efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93491050003020

Form **990-PF**
Department of the Treasury
Internal Revenue Service

Return of Private Foundation

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

▶ **Do not enter social security numbers on this form as it may be made public.**
▶ **Go to *www.irs.gov/Form990PF* for instructions and the latest information.**

OMB No 1545-0052

2019

Open to Public Inspection

For calendar year 2019, or tax year beginning 01-01-2019 , and ending 12-31-2019

Name of foundation
THE ISABEL ALLENDE FOUNDATION

A Employer identification number
91-1748486

Number and street (or P O box number if mail is not delivered to street address)
116 CALEDONIA ST

Room/suite

B Telephone number (see instructions)
(415) 331-0200

City or town, state or province, country, and ZIP or foreign postal code
SAUSALITO, CA 94965

C If exemption application is pending, check here ▶ ☐

G Check all that apply ☐ Initial return ☐ Initial return of a former public charity ☐ Final return ☐ Amended return ☐ Address change ☐ Name change

D 1. Foreign organizations, check here ▶ ☐
2 Foreign organizations meeting the 85% test, check here and attach computation ▶ ☐

H Check type of organization ☑ Section 501(c)(3) exempt private foundation ☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation

E If private foundation status was terminated under section 507(b)(1)(A), check here ▶ ☐

I Fair market value of all assets at end of year (from Part II, col (c), *line 16)* ▶$ 12,630,594

J Accounting method ☑ Cash ☐ Accrual ☐ Other (specify) _____
(Part I, column (d) must be on cash basis)

F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ▶ ☐

Part I **Analysis of Revenue and Expenses** *(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))*

			(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1	Contributions, gifts, grants, etc , received (attach schedule)	1,021,272			
	2	Check ▶ ☐ if the foundation is **not** required to attach Sch B				
	3	Interest on savings and temporary cash investments	1	1		
	4	Dividends and interest from securities	203,866	203,866		
	5a	Gross rents				
	b	Net rental income or (loss)				
	6a	Net gain or (loss) from sale of assets not on line 10	683,816			
	b	Gross sales price for all assets on line 6a 3,018,460				
	7	Capital gain net income (from Part IV, line 2)		1,060,592		
	8	Net short-term capital gain				
	9	Income modifications				
	10a	Gross sales less returns and allowances				
	b	Less Cost of goods sold				
	c	Gross profit or (loss) (attach schedule)				
	11	Other income (attach schedule)	541	541		
	12	**Total.** Add lines 1 through 11	1,909,496	1,265,000		
Operating and Administrative Expenses	13	Compensation of officers, directors, trustees, etc	0	0		0
	14	Other employee salaries and wages	145,000	14,500		130,500
	15	Pension plans, employee benefits				
	16a	Legal fees (attach schedule)				
	b	Accounting fees (attach schedule)	25,651	2,565		23,086
	c	Other professional fees (attach schedule)	23,095	0		23,095
	17	Interest				
	18	Taxes (attach schedule) (see instructions)	33,991	24,545		9,446
	19	Depreciation (attach schedule) and depletion	787	0		
	20	Occupancy				
	21	Travel, conferences, and meetings	26,263	0		26,263
	22	Printing and publications	1,146	0		1,146
	23	Other expenses (attach schedule)	97,609	65,453		32,153
	24	**Total operating and administrative expenses.** Add lines 13 through 23	353,542	107,063		245,689
	25	Contributions, gifts, grants paid	1,424,825			1,424,825
	26	**Total expenses and disbursements.** Add lines 24 and 25	1,778,367	107,063		1,670,514
	27	Subtract line 26 from line 12				
	a	**Excess of revenue over expenses and disbursements**	131,129			
	b	**Net investment income** (if negative, enter -0-)		1,157,937		
	c	**Adjusted net income** (if negative, enter -0-)				

Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)

