	
ı	b Did the organization report an amount for investments — other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII	11 b		Х
•	c Did the organization report an amount for investments – program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		Х
	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d		Х
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		<u>X</u>
	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f	Х	
	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII	12a	X	
	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
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E a Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		_ <u>x</u> _
	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
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (Å), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18_		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		Х
	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		<u>X</u>
١	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		<u> </u>

Form 990 (2013) Central Valley Foundation

Part IV | Checklist of Required Schedules (continued)

	•		res	NO
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organizations or government 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 or other assistance to individuals in the United States on Part IX, column (A), line 27 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 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, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a	24a		Х
t	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
c	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		X
t	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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, 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
	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): A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		- x-
		20a		Λ
	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
	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 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	28c		X
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	-		
30	contributions? If 'Yes,' complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	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		_ X
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
	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	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
ŧ	o 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	Section 501(c)(3) organizations. 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	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note. All Form 990 filers are required to complete Schedule O	38	Х	
BAA		Form	990 ((2013)

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Form 990 (2013) Central Valley Foundation Part V Statements Regarding Other IRS Filings and Tax Compliance	68-028387			age
Check if Schedule O contains a response or note to any line in this Part V				Γ
			Yes	No
1 a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a 18			
b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b 0	ĺ		
c Did the organization comply with backup withholding rules for reportable payments to vendors and (gambling) winnings to prize winners?	reportable gaming	1 c	- x	-
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State ments, filed for the calendar year ending with or within the year covered by this return	- 2a 3			
b If at least one is reported on line 2a, did the organization file all required federal employments		2 b	X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see i				\vdash
3a Did the organization have unrelated business gross income of \$1,000 or more during the year	ear?	3 a		X
b If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O		3 b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other financial account in a foreign country (such as a bank account, securities account, or other	her authority over, a financial account)?	4 a		х
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 Was the organization a party to a prohibited tax shelter transaction at any time during the t	ax year?	5 a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax she	elter transaction?	5 b		Х
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		5 c		<u> </u>
6 a Does the organization have annual gross receipts that are normally greater than \$100,000, solicit any contributions that were not tax deductible as charitable contributions?	and did the organization	6 a		х
b If 'Yes,' did the organization include with every solicitation an express statement that such contribution not tax deductible?	utions or gifts were	6 ь		
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			
services provided to the payor?	,	7 a		X
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided		7 b		<u> </u>
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it Form 8282?		7с		Х
d If 'Yes,' indicate the number of Forms 8282 filed during the year	7 d			- ,;;-
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal		7 e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal be		7 f		X
g If the organization received a contribution of qualified intellectual property, did the organization file as required?		7 g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the Form 1098-C?	ne organization file a	7 h		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) suppor supporting organization, or a donor advised fund maintained by a sponsoring organization, holdings at any time during the year?	ting organizations. Did the have excess business	 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 Ь		Ц_
10 Section 501(c)(7) organizations. Enter			l	
a Initiation fees and capital contributions included on Part VIII, line 12	10 a	1		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	1		
11 Section 501(c)(12) organizations. Enter:	las I	ļ		
a Gross income from members or shareholders	11 a	4		
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		12 a		├
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12b	-	ļ	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		12-	-	-
a is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on School	ا ماییا	13a	-	₩
Note. See the instructions for additional information the organization must report on School	iuie U			
 b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 	13b	-		
14a Did the organization receive any payments for indoor tanning services during the tax year?		14a	-	X
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation is		14a		<u>├</u> ^
with rest, thas it thied a forth red to report these payments, it mo, provide an explanation if	1 Correction C	1 1-4 13	1	i

Form 990 (2013) Central Valley Foundation 68-0283878 Page 6 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 or note to any line in this Part VI Section A. Governing Body and Management Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year 1 a 6 If there are material differences in voting rights among members 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 1 b 6 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision Х of officers, directors or trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 6 Did the organization have members or stockholders? 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 Х 7 a b Are any governance decisions of the organization reserved to (or subject to approval by) members, 7 b X stockholders, or other persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? Х 8a $\overline{\mathbf{x}}$ b Each committee with authority to act on behalf of the governing body? 8 b Is there any officer, director, 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 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 operations are consistent with the organization's exempt purposes? 10 b X 11 a 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990 See Schedule O 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise Х to conflicts? 12_b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in See Schedule O X Schedule O how this was done 12 c X 13 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 14 X 15 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? a The organization's CEO, Executive Director, or top management official See Schedule O Х 15 a b Other officers of key employees of the organization 15 b X 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 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 organization's exempt status with respect to such arrangements? 16 b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ CA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply Another's website Upon request Other (explain in Schedule O) Own website 19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to 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 20

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68-0283878

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

Check if Schedule O contains a response or note to any line 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 r	nor any rela	ted org	ganız	zatio	n cc	mpen	sated	d any current officer, dir	ector, or trustee	
				(C	;)					
(A) Name and Title	(B) Average hours per				check perso irecto	c more t n is bot or/truste		(D) Reportable compensation from the organization	(E) Reportable compensation from	(F) Estimated amount of other compensation
	week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	from the organization and related organizations
(1) Rafael Solis	1_1_									
Director	0	Х						3,000.	0.	0.
(2) Stephen Boutin	2.5									
Chairman	0	X		X				3,000.	0.	0.
(3) Joan E. Eaton	1									
Secretary	0	X		X				4,000.	0.	0.
(4) Susan B. McClatchy Vice Chair	2.5	x		х				0.	0.	0.
(5) Alex Brown	1									
Treasurer	7	Тx	i	X				1,000.	0.	0.
(6) Maggie Carrillo Mejia	1									
Director	0	Х						1,000.	0.	0.
(7) Lauren Wolkov	20									
Executive Dir.	0			Х				70,000.	0.	-4,900.
(8)										
(9)		-								
(10)				_		-				
<u>(11)</u>		ļ	_							<u> </u>
(12)		 								
(13)		-			-					
(14)		•	_			1	_			
						<u></u>		L		