		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash—non-interest-bearing	15,554	621,297	621,297
	2 Savings and temporary cash investments	841,301	6,754	6,754
	3 Accounts receivable ▶			
	Less allowance for doubtful accounts ▶			
	4 Pledges receivable ▶			
	Less allowance for doubtful accounts ▶			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7 Other notes and loans receivable (attach schedule) ▶			
	Less allowance for doubtful accounts ▶			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments—U S and state government obligations (attach schedule)	1,734,138	1,317,004	1,323,674
	b Investments—corporate stock (attach schedule)	4,833,590	5,319,267	10,376,534
	c Investments—corporate bonds (attach schedule)	0	302,115	301,533
	11 Investments—land, buildings, and equipment basis ▶			
	Less accumulated depreciation (attach schedule) ▶			
	12 Investments—mortgage loans			
	13 Investments—other (attach schedule)			
	14 Land, buildings, and equipment basis ▶ 34,235			
	Less accumulated depreciation (attach schedule) ▶ 33,433	1,589	802	802
	15 Other assets (describe ▶)			
	16 **Total assets** (to be completed by all filers—see the instructions Also, see page 1, item I)	7,426,172	7,567,239	12,630,594
Liabilities	17 Accounts payable and accrued expenses			
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable (attach schedule)			
	22 Other liabilities (describe ▶)	0	9,938	
	23 **Total liabilities**(add lines 17 through 22)	0	9,938	
Net Assets or Fund Balances	**Foundations that follow FASB ASC 958, check here ▶ ☐ and complete lines 24, 25, 29 and 30.**			
	24 Net assets without donor restrictions			
	25 Net assets with donor restrictions			
	Foundations that do not follow FASB ASC 958, check here ▶ ☑ and complete lines 26 through 30.			
	26 Capital stock, trust principal, or current funds	0	0	
	27 Paid-in or capital surplus, or land, bldg , and equipment fund	0	0	
	28 Retained earnings, accumulated income, endowment, or other funds	7,426,172	7,557,301	
	29 **Total net assets or fund balances** (see instructions)	7,426,172	7,557,301	
	30 **Total liabilities and net assets/fund balances** (see instructions)	7,426,172	7,567,239	

Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year—Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return)	1	7,426,172
2	Enter amount from Part I, line 27a	2	131,129
3	Other increases not included in line 2 (itemize) ▶	3	0
4	Add lines 1, 2, and 3	4	7,557,301
5	Decreases not included in line 2 (itemize) ▶	5	0
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29	6	7,557,301

Part IV Capital Gains and Losses for Tax on Investment Income

	(a) List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1 a	MUNICIPAL OBLIGATIONS	P		
b	CORPORATE SECURITIES	P		
c	CORPORATE SECURITIES	D		
d				
e				

	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a	1,065,000		1,065,000	0
b	762,071		578,400	183,671
c	1,191,389		314,468	876,921
d				
e				

	Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) **or** Losses (from col (h))
	(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
a				0
b				183,671
c				876,921
d				
e				

2	Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 / If (loss), enter -0- in Part I, line 7 }	2	1,060,592
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8	3	

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

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

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

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

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

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

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2018	1,418,929	10,856,207	0 130702
2017	1,280,324	10,503,331	0 121897
2016	1,516,373	10,084,856	0 150361
2015	117,334	10,376,145	0 011308
2014	1,317,365	10,356,697	0 127199

2	**Total** of line 1, column (d)	2	0 541467
3	Average distribution ratio for the 5-year base period—divide the total on line 2 by 5 0, or by the number of years the foundation has been in existence if less than 5 years	3	0 108293
4	Enter the net value of noncharitable-use assets for 2019 from Part X, line 5	4	10,763,326
5	Multiply line 4 by line 3	5	1,165,593
6	Enter 1% of net investment income (1% of Part I, line 27b)	6	11,579
7	Add lines 5 and 6	7	1,177,172
8	Enter qualifying distributions from Part XII, line 4	8	1,670,514

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

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

1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1. Date of ruling or determination letter _____ **(attach copy of letter if necessary–see instructions)**		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here ▶ ☑ and enter 1% of Part I, line 27b	1	11,579
c	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	2	0
3	Add lines 1 and 2	3	11,579
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	4	0
5	**Tax based on investment income.** Subtract line 4 from line 3 If zero or less, enter -0-	5	11,579
6	Credits/Payments		
a	2019 estimated tax payments and 2018 overpayment credited to 2019 — 6a: 13,400		
b	Exempt foreign organizations—tax withheld at source — 6b:		
c	Tax paid with application for extension of time to file (Form 8868) — 6c: 0		
d	Backup withholding erroneously withheld — 6d: 0		
7	Total credits and payments Add lines 6a through 6d	7	13,400
8	Enter any **penalty** for underpayment of estimated tax Check here ☐ if Form 2220 is attached	8	0
9	**Tax due.** If the total of lines 5 and 8 is more than line 7, enter **amount owed** ▶	9	
10	**Overpayment.** If line 7 is more than the total of lines 5 and 8, enter the **amount overpaid** ▶	10	1,821
11	Enter the amount of line 10 to be **Credited to 2020 estimated tax** ▶ 1,821 **Refunded** ▶	11	0