(A) Name and title	Average hours per week (list any hours for	(do box offic	not o , unle	Pos theck ess pe	sition more erson direct	than is both	one h an tee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W 2/1099-MISC)	Es amou com fr org.	(F) timate int of copensal om the anizati	ed other tion
	related organiza - tions below dotted line)	or director	nstitutional trustee	1	Key employee	Highest compensated employee	y				nizatio	
(15)												
(16)												
(לים												
(18)		-										
(19)		 										
(20)		-										
(21)		-										
(22)								-				
(23)												
(24)												
(25)					 							
1 b Sub-total		ļ	<u> </u>	<u> </u>	<u> </u>		>	82,000.	0.		4,	900
c Total from continuation sheets to Part VII, Secti	on A						>	0.	0.			0.
d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited form the appropriate P	to those I	isted	abo	ve) v	who	recei	ved	82,000. more than \$100,00	0. 0 of reportable comp	ensation		900
from the organization 0											Yes	No
3 Did the organization list any former officer, direction line 1a? If 'Yes,' complete Schedule J for such	tor, or tru h <i>ındıvıdı</i>	ıstee <i>ıal</i>	, key	y en	nplo	yee,	or h	nighest compensa	ted employee	3		х
4 For any individual listed on line 1a, is the sum o the organization and related organizations greate such individual	f reportab er than \$1	le co 150,0	mpe 00?	ensa If "	ation Yes'	and com	oth plet	er compensation e Schedule J for	from	4		X
 5 Did any person listed on line 1a receive or accrufor services rendered to the organization? If 'Yes 	e comper	nsatio	on fr	om	any	unre	elate	ed organization or	ındıvıdual	5		X
Section B. Independent Contractors												1 1
1 Complete this table for your five highest comper compensation from the organization. Report comper	isated ind isation for	epen the c	iden alen	t co ıdar	ntra year	ctors endi	tha	it received more to with or within the or	han \$100,000 of ganization's tax year	-		
(A) Name and business add	ress							Description	of services	Compe	nsatı	
Bingham Osborn 345 California Street, Sui	te 1100	San	Fr	anc	isc	:0, (CA	Investment ma	nagem't	1	42,	296
2 Total number of independent contractors (including	out not lim	ited t	o the	ose	liste	d abo	ve)	who received more	than			
\$100,000 of compensation from the organization		TEFA	01001	11/						Form	000	(201:

	Check if Schedule O contains a res	ponse or note to an	y line in this Part V	III		
	•		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
S 5	1a Federated campaigns 1a					
RAI	b Membership dues 1 b					
PROGRAM SERVICE REVENUE CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	c Fundraising events. 1c					
AR	d Related organizations 1 d					
NS.	e Government grants (contributions) 1 e					
달음	f All other contributions, gifts, grants, and similar amounts not included above 1 f					
틦	similar amounts not included above 1 f					
N S	g Noncash contributions included in lines 1a-1f \$:	
2 4	h Total. Add lines 1a-1f	<u> </u>				
3	2 a	Business Code		<u> </u>		
2	b					
핑						
옯	d					
S	e					
8	f All other program service revenue					•
욽	g Total. Add lines 2a-2f	•				
	3 Investment income (including dividend	ls, interest and		-		
	other similar amounts)	•	1,333,313.	1,333,313.		···
	4 Income from investment of tax-exemp	t bond proceeds.				
	5 Royalties (i) Real	(ii) Personal				
	6a Gross rents	(ii) i cisonai				
	b Less rental expenses					i
	c Rental income or (loss)					
1	d Net rental income or (loss)	>				
	7 a Gross amount from sales of (i) Securities	(II) Other	· · · · · ·		· · · · · · · · · · · · · · · · · · ·	
	assets other than inventory 415,064					,
	b Less: cost or other basis					
	and sales expenses					
	c Gain or (loss) 415,064					
	d Net gain or (loss)	<u> </u>	415,064.	415,064.		
띨	8a Gross income from fundraising events (not including \$					
OTHER REVENU	of contributions reported on line 1c)					
띭	See Part IV, line 18	a				
單	b Less direct expenses	ь			•	
<u></u>	c Net income or (loss) from fundraising	events ►			·	
	9a Gross income from gaming activities See Part IV, line 19	a				
	b Less direct expenses	b				
	c Net income or (loss) from gaming acti	vities ►				
	10a Gross sales of inventory, less returns and allowances	a				
	b Less cost of goods sold	b				
	c Net income or (loss) from sales of inv	entory				
	Miscellaneous Revenue	Business Code				
	11a Miscellaneous	900099	44.			44.
	b					
	d All other revenue		· · · · · ·			
	e Total. Add lines 11a-11d		44.			
	12 Total revenue. See instructions	•	1,748,421.	1,748,377.	0.	44.
_				<u> </u>	<u> </u>	33.

Form 990 (2013) Central Valley Foundation 68-0283878 Page 10 Statement of Functional Expenses 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 response or note to any line in this Part IX (A) Total expenses (C) (D) Do not include amounts reported on lines Management and Fundraising Program service 6b, 7b, 8b, 9b, and 10b of Part VIII. expenses expenses general expenses Grants and other assistance to governments and organizations in the United States See Part IV, line 21 1,009,120 1,009,120 Grants and other assistance to individuals in the United States See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 4 Benefits paid to or for members Compensation of current officers, directors, 0. trustees, and key employees 84,000 66,700 17,300 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 0. n U 0 24,204 Other salaries and wages 121,020 96,816 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits Payroll taxes 23, 353 17,904 5,449 11 Fees for services (non-employees) a Management **b** Legal c Accounting **d** Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees 142,296 135,181 7,115 g Other (If line 11g amt exceeds 10% of line 25, column 16,241 10,554 5,687 (A) amount, list line 11g expenses on Schedule (1) 12 Advertising and promotion Office expenses 13 14 Information technology 1,819 1,400 419 15 Royalties 7,220 4,869 351 16 Occupancy 17 Travel 3,449 3,028 421 Payments of travel or entertainment 18 expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 11,463 11,038 425 20 Interest Payments to affiliates 21 22 Depreciation, depletion, and amortization 914 457 457 23 7 428 5,876 1,552 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.) 35,360 35,360 a Evaluation and research 7,789 b Consultants 13,625 5,836 2,009 624 c <u>Telephone</u> 2,633 d Supplies_ 1,762 458 2,220 1,820 1,624 196 e All other expenses 1,483,981 1,409,534 74,447. 0. 25 Total functional expenses. Add lines 1 through 24e 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).

Balance Sheet

Part X

Check if Schedule O contains a response or note to any line in this Part X (B) End of year (A) Beginning of year 1 Cash - non-interest-bearing 2 48,678 2 Savings and temporary cash investments 38,091 3 Pledges and grants receivable, net 3 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L. 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 6 Notes and loans receivable, net 7 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 401 1,787 Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10 a 7,290 b Less accumulated depreciation 10b 5,500 2,704 10 c 1,790. Investments - publicly traded securities 42,262,702 11 11 50,609,751. 12 Investments - other securities See Part IV, line 11 12 Investments - program-related See Part IV, line 11 13 13 14 14 Intangible assets Other assets See Part IV, line 11 1,840,301 15 15 $\overline{44.144.199}$ 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 50,662,006. 17 Accounts payable and accrued expenses 17 42,387 46,082. 18 18 Grants payable 186,165 Deferred revenue 19 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, 22 key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 25 25 26 26 Total liabilities. Add lines 17 through 25 42,387 232,247. Organizations that follow SFAS 117 (ASC 958), check here ▶ X and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets 39,778,887 27 27 47,519,359. 28 28 Temporarily restricted net assets 4,322,925 2,910,400. 29 Permanently restricted net assets 29 R Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 32 Retained earnings, endowment, accumulated income, or other funds 33 Total net assets or fund balances 44,101,812 33 50,429,759 34 Total liabilities and net assets/fund balances 44,144,199. 34 50,662,006. Form 990 (2013) BAA

Form	n 990 ((2013)	Central Valley Foundation 68-02	83878		Pa	ge 12
Par	t XI	Reco	nciliation of Net Assets				
		Check	if Schedule O contains a response or note to any line in this Part XI				
1	Total	revenue	e (must equal Part VIII, column (A), line 12)	1 :	.,7	48,4	21.
2	Total	expense	ses (must equal Part IX, column (A), line 25)	2 :	, 4	83,9	81.
3	Reve	nue less	s expenses Subtract line 2 from line 1	3	2	64,4	40.
4	Net a	ssets or	r fund balances at beginning of year (must equal Part X, line 33, column (A)).	4 44	1,1	01,8	12.
5	Net u	ınrealıze	ed gains (losses) on investments	5 (5,0	63,5	507.
6	Dona	ited serv	vices and use of facilities	6			
7	Inves	stment e	expenses	7			
8	Prior	period a	adjustments	8			
9	Othe	r change	es in net assets or fund balances (explain in Schedule O)	9		_	0.
10		ssets or nn (B))	fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,	0 50),4:	29,7	59.
Par	t XII	Finan	ncial Statements and Reporting	•			
		Check	if Schedule O contains a response or note to any line in this Part XII				
				_		Yes	No
1	Acco	unting m	method used to prepare the Form 990 Cash X Accrual Other				. !
		organiz hedule (zation changed its method of accounting from a prior year or checked 'Other,' explain O				
2 a	W ere	the org	ganization's financial statements compiled or reviewed by an independent accountant?		2 a		X
			ck a box below to indicate whether the financial statements for the year were compiled or reviewed on consolidated basis, or both	on a			
		Separa	ate basis Consolidated basis Both consolidated and separate basis	-			
ì	W ere	the org	ganization's financial statements audited by an independent accountant?		2 b	X	
			ck a box below to indicate whether the financial statements for the year were audited on a separate lidated basis, or both				
	X	Separa	ate basis Consolidated basis Both consolidated and separate basis	_			
(If 'Ye revie	s' to line w, or co	e 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, ompilation of its financial statements and selection of an independent accountant?		2 c	Х	
	ın Sc	:heďule (
3 8	As a Audit	result of t Act and	a federal award, was the organization required to undergo an audit or audits as set forth in the Single d OMB Circular A-133?		3 a		Х
!			ne organization undergo the required audit or audits? If the organization did not undergo the required audit				
	or au	ıdıts, exp	plain why in Schedule O and describe any steps taken to undergo such audits		3 b		
BAA	١.			F	orm	990 ((2013)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

(E)

Total

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.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545 0047