Part VII-A **Statements Regarding Activities**

			Yes	No
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a		No
b	Did it spend more than $100 during the year (either directly or indirectly) for political purposes? (see Instructions for definition)	1b		No
	*If the answer is "Yes" to **1a** or **1b**, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities*			
c	Did the foundation file **Form 1120-POL** for this year?	1c		No
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year **(1)** On the foundation ▶ $ 0 **(2)** On foundation managers ▶ $ 0			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ▶ $ 0			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? *If "Yes," attach a detailed description of the activities*	2		No
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? *If "Yes," attach a conformed copy of the changes*	3		No
4a	Did the foundation have unrelated business gross income of $1,000 or more during the year?	4a		No
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? *If "Yes," attach the statement required by General Instruction T*	5		No
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	Yes	
7	Did the foundation have at least $5,000 in assets at any time during the year? *If "Yes," complete Part II, col (c), and Part XV*	7	Yes	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) ▶ CA			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? *If "No," attach explanation* .	8b	Yes	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2019 or the taxable year beginning in 2019? See the instructions for Part XIV If "Yes," complete Part XIV	9		No
10	Did any persons become substantial contributors during the tax year? *If "Yes," attach a schedule listing their names and addresses*	10	Yes	

Part VII-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule See instructions.	11		No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement See instructions	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Yes	

Website address ▶ WWW ISABELALLENDEFOUNDATION ORG

14 The books are in care of ▶ ISABEL ALLENDE Telephone no ▶ (415) 331-0200

Located at ▶ 116 CALEDONIA ST SAUSALITO CA ZIP+4 ▶ 94965

15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of **Form 1041** —check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the year ▶ 15

16	At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?		Yes	No
		16		No
	See the instructions for exceptions and filing requirements for FinCEN Form 114 If "Yes", enter the name of the foreign country ▶			

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

			Yes	No
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.			
1a	During the year did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? ☐ Yes ☑ No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? ☐ Yes ☑ No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? ☐ Yes ☑ No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? ☑ Yes ☐ No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? ☐ Yes ☑ No			
	(6) Agree to pay money or property to a government official? (**Exception.** Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days). ☐ Yes ☑ No			
b	If any answer is "Yes" to 1a(1)–(6), did **any** of the acts fail to qualify under the exceptions described in Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b		No
	Organizations relying on a current notice regarding disaster assistance check here ▶ ☐			
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2019?	1c		No
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
a	At the end of tax year 2019, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2019? ☐ Yes ☑ No			
	If "Yes," list the years ▶ 20____ , 20____ , 20____ , 20____			
b	Are there any years listed in 2a for which the foundation is **not** applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to **all** years listed, answer "No" and attach statement—see instructions)	2b		
c	If the provisions of section 4942(a)(2) are being applied to **any** of the years listed in 2a, list the years here ▶ 20____ , 20____ , 20____ , 20____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? ☐ Yes ☑ No			
b	If "Yes," did it have excess business holdings in 2019 as a result of **(1)** any purchase by the foundation or disqualified persons after May 26, 1969, **(2)** the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or **(3)** the lapse of the 10-, 15-, or 20-year first phase holding period? *(Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2019).*	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2019?	4b		No

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

			Yes	No
5a	During the year did the foundation pay or incur any amount to			
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	☐ Yes ☑ No		
	(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?	☐ Yes ☑ No		
	(3) Provide a grant to an individual for travel, study, or other similar purposes?	☐ Yes ☑ No		
	(4) Provide a grant to an organization other than a charitable, etc , organization described in section 4945(d)(4)(A)? See instructions	☐ Yes ☑ No		
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	☐ Yes ☑ No		
b	If any answer is "Yes" to 5a(1)–(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53 4945 or in a current notice regarding disaster assistance? See instructions	5b		
	Organizations relying on a current notice regarding disaster assistance check here ▶	☐		
c	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?	☐ Yes ☐ No		
	If "Yes," attach the statement required by Regulations section 53 4945–5(d)			
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	☐ Yes ☑ No		
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	6b		No
	If "Yes" to 6b, file Form 8870			
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	☐ Yes ☑ No		
b	If "Yes", did the foundation receive any proceeds or have any net income attributable to the transaction?	7b		
8	Is the foundation subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment during the year?	☐ Yes ☑ No		

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, foundation managers and their compensation. See instructions

(a) Name and address	**(b)** Title, and average hours per week devoted to position	**(c)** Compensation **(If not paid, enter -0-)**	**(d)** Contributions to employee benefit plans and deferred compensation	**(e)** Expense account, other allowances
ISABEL ALLENDE 116 CALEDONIA ST SAUSALITO, CA 94965	PRESIDENT 1 00	0	0	0
NICOLAS FRIAS 116 CALEDONIA ST SAUSALITO, CA 94965	SECRETARY 1 00	0	0	0

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

(a) Name and address of each employee paid more than $50,000	**(b)** Title, and average hours per week devoted to position	**(c)** Compensation	**(d)** Contributions to employee benefit plans and deferred compensation	**(e)** Expense account, other allowances
LORI BARRA 116 CALEDONIA STREET SAUSALITO, CA 94965	EXECUTIVE DIRECTOR 40 00	145,000	0	0
Total number of other employees paid over $50,000 ▶				0

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

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

(a) Name and address of each person paid more than $50,000	**(b)** Type of service	**(c)** Compensation
NONE		
Total number of others receiving over $50,000 for professional services. ▶		0

Part IX-A **Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc	Expenses
1	
2	
3	
4	

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

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	
2	
All other program-related investments See instructions **3**	
Total. Add lines 1 through 3 ▶	0

Part X Minimum Investment Return (All domestic foundations must complete this part Foreign foundations, see instructions)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc , purposes		
a	Average monthly fair market value of securities	1a	10,692,783
b	Average of monthly cash balances	1b	234,452
c	Fair market value of all other assets (see instructions)	1c	0
d	**Total** (add lines 1a, b, and c)	1d	10,927,235
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) — 1e: 0		
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	10,927,235
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	163,909
5	**Net value of noncharitable-use assets.** Subtract line 4 from line 3 Enter here and on Part V, line 4	5	10,763,326
6	**Minimum investment return.** Enter 5% of line 5	6	538,166

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

1	Minimum investment return from Part X, line 6			1	538,166
2a	Tax on investment income for 2019 from Part VI, line 5	2a	11,579		
b	Income tax for 2019 (This does not include the tax from Part VI)	2b			
c	Add lines 2a and 2b			2c	11,579
3	Distributable amount before adjustments Subtract line 2c from line 1			3	526,587
4	Recoveries of amounts treated as qualifying distributions			4	0
5	Add lines 3 and 4			5	526,587
6	Deduction from distributable amount (see instructions)			6	0
7	**Distributable amount** as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1			7	526,587

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc , purposes		
a	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	1a	1,670,514
b	Program-related investments—total from Part IX-B	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc , purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	**Qualifying distributions.** Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	1,670,514
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b See instructions	5	11,579
6	**Adjusted qualifying distributions.** Subtract line 5 from line 4	6	1,658,935

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

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2018	(c) 2018	(d) 2019
1 Distributable amount for 2019 from Part XI, line 7				526,587
2 Undistributed income, if any, as of the end of 2019				
a Enter amount for 2018 only.			0	
b Total for prior years 20___, 20___, 20___		0		
3 Excess distributions carryover, if any, to 2019				
a From 2014. 813,044				
b From 2015. 73,613				
c From 2016. 1,030,074				
d From 2017. 762,385				
e From 2018. 902,913				
f Total of lines 3a through e.	3,582,029			
4 Qualifying distributions for 2019 from Part XII, line 4 ▶ $ 1,670,514				
a Applied to 2018, but not more than line 2a			0	
b Applied to undistributed income of prior years (Election required—see instructions).		0		
c Treated as distributions out of corpus (Election required—see instructions).	0			
d Applied to 2019 distributable amount.				526,587
e Remaining amount distributed out of corpus	1,143,927			
5 Excess distributions carryover applied to 2019	0			0
(If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	4,725,956			
b Prior years' undistributed income Subtract line 4b from line 2b		0		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed.		0		
d Subtract line 6c from line 6b Taxable amount —see instructions		0		
e Undistributed income for 2018 Subtract line 4a from line 2a Taxable amount—see instructions			0	
f Undistributed income for 2019 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2020				0
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)	0			
8 Excess distributions carryover from 2014 not applied on line 5 or line 7 (see instructions) . . .	813,044			
9 Excess distributions carryover to 2020. Subtract lines 7 and 8 from line 6a	3,912,912			
10 Analysis of line 9				
a Excess from 2015. . . . 73,613				
b Excess from 2016. . . . 1,030,074				
c Excess from 2017. . . . 762,385				
d Excess from 2018. . . . 902,913				
e Excess from 2019. . . . 1,143,927				

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

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2019, enter the date of the ruling. . . . . ▶

b Check box to indicate whether the organization is a private operating foundation described in section ☐ 4942(j)(3) or ☐ 4942(j)(5)

	Tax year	Prior 3 years			(e) Total
	(a) 2019	(b) 2018	(c) 2017	(d) 2016	
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon					
a "Assets" alternative test—enter					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . .					
c "Support" alternative test—enter					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii). . . .					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