Open to Public Inspection

Name	mme of the organization Employer identification number													
Cen	entral Valley Foundation 68-0283878													
Par	t I	Rea	son for Pub	ic Charity Status	(All organizations	must c	omple	te this	part.)	See II	nstructi	ons.		
The o	orga	nızatı	on is not a priva	te foundation because	e it is (For lines 1 thro	ugh 11,	check o	nly one	box)					
1	П	A chi	urch, convention	of churches or assoc	ation of churches desc	cribed in	section	170(b)	(i)(A)(I)					
2	П	A sch	nool described ii	n section 170(b)(1)(A)	(ii). (Attach Schedule E	Ξ)								
3	П	A ho	spital or a coope	erative hospital service	e organization describe	ed in sec	tion 170	0(b)(1)(A	X(iii).					
4	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) Enter the hospital's													
	name, city, and state:													
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)													
6		A fed	leral, state, or k	ocal government or go	vernmental unit descri	bed in s	ection 1	70(b)(1)	(A)(v).					
7				ormally receives a subs A)(vi). (Complete Par	tantial part of its support t II.)	t from a g	governm	ental uni	t or fron	the ger	neral publi	ic describe	d	
8	Ш	A co	mmunity trust de	escribed in section 17	0(b)(1)(A)(vi). (Comple	te Part I	l)							
9		from	activities related stment income a	to its exempt functions	ore than 33-1/3% of its s – subject to certain excestaxable income (less mplete Part III)	eptions, a	and (2) n	io more t	han 33-	1/3% of	ıts suppor	t from gros	iS	after
10		An o	rganization orga	nized and operated e	xclusively to test for pu	ublic safe	ety See	section	509(a)	(4).				
11	X	more	publicly suppor	ted organizations des	isively for the benefit of, cribed in section 509(a ion and complete lines	ı)(1) or s	ection 5	509(a)(2)						that
		a X	Type I b	Type II c	Type III - Function	nally inte	grated		d 🔲 1	Type III	– Non-fu	inctionally	ıntegr	ated
е	X	By cl	necking this box than foundation	, I certify that the organization and other that	anization is not controll an one or more publicly s	led direc	tly or in organiz	directly ations de	by one escribed	or more	disquali on 509(a)(fied perso (1) or	ns	
			on 509(a)(2)		. (" " " " " " " " " " " " " " " " " "	-						_		_
f		chec	k třis box		nation from the IRS that i	,,		,	·		Ü	·		
g		Since	e August 17, 20	06, has the organization	on accepted any gift o	r contrib	ution fro	om any	of the fo	ollowing	persons	7		
		G)	A porces who	directly or indirectly of	ontrols, either alone or	togothou	with no	arcone d	locariba	d in (ii)	and (w)		Yes	No
		(i)	below, the gov	erning body of the sur	ported organization?	logethei	with pe	5150115 U	iesci ibe	u III (II)	and (III)	11 g (i)		Х
		(ii)	•	er of a person describ	**							11 g (ii)		X
					described in (i) or (ii) a							11 g (iii)		Х
h		Prov	ide the following	information about th	e supported organization	on(s)								
		(ı) Na	me of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organiz column (i your go	s the ation in) listed in verning ment?	(v) Did yo the organ column (supp	ization in	organız colui organiz	s the ration in mn (i) ed in the S ?	(vii) Amour suj	nt of mon	ietary
						Yes	No	Yes	No	Yes	No			
	Sa	cra	nento Regi	on Community E	ound.									
(A)			_	94-2891517	8	X		Х		Х			12,5	500.
	Fr	esn	Regional	Foundation										
(B)			-	77-0478025	7	Х		Х		Х			12,5	500.
						Ī								
<u>(C)</u>							ļ							
(D)]						

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

Schedule A (Form 990 or 990-EZ) 2013

25,000.

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support		-								
Cale: begi:	ndar year (or fiscal year nning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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	Public support. Subtract line 5 from line 4										
Sec	tion B. Total Support										
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total				
7	Amounts from line 4										
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources										
9	Net income from unrelated business activities, whether or not the business is regularly carried on										
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)										
11	Total support. Add lines 7 through 10										
12	Gross receipts from related activ	vities, etc (see ins	structions)			12					
13	First five years. If the Form 990 is organization, check this box and	for the organizatio stop here	n's first, second, tl	hird, fourth, or fifth	tax year as a section	on 501(c)(3)	▶ 🗍				
	tion C. Computation of Pu										
	Public support percentage for 20			ine 11, column (f)	1	14	<u>%</u> %				
	Public support percentage from					15					
16 a	16a 33-1/3% support test — 2013. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.										
t	b 33-1/3% support test — 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization										
17 a	a 10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts	meets the 'facts-	and-circumstance	es' test, check this	box and stop he	re. Explain in Part	IV how				
t	o 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an	meets the 'facts-	and-circumstance	es' test, check this	box and stop he	re. Explain in Part					
18	Private foundation. If the organi	zation did not che	eck a box on line	13, 16a, 16b, 17a	, or 17b, check th	is box and see inst	tructions -				
BAA		_			Sc	hedule A (Form 99)	0 or 990-EZ) 2013				

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	e organization failed to	qualify under Part II	If the organization fails
to qualify under the tests listed	below, please complete Part	t II)		

Secti	on A. Public Support						
	ar year (or fiscal yr beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
á	Gifts, grants, contributions and membership fees received (Do not include any 'unusual grants')				**	-	
2 (5 f	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's lax-exempt purpose			-			
t	Gross receipts from activities that are not an unrelated trade or business under section 513		10.				
5 f	Tax revenues levied for the organization's benefit and either paid to or expended on ts behalf. The value of services or facilities furnished by a governmental unit to the organization without charge.					7	
7 a /	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
- (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 1	Public support (Subtract line 7c from line 6)						
Secti	ion B. Total Support						
Calenda	ar year (or fiscal yr beginning in) 🟲 📗	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
-	Amounts from line 6						
ь (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						
11 	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
(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)						
14	First five years. If the Form 990 organization, check this box and	is for the organization	ation's first, secoi	nd, third, fourth, c	or fifth tax year as	a section 501(c)	(3)
	ion C. Computation of Pu						
	Public support percentage for 20			ne 13, column (f))	<u>l</u>	15	8
	Public support percentage from	-		 		16	%
	ion D. Computation of Inv						,
	Investment income percentage f			•	ımn (f))	17	000
	Investment income percentage f					18	%
1	33-1/3% support tests – 2013. If is not more than 33-1/3%, check	this box and sto	p here. The orgar	nization qualifies a	as a publicly supp	orted organizatio	n ► 📗
	33-1/3% support tests – 2012. If line 18 is not more than 33-1/3%	, check this box	and stop here. Th	ne organızatıon qu	ialifies as a public	ly supported orga	33-1/3%, and ►
	Private foundation. If the organi	zation did not che			theck this box and		▶ 🗌
DAA			TEC 404031			badula & /Carro Of	00 000 EZ 0012