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

1 Information Regarding Foundation Managers:

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

ISABEL ALLENDE

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

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

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

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

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

c Any submission deadlines

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

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year* See Additional Data Table				
Total . . . . . ▶ **3a**				1,424,825
b *Approved for future payment*				
Total . . . . . ▶ **3b**				0

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
1 Program service revenue					
a					
b					
c					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments. . . .					
3 Interest on savings and temporary cash investments			14	1	
4 Dividends and interest from securities. . . .			14	203,866	
5 Net rental income or (loss) from real estate					
a Debt-financed property.					
b Not debt-financed property.					
6 Net rental income or (loss) from personal property					
7 Other investment income.			14	541	
8 Gain or (loss) from sales of assets other than inventory			18	683,816	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue a					
b					
c					
d					
e					
12 Subtotal Add columns (b), (d), and (e). .		0		888,224	0
13 **Total.** Add line 12, columns (b), (d), and (e).				13	888,224

(See worksheet in line 13 instructions to verify calculations)

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

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

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

		Yes	No
1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501 (c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?			
a Transfers from the reporting foundation to a noncharitable exempt organization of			
(1) Cash	1a(1)		No
(2) Other assets	1a(2)		No
b Other transactions			
(1) Sales of assets to a noncharitable exempt organization	1b(1)		No
(2) Purchases of assets from a noncharitable exempt organization	1b(2)		No
(3) Rental of facilities, equipment, or other assets	1b(3)		No
(4) Reimbursement arrangements	1b(4)		No
(5) Loans or loan guarantees	1b(5)		No
(6) Performance of services or membership or fundraising solicitations	1b(6)		No
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees	1c		No

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

(a) Line No	**(b)** Amount involved	**(c)** Name of noncharitable exempt organization	**(d)** Description of transfers, transactions, and sharing arrangements

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527? ☐ Yes ☑ No

b If "Yes," complete the following schedule

(a) Name of organization	**(b)** Type of organization	**(c)** Description of relationship

Sign Here

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

******	2020-02-18	******
Signature of officer or trustee	Date	Title

May the IRS discuss this return with the preparer shown below (see instr) ☑ Yes ☐ No

Paid Preparer Use Only

Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed ▶ ☐	PTIN
ELLEN M REED CPA				P00391856
Firm's name ▶ JILLIAN M HELMER CPA				Firm's EIN ▶68-0399752
Firm's address ▶ 384 TESCONI COURT SANTA ROSA, CA 95401				Phone no (707) 578-4444

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
10000 DEGREES 1650 LOS GAMOS ROAD STE 110 SAN RAFAEL, CA 94903	NONE	PC	EDUCATION	15,000
AMERICAN BAR ASSOCIATION FUND FOR JUSTICE AND EDUCATION ABA ROLI 321 N CLARK STREET CHICAGO, IL 60610	NONE	PC	PROTECTION FROM VIOLENCE	6,000
AMERICAN PORPHYRIA FOUNDATION PO BOX 22712 HOUSTON, TX 77227	NONE	PC	HEALTHCARE	2,500
Total . . . . . ▶ **3a**				1,424,825

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BAY AREA WOMEN AGAINST RAPE 470 27TH STREET OAKLAND, CA 94612	NONE	PC	PROTECTION FROM VIOLENCE	15,000
CALIFORNIA LATINAS FOR REPRODUCTIVE JUSTICE PO BOX 861766 LOS ANGELES, CA 90086	NONE	PC	REPRODUCTIVE RIGHTS	10,000
CAMINAR 2600 S EL CAMINO REAL SUITE 200 SAN MATEO, CA 94403	NONE	PC	HEALTHCARE AND PROTECTION OF WOMEN FROM VIOLENCE AND ABUSE	1,000
Total . . . . . ▶ **3a**				1,424,825

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CANAL ALLIANCE91 LARKSPUR STREET SAN RAFAEL, CA 94901	NONE	PC	HEALTHCARE AND EDUCATION	12,500
CASA HOGAR BENITO JUAREZ ARROYO SECO 110 SN AGUSTIN DE LAS JUNTAS OAXACA 71238 MX	NONE	FOREIGN CHARITY	HEALTHCARE AND PROTECTION FROM VIOLENCE	6,000
CATHOLIC CHARITIES CYO 990 EDDY STREET SAN FRANCISCO, CA 94109	NONE	PC	EDUCATION	5,000
Total . . . . . ▶ **3a**				1,424,825

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATHOLIC COMMUNITY SERVICES OF SOUTHERN ARIZONA 140 W SPEEDWAY STE 230 TUCSON, AZ 85705	NONE	PC	HEALTHCARE AND PROTECTION OF WOMEN FROM VIOLENCE AND ABUSE	50,000
CENTER FOR DOMESTIC PEACE 734 A STREET SAN RAFAEL, CA 94901	NONE	PC	PROTECTION FROM VIOLENCE	15,000
CENTER FOR INVESTIGATIVE REPORTING 1400 65TH STREET STE 200 EMERYVILLE, CA 94608	NONE	PC	EDUCATION	10,000
Total . . . . . ▶ **3a**				1,424,825

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CENTER FOR REPRODUCTIVE RIGHTS 199 WATER STREET 22ND FLOOR NEW YORK, NY 10038	NONE	PC	REPRODUCTIVE RIGHTS	70,000
CENTRO DE APOYO PARA LA INTEGRACION DEL NINO DOWN AC NETZAHUALCOVOTL 212 COL REFORMA OAXACA 68050 MX	NONE	FOREIGN CHARITY	HUMAN SERVICES FOR LOW INCOME FAMILIES	7,500
CHOOSE LOVE INC 45 WEST 36TH STREET 6TH FLOOR NEW YORK, NY 100187635	NONE	PC	HUMANITARIAN AID	775
Total . . . . . ▶ **3a**				1,424,825

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITY ACTION MARIN 555 NORTHGATE DRIVE STE 201 SAN RAFAEL, CA 94903	NONE	PC	HEALTHCARE, EDUCATION, PROTECTION FROM VIOLENCE AND REPRODUCTIVE RIGHTS	7,500
CORALCALLE ZARAGOZA 101 COLONIA MARGARITA MAZA DE JUAREZ SAN MARTIN MEXICAPAM OAXA, OAXACA 68140 MX	NONE	FOREIGN CHARITY	HEALTHCARE	6,000
CUMBERLAND VALLEY BREAST CARE ALLIANCE 344 LEEDY WAY EAST CHAMBERSBURG, PA 17201	NONE	PC	HEALTHCARE	750
Total . . . . . ▶ **3a**				1,424,825

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EAST BAY SANCTUARY COVENANT PO BOX 4670 BERKELY, CA 94704	NONE	PC	EDUCATION AND PROTECTION FROM VIOLENCE	50,000
FAIRFAX SAN ANSELMO CHILDREN'S CENTER 199 PORTEOUS AVE FAIRFAX, CA 94930	NONE	PC	EDUCATION	10,000
FLORENCE IMMIGRANT AND REFUGEE RIGHTS PROJECT 738 NORTH 5TH AVENUE TUCSON, AZ 85705	NONE	PC	HEALTHCARE AND PROTECTION FROM VIOLENCE	50,000
Total . . . . . ▶ **3a**				1,424,825

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FUNDACION COLECTIVO ALQUIMIA FONDO PARA MUJERES CONDELL 1325 PROVIDENCIA SANTIAGO CI	NONE	FOREIGN CHARITY	EDUCATION, PROTECTION FROM VIOLENCE AND REPRODUCTIVE RIGHTS (CHILE)	15,000
GLOBAL FUND FOR WOMEN 800 MARKET STREET 7TH FLOOR SAN FRANCISCO, CA 94102	NONE	PC	EDUCATION, PROTECTION FROM VIOLENCE, AND REPRODUCTIVE RIGHTS (CHILE)	234,000
GLOBAL GIVING 1110 VERMONT AVE NW WASHINGTON DC, DC 20005	NONE	PC	HEALTHCARE AND EDUCATION	2,300
Total . . . . . ▶ **3a**				1,424,825

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GOLDEN GATE NATIONAL PARKS CONSERVANCY 201 FORT MASON SAN FRANCISCO, CA 94123	NONE	PC	EDUCATION	500
GRATEFUL GATHERINGS MARIN 92 FERNWOOD DRIVE SAN RAFAEL, CA 94901	NONE	PC	HEALTHCARE	1,000
HOMELESS PRENATAL PROGRAM 2500 18TH STREET SAN FRANCISCO, CA 94110	NONE	PC	HEALTHCARE, EDUCATION, PROTECTION FROM VIOLENCE, AND REPRODUCTIVE RIGHTS	65,000
Total . . . . . ▶ **3a**				1,424,825