Schedule A	(Form 990 or 990-EZ) 2013	Central	Valley Found	lation	68-0283878	Page 4
Part:IV	Supplemental Informati or 17b; and Part III, line (See instructions).	on. Provid 12. Also co	e the explanation of the explana	ons required by Part rt for any additional	II, line 10; Part II, line 17a information.	
						-
		-				

SCHEDULE D (Form 990)

Supplemental Financial Statements

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.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545 0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Centr	al Valley Foundation		68-0283878
art I	Organizations Maintaining Dono	r Advised Funds or Other Similar Fur	nds or Accounts.
	[→] Complete if the organization ansv	vered 'Yes' to Form 990, Part IV, line	6.
		(a) Donor advised funds	(b) Funds and other accounts
1 Tot	al number at end of year		
2 Agg	gregate contributions to (during year).		
3 Agg	gregate grants from (during year)		
1 Ag	gregate value at end of year		
Did are	the organization inform all donors and dor the organization's property, subject to the	or advisors in writing that the assets held in do organization's exclusive legal control?	onor advised funds
for	I the organization inform all grantees, donor charitable purposes and not for the benefit permissible private benefit?	rs, and donor advisors in writing that grant fund of the donor or donor advisor, or for any other	ds can be used only purpose conferring Yes No
art II	Conservation Easements.		
		wered 'Yes' to Form 990, Part IV, line	7.
1 Pui	rpose(s) of conservation easements held by	the organization (check all that apply)	
	Preservation of land for public use (e.g., re	ecreation or education) Preservation of	of an historically important land area
T	Protection of natural habitat	Preservation of	of a certified historic structure
	Preservation of open space		
		eld a qualified conservation contribution in the forr	n of a conservation easement on the
las	t day of the tax year		
			Heid at the End of the Tax Ye
-	tal number of conservation easements		2 a
	tal acreage restricted by conservation easer		2 b
-	mber of conservation easements on a certif	• • •	2 c
str	ucture listed in the National Register	n (c) acquired after 8/17/06, and not on a histor	2 d
tax	year ►	sferred, released, extinguished, or terminated by the	he organization during the
	mber of states where property subject to conse		_
and	d enforcement of the conservation easemer		∐ Yes ☐ No
▶_		nspecting, and enforcing conservation easements	
7 Am ►\$		cting, and enforcing conservation easements durin	ig the year
B Do and	es each conservation easement reported or d section 170(h)(4)(B)(ii)?	n line 2(d) above satisfy the requirements of se	ction 170(h)(4)(B)(i) Yes No
inc	Part XIII, describe how the organization reports clude, if applicable, the text of the footnote inservation easements	conservation easements in its revenue and expension the organization's financial statements that of	ise statement, and balance sheet, and describes the organization's accounting fo
	Organizations Maintaining Colle	ctions of Art, Historical Treasures, or wered 'Yes' to Form 990, Part IV, line	Other Similar Assets. 8.
art	. historical treasures, or other similar assets he	r SFAS 116 (ASC 958), not to report in its reve eld for public exhibition, education, or research in fi incial statements that describes these items.	nue statement and balance sheet works ourtherance of public service, provide,
his	the organization elected, as permitted unde torical treasures, or other similar assets held following amounts relating to these items	r SFAS 116 (ASC 958), to report in its revenue or public exhibition, education, or research in further	statement and balance sheet works of are erance of public service, provide the
(i)	Revenues included in Form 990, Part VIII,	line 1	* \$
(ii)	Assets included in Form 990, Part X		► \$
	he organization received or held works of art, hounts required to be reported under SFAS	nistorical treasures, or other similar assets for finar 116 (ASC 958) relating to these items	ncial gain, provide the following
a Re	venues included in Form 990, Part VIII, line	e 1	► \$
b As	sets included in Form 990, Part X		▶ \$