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HUCKLEBERRY YOUTH PROGRAMS 361 THIRD STREET SUITE G SAN RAFAEL, CA 94901	NONE	PC	HEALTHCARE, EDUCATION, PROTECTION FROM VIOLENCE, REPRODUCTIVE RIGHTS	20,000
HUMAN RIGHTS WATCH 350 SANSOME ST STE 1000 SAN FRANCISCO, CA 94104	NONE	PC	PROTECTION FROM VIOLENCE	20,000
HUMAN TRAFFICKING PRO BONO LEGAL CENTER 1030 15TH STREET NW 104B WASHINGTON, DC 20005	NONE	PC	PROTECTION FROM VIOLENCE	15,000
Total . . . . . ▶ **3a**				1,424,825

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HUMBLE DESIGN INC 180 N SAGINAW STREET PONTIAC, MI 48342	NONE	PC	PROVIDE HOUSING AND HUMAN SERVICES TO LOW-INCOME FAMILIES	7,500
IMMIGRANT LEGAL DEFENSE 1322 WEBSTER ST SUITE 300 OAKLAND, CA 94612	NONE	PC	EDUCATION AND PROTECTION FROM VIOLENCE	30,000
KIND1300 L STREET NW STE 1100 WASHINGTON, DC 20005	NONE	PC	PROTECTION FROM VIOLENCE	30,000
Total . . . . . ▶ **3a**				1,424,825

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LA COCINA2948 FOLSOM STREET SAN FRANCISCO, CA 94110	NONE	PC	EDUCATION	20,000
LEGAL SERVICES FOR CHILDREN 1254 MARKET STREET SAN FRANCISCO, CA 94102	NONE	PC	PROTECTION FROM VIOLENCE	7,500
MEDICAL STUDENTS FOR CHOICE PO BOX 40935 PHILADELPHIA, PA 19107	NONE	PC	REPRODUCTIVE RIGHTS	10,000
Total . . . . . ▶ **3a**				1,424,825

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MISSSEY424 JEFFERSON STREET OAKLAND, CA 94607	NONE	PC	HEALTHCARE, EDUCATION, PROTECTION FROM VIOLENCE, AND REPRODUCTIVE RIGHTS	20,000
MS FOUNDATION FOR WOMEN 12 METROTECH CENTER 26TH FLOOR NEW YORK, NY 11201	NONE	PC	EDUCATION AND REPRODUCTIVE RIGHTS	15,000
MUJERES UNIDAS Y ACTIVAS 3543 18TH STREET 23 SAN FRANCISCO, CA 94110	NONE	PC	HEALTHCARE, EDUCATION, AND REPRODUCTIVE RIGHTS	55,000
Total . . . . . ▶ **3a**				1,424,825

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NARAL PRO-CHOICE CALIFORNIA FOUNDATION 335 SOUTH VAN NESS AVE SAN FRANCISCO, CA 94103	NONE	PC	REPRODUCTIVE RIGHTS	40,000
NEPAL YOUTH FOUNDATION 3030 BRIDGEWAY SAUSALITO, CA 94965	NONE	PC	EDUCATION AND PROTECTION FROM VIOLENCE	90,000
NORTH MARIN COMMUNITY SERVICES NOVATO BLD CENTER 1907 NOVATO BOULEVARD NOVATO, CA 94947	NONE	PC	EDUCATION, PROTECTION FROM VIOLENCE, REPRODUCTIVE RIGHTS	15,000
Total . . . . . ▶ **3a**				1,424,825

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OMEGA WOMEN'S LEADERSHIP CENTER 150 LAKE DRIVE RHINEBECK, NY 12572	NONE	PC	EDUCATION	7,500
PLANNED PARENTHOOD FEDERATION OF AMERICA INC 123 WILLIAM STREET 10TH FLOOR NEW YORK, NY 10038	NONE	PC	REPRODUCTIVE RIGHTS	60,000
PROSPERA CO-OPS 1470 FRUITVALE AVE OAKLAND, CA 94601	NONE	PC	HEALTHCARE AND EDUCATION	10,000
Total . . . . . ▶ **3a**				1,424,825

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RCNV C/O THE BOYS WHO SAID NO PO BOX 14008 SAN FRANCISCO, CA 94114	NONE	PC	EDUCATION AND PROTECTION FROM VIOLENCE	5,000
RECREAFRANCISCO BILBAO 2888 SANTIAGO CI	NONE	FOREIGN CHARITY	HUMAN SERVICES FOR LOW INCOME FAMILIES	10,000
REFUGE POINT 689 MASSACHUSETTS AVE 2ND FLOOR CAMBRIDGE, MA 02139	NONE	PC	PROTECTION FROM VIOLENCE	50,000
Total . . . . . ▶ **3a**				1,424,825