Schedule D (Form 990) 2013 Centi					68- <u>0</u> 283	
Part III Organizations Mainta	ning Collection	s of Art, Histo	rical	Treasures, or	Other Similar Asse	ts (continued)
3 Using the organization's acquisition items (check all that apply)	, accession, and othe	r records, check an	y of th	ne following that are	e a significant use of its c	ollection
a Public exhibition		d Loan o	r excl	hange programs		
b Scholarly research		e Other		_		-
c Preservation for future gener	ations	_		_		
Provide a description of the organiz Part XIII		•		_		
5 During the year, did the organiza to be sold to raise funds rather the	tion solicit or receive	e donations of art	, histo	orical treasures, or	other similar assets	Yes No
Part IV Escrow and Custodia						
line 9, or reported an	amount on Form	990, Part X, I	line 2	21.		
1 a is the organization an agent, trus on Form 990, Part X?	itee, custodian, or o	ther intermediary	for co	ontributions or othe	er assets not included	Yes No
b If 'Yes,' explain the arrangement	in Part XIII and con	plete the following	ng tab	le		
					<i>A</i>	Amount
c Beginning balance					1 c	
d Additions during the year					1 d	
e Distributions during the year					1 e	
f Ending balance					1f	
2 a Did the organization include an a					<u>l</u>	_ Yes No
b If 'Yes,' explain the arrangement	ın Part XIII Check	here if the explan	tion h	ias been provided	ın Part XIII	
Part V Endowment Funds. C	omplete if the o					
	(a) Current year	(b) Prior year	$\overline{}$	(c) Two years back		(e) Four years back
1 a Beginning of year balance.	2,482,624	2,240,0	98.	1,906,928		0.
b Contributions				80,588	3. <u>1,843,953.</u>	
c Net investment earnings, gains, and losses	427,776	301,5	73.	294,957		
d Grants or scholarships		59,0	47.	42,375	5.	
 Other expenditures for facilities and programs 					0.	
f Administrative expenses						
g End of year balance	2,910,400			2,240,098		0.
Provide the estimated percentag	e of the current yea	end balance (lin	e 1g,	column (a)) held a	as	
a Board designated or quasi-endowm	ent ►	%				
b Permanent endowment ▶	%					
c Temporarily restricted endowmen	nt 🏲	%				
The percentages in lines 2a, 2b,	and 2c should equa	I 100%				
3a Are there endowment funds not in t	the possession of the	organization that a	re hel	d and administered	for the	Yes No
organization by						
(i) unrelated organizations						3a(i) X 3a(ii) X
(ii) related organizations	organizations listed	as required on Sa	hodul	o D2		3a(ii) X
b If 'Yes' to 3a(ii), are the related ofDescribe in Part XIII the intended	=	•				30
		zation s endowine	iii iui	ius		· · · · · · · · · · · · · · · · · · ·
Part:VI Land, Buildings, and Complete if the organ		d 'Yes' to Form	1 990), Part IV, line	11a. See Form 990	, Part X, line 10.
Description of property	(a) Co	st or other basis	(b)	Cost or other casis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land	<u> </u>			- (/		·
b Buildings.				-		
c Leasehold improvements						
d Equipment				6,135.	4,826.	1,309.
e Other				1,155.	674.	481.
Total. Add lines 1a through 1e. (Colum	nn (d) must eaual Fi	orm 990. Part X (colum		▶	1,790.
BAA	(-)			3=27	Schedu	le D (Form 990) 2013

Part VII	│Investments — Other Securities.		N/A	
			, Part IV, line 11b. See Form 990, Part X,	
	cription of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value	
• •	ial derivatives		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	y-held equity interests			
(3) Other				<u> </u>
$\frac{(A)}{(B)}$				
(C)				-
(D)				
(E)				
(F)				
(G)				
(H)				
(1)				
	mn (b) must equal Form 990, Part X, column (B) line 12)			_
Part VIII	Investments – Program Related.	'Ves' to Form 990	, Part IV, line 11c. See Form 990, Part X,	lina 13
	(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year marks	
(1)	(a) Description of investment type	(2) 20011 10100		
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -			
(9)				
(10)	(h) must sound Form 000 Part V, solvers (D) less 12 \			
Part IX	mn (b) must equal Form 990, Part X, column (B) line 13.)			
	I Utner Assets	N/A		
Partix	Other Assets. Complete if the organization answered	Yes' to Form 990	, Part IV, line 11d. See Form 990, Part X,	line 15.
		Yes' to Form 990	, Part IV, line 11d. See Form 990, Part X, (b) Book	line 15. value
(1)			, Part IV, line 11d. See Form 990, Part X, (b) Book	line 15. value
(1)			, Part IV, line 11d. See Form 990, Part X, (b) Book	line 15. value
(1) (2) (3)			, Part IV, line 11d. See Form 990, Part X, (b) Book	line 15. value
(1)			, Part IV, line 11d. See Form 990, Part X, (b) Book	line 15. value
(1) (2) (3) (4) (5) (6)			, Part IV, line 11d. See Form 990, Part X, (b) Book	line 15. value
(1) (2) (3) (4) (5) (6) (7)			, Part IV, line 11d. See Form 990, Part X, (b) Book	line 15. value
(1) (2) (3) (4) (5) (6) (7) (8)			, Part IV, line 11d. See Form 990, Part X, (b) Book	line 15. value
(1) (2) (3) (4) (5) (6) (7) (8) (9)			, Part IV, line 11d. See Form 990, Part X, (b) Book	line 15.
(1) (2) (3) (4) (5) (6) (7) (8) (9)	(a) De:	scription	, Part IV, line 11d. See Form 990, Part X, (b) Book	line 15.
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Ca	olumn (b) must equal Form 990, Part X, column (l	B), line 15)	(b) Book	line 15.
(1) (2) (3) (4) (5) (6) (7) (8) (9)	olumn (b) must equal Form 990, Part X, column (b) Other Liabilities. Complete if the organization answered 'Yes' to Fe	B), line 15)	le or 11f. See Form 990, Part X, line 25	line 15.
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (CA	olumn (b) must equal Form 990, Part X, column (b) Other Liabilities. Complete if the organization answered 'Yes' to Fe (a) Description of liability	B), line 15)	le or 11f. See Form 990, Part X, line 25	line 15.
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Ca	olumn (b) must equal Form 990, Part X, column (b) Other Liabilities. Complete if the organization answered 'Yes' to Fe	B), line 15)	le or 11f. See Form 990, Part X, line 25	line 15.
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Ca Part X	olumn (b) must equal Form 990, Part X, column (b) Other Liabilities. Complete if the organization answered 'Yes' to Fe (a) Description of liability	B), line 15)	le or 11f. See Form 990, Part X, line 25	line 15.
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Cx Part X (2) (3)	olumn (b) must equal Form 990, Part X, column (b) Other Liabilities. Complete if the organization answered 'Yes' to Fe (a) Description of liability	B), line 15)	le or 11f. See Form 990, Part X, line 25	line 15.
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Ca Part X (2) (3) (4) (5)	olumn (b) must equal Form 990, Part X, column (b) Other Liabilities. Complete if the organization answered 'Yes' to Fe (a) Description of liability	B), line 15)	le or 11f. See Form 990, Part X, line 25	line 15.
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Ca Part X (1) Fedde (2) (3) (4) (5) (6)	olumn (b) must equal Form 990, Part X, column (b) Other Liabilities. Complete if the organization answered 'Yes' to Fe (a) Description of liability	B), line 15)	le or 11f. See Form 990, Part X, line 25	line 15.
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Ca Part X (1) Fedd (2) (3) (4) (5) (6) (7)	olumn (b) must equal Form 990, Part X, column (b) Other Liabilities. Complete if the organization answered 'Yes' to Fe (a) Description of liability	B), line 15)	le or 11f. See Form 990, Part X, line 25	line 15.
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Ca Part X (1) Fedde (2) (3) (4) (5) (6) (7) (8)	olumn (b) must equal Form 990, Part X, column (b) Other Liabilities. Complete if the organization answered 'Yes' to Fe (a) Description of liability	B), line 15)	le or 11f. See Form 990, Part X, line 25	line 15.
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (CC Part X (1) Fedde (2) (3) (4) (5) (6) (7) (8) (9)	olumn (b) must equal Form 990, Part X, column (b) Other Liabilities. Complete if the organization answered 'Yes' to Fe (a) Description of liability	B), line 15)	le or 11f. See Form 990, Part X, line 25	line 15.
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (CC Part X (1) Fedde (2) (3) (4) (5) (6) (7) (8) (9) (10)	olumn (b) must equal Form 990, Part X, column (b) Other Liabilities. Complete if the organization answered 'Yes' to Fe (a) Description of liability	B), line 15)	le or 11f. See Form 990, Part X, line 25	line 15.
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Ca Part X (1) Fedd (2) (3) (4) (5) (6) (7) (8) (9) (10) (11)	olumn (b) must equal Form 990, Part X, column (b) Other Liabilities. Complete if the organization answered 'Yes' to Fe (a) Description of liability	B), line 15)	le or 11f. See Form 990, Part X, line 25	line 15.

Uncertainty in Income Taxes: The preparation of financial statements in conformity

with accounting principles generally accepted in the United States of America

requires the Foundation to report information regarding its exposure to various tax

positions taken. The Foundation has determined whether any tax positions have met

the recognition threshold and have measured the exposure to those tax positions.

Management believes that the Foundation has adequately addressed all relevant tax

positions and that there are no unrecorded tax liabilities. Federal and state tax

BAA

Schedule D (Form 990) 2013

Schedule D (Form 990) 2013 Central Valley Foundation	68-0283878	rage 5
Part XIII Supplemental Information (continued)		
Part X - FIN 48 Footnote (continued)		
authorities generally have the right to examine and audit the	previous three yea	rs
of tax returns filed. Any interest or penalties assessed to	the Foundation are	
recorded in operating expenses. No interest or penalties from	n federal or state	tax
authorities were recorded in the accompanying financial stater	ments.	
		-
,		
		 -
	·	
	- -	

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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

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

OMB No 1545-0047

2013

Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Opén to Public Inspèction **Employer identification number**

Central Valley Foundation

68-0283878

Part I General Information on Grants and Assistance

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?

ջ □

X Yes

Part II 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.

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) <u>Coalinga-Huron Joint USD 149 Adams Street Coalinga, CA 93210</u>	77-0559741		121, 606.	0.			ELL programs
(2) Committee Protect Journalists 330 7th Avenue, 11th Floor New York, NY 10001	13-3081500		7,500.	0			General support.
(3) First Amendment Coalition	33-0308483		10,000.	0			Support of First Amendment.
(4) Fresno Regional Foundation 5250 N Palm Ave Ste 424 Fresno, CA 93704	77-0478025		12,500.	0.			Improving quality of life.
(5) Mendota USD	77-0460306		58,424.	0.			ELL programs
(6) Robla School District 5248 Rose Street Sacramento, CA 95838	94-6002528		81,608.	0.			English learner summer school
70 Sac. Region Comm Foundation. 740 University Avenue, Suite. Sacramento, CA 95825	94-2891517		12,500.	0.			Improving quality of life.
(8) Sanger Unified School Distric -1905 Seventh Street Sanger, CA 93657	95-6002210		638,570.	0.			Grant for English learners.
2 Enter total number of section 501(c)(3) and government organizations3 Enter total number of other organizations listed in the line 1 table)) and government or ons listed in the line	suoi	listed in the line 1 table			A A	11 0

Schedule I (Form 990) (2013)

TEEA3901L 07/12/13

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

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.

Continuation Page 1 of 1

Name of the organization				:		Employer identification number	ion number
Central Valley Foundation						68-0283878	
Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)	d Other Assistan	ice to Governm	ents and Organiza	tions in the United	States (Schedule	1 (Form 990), Pa	art II.)
(a) Name and address of organization or government	(a) 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
	77-0450770		10.000				American Leadership Forum
1 1 7 7	94-6081352		15.000				Support of First Amendment.
UC_Davis_Foundation One_Shields_Ave Davis_CA_95616	94-6081352		30,000.				Intro students to law school (KHOP)
_ ' ' '							
			TEEA4001L 07/12/13			Schedule I C	Schedule I Cont (Form 990) 2013

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.

Attach to Form 990 or 990-EZ.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization	Employer identification number
Central Valley Foundation	68-0283878
Form 990, Part III, Line 1 - Organization Mission	
The Foundation supports educational programs for English Learn	ners 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 B	ody
The two Community Foundations appoint the majority of the mem	bers of the board.
Currently, the board has 6 members and the two Community Foun	dations have each
appointed two members	
Form 990, Part VI, Line 11b - Form 990 Review Process	
After the accounting firm, retained by the Central Valley Fou	ndation'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 opportuni	ty to ask questions of
the accounting firm about the Form 990. Afterwards, the Comm	ittee emails its review
of the Form 990 to the Board. The Board reviews Form 990 bef	ore it is submitted to
the IRS.	
Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of C	onflicts
Annually, in the Spring, the Central Valley Foundation has it	s 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 m	eeting. These
statements are filed at the CVF office.	
Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO, T	op Management
The Personnel & Board Compensation Committee reviews the Exec	utive Director's (ED)
compensation (salary) and activities every 1-5 years (Septemb	er 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 09/09/2013

	Form 990 or 990-EZ) 2013	Page 2
Name of the orga		Employer identification number
Central	Valley Foundation	68-0283878
Form 9	990, Part VI, Line 15a - Compensation Review & Approval Process - CEO, Top	Management (continued)
revie	ws 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
avail	able for public inspection at the business office.	

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545 0047

2013

Open to Public Inspection

Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Employer identification number 68-0283878 Part I Identification of Disregarded Entities Complete If the organization answered 'Yes' on Form 990, Part IV, line 33. Central Valley Foundation Name of the organization

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	ctivity Legal domicile (state or foreign country)		(d) Total income	(e) End-of-year assets	Direct o	(f) Direct controlling entity	l g
(0)								
(2)								
(3)								
Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered 'Yes' on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.	janizations Complete ions during the tax y	if the organization ear.	answered 'Yes'	on Form 990,	Part IV, line 34 t	pecause	t had	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501 (c)(3))	atus Direct controlling entity	S guillo	🌣 =	13) atthy?
							Yes	œ
(1) Sac. Region Community Foundation. 740 University Avenue, Ste 110 Sacramento, CA 95825 94-2891517	Supported organization	CA	501(c)(3)	509 (a) (3)) N/A			×
(2) Fresno Regional Foundation 5250 N Palm Avenue, Ste 424 Fresno, CA 93704 77-0478025	Supported	CA	501(c)(3)	509(a) (3)) N/A		^	×
(<u>e)</u>								
(b)	:						.	
BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	ons for Form 990.		TEEA5001L 06/26/13		Sche	Schedule R (Form 990) 2013	n 990) 20	013

Page 2

68-0283878

Schedule R (Form 990) 2013 Central Valley Foundation

Schedule R (Form 990) 2013 Central Valley Foundation

Farmily Identification of Related Organizations Taxable as a Partnership Complete if the organization answered 'Yes' on 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	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	<u> </u>	<u> </u>	(f) Share of total income	(g) Share of end-of-year assets	(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)				Yes	٥ ۷	1065)	Yes	No	
(1)				 					_				
					•				_				
											-		
(2)													
		•											
(3)													
													
Part IV dentification o	Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answelline 34 because it had one or more related organizations treated as a corporation or trust during the tax year.	izations nore relat	Taxable as	a Corporation or Trust Complete of the organization answered 'Yes' on Form 990, Part IV, ations treated as a corporation or trust during the tax year.	n or Trust (as a corpo	Somplete ration or the	if the organi rust during t	zation an he tax ye	swere ar.	d 'Yes' on Fo	orm 990,	Part I	, -
(a) Name, address, and EIN of related organization	of related organization		(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling	Type of entity (C corp, S corp,		(f) Share of total income	Shar	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Sec 512(b)(13) controlled entity?	(b)(13) d entity?
				country)			() Sn		_			Yes	No
(t)		-											
		 											
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(2)		- 									•		
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Part V Transactions With Related Organizations Complete of the organization answered 'Yes' on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule			· Yes	s No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	ed in Parts II-IV?			×
b Gift, grant, or capital contribution to related organization(s)			1 p	×
c Gift, grant, or capital contribution from related organization(s)			1c X	\
d Loans or loan guarantees to or for related organization(s)			1 d	×
e Loans or loan guarantees by related organization(s)			16	×
			-	1.00 ===================================
f Dividends from related organization(s)			11	×
g Sale of assets to related organization(s)			19	×
h Purchase of assets from related organization(s)			<u>ا</u>	×
i Exchange of assets with related organization(s)			:-	×
j Lease of facilities, equipment, or other assets to related organization(s)			-	×
k Lease of facilities, equipment, or other assets from related organization(s)			7	×
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	×
Double of the solution of the			-	· >
p neilliousement paid to related organization(s) for expenses			2 6	< >
d reinibulsement paid by related organization(s) for expenses			7	4
r Other transfer of cash or property to related organization(s)			1.	×
s Other transfer of cash or property from related organization(s)			18	×
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.	d relationships and trans	Ī		
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	ermining olved
(1) Sac. Region Community Foundation	υ	12,500.	Cash	
Control Country	t	0	ر د د	
	د	12,000.	Casii	
(3)				
(4)				
(5)				
(9)				
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Part VI: Unrelated Organizations Taxable as a Partnership Complete if the organization answered 'Yes' on 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

(a) Name, address, and EIN of entity Prir	(b) Primary a	ctivity Legal domicile	(d) Predominant	(e) Are all partners	(f) Share of total income	Share of end-of-year	(h) Dispropor- tionate	Code V-UBI amount in box	General or managing	al or Pe	(k) Percentage ownership
		country)	(related, unrelated, excluded from tax under	501(c)(3 organizatio			allocations	52 of Schedule K-1 Form (1065)	partn	er 2	
			section 512-514)	Yes	No		Yes No		Yes	۶	
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(8)							-				
											
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Part VII	Supplemental Information		
	Provide additional information for responses to questions on Schedule R (see instructions).	
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