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAN DOMENICO DEVELOPMENT OFFICE 1500 BUTTERFIELD ROAD SAN ANSELMO, CA 94960	NONE	PC	EDUCATION	5,000
THE HAWKINS PROJECTPO BOX 8368 ANN ARBOR, MI 48107	NONE	PC	EDUCATION	7,500
THE KHALED HOSSEINI FOUNDATION 4848 SAN FELIPE ROAD 150-221 SAN JOSE, CA 95135	NONE	PF	EDUCATION	1,000
Total . . . . . ▶ **3a**				1,424,825

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE WOMEN'S BUILDING 3543 18TH STREET 8 SAN FRANCISCO, CA 94110	NONE	PC	REPRODUCTIVE RIGHTS	4,000
THISTLE FARMS INC 5122 CHARLOTTE PIKE NASHVILLE, TN 37209	NONE	PC	HEALTHCARE, EDUCATION, PROTECTION FROM VIOLENCE, AND REPRODUCTIVE RIGHTS	110,000
TOO YOUNG TO WEDPO BOX 897 MOHEGAN LAKE, NY 10567	NONE	PC	REPRODUCTIVE RIGHTS	25,000
Total . . . . . ▶ **3a**				1,424,825

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
V-DAYCITY OF JOY 111 E 14TH STREET 188 NEW YORK, NY 10003	NONE	PC	PROTECTION FROM VIOLENCEHUMAN RIGHTS ADVOCACY	5,000
VADFOUNDATION849 VALENCIA ST SAN FRANCISCO, CA 94110	NONE	PC	HEALTHCARE, EDUCATION, PROTECTION FROM VIOLENCE AND REPRODUCTIVE RIGHTS	1,500
VOICE OF WITNESS849 VALENCIA ST SAN FRANCISCO, CA 94110	NONE	PC	EDUCATION AND PROTECTION FROM VIOLENCE	5,000
Total . . . . . ▶ **3a**				1,424,825

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WOMEN'S RECOVERY SERVICES PO BOX 1356 SANTA ROSA, CA 95402	NONE	PC	HEALTHCARE AND EDUCATION	5,000
YOUNG CENTER FOR IMMIGRANT CHILDREN'S RIGHTS 2245 S MICHIGAN AVENUE SUITE 301 CHICAGO, IL 60616	NONE	PC	EDUCATION AND PROTECTION FROM VIOLENCE	50,000
Total . . . . . ▶ **3a**				1,424,825

TY 2019 Accounting Fees Schedule

Name: THE ISABEL ALLENDE FOUNDATION

EIN: 91-1748486

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING FEES	25,651	2,565		23,086

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93491050003020

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2019 Depreciation Schedule

Name: THE ISABEL ALLENDE FOUNDATION

EIN: 91-1748486

Depreciation Schedule

Description of Property	Date Acquired	Cost or Other Basis	Prior Years' Depreciation	Computation Method	Rate / Life (# of years)	Current Year's Depreciation Expense	Net Investment Income	Adjusted Net Income	Cost of Goods Sold Not Included
COMPUTER EQUIPMENT	2007-09-22	3,753	3,753	SL	5 000000000000	0	0		
COMPUTER PRINTER	2008-01-12	1,263	1,263	SL	5 000000000000	0	0		
COMPUTER - APPLE	2008-03-24	1,655	1,655	SL	5 000000000000	0	0		
COMPUTER PRINTER	2009-05-05	501	501	200DB	5 000000000000	0	0		
COMPUTER - APPLE	2009-09-04	1,929	1,929	200DB	5 000000000000	0	0		
COMPUTER - APPLE	2010-09-14	2,594	2,594	200DB	5 000000000000	0	0		
MAC MINI	2010-09-25	653	653	200DB	5 000000000000	0	0		
OFFICE CHAIR	2011-03-29	675	675	200DB	7 000000000000	0	0		
IMAC	2012-02-23	2,111	2,111	200DB	5 000000000000	0	0		
LAPTOP	2012-02-28	3,418	3,418	200DB	5 000000000000	0	0		
OFFICE CHAIR	2012-03-17	700	678	200DB	7 000000000000	22	0		
CAMERA LENSES	2012-11-20	1,445	1,399	200DB	7 000000000000	46	0		
PRINTER	2012-12-20	1,399	1,399	200DB	5 000000000000	0	0		
LAPTOP	2015-03-10	3,971	3,559	200DB	5 000000000000	275	0		
APPLE - COMPUTER	2016-02-05	3,850	2,741	200DB	5 000000000000	444	0		

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491050003020

TY 2019 Investments Corporate Bonds Schedule

Name: THE ISABEL ALLENDE FOUNDATION

EIN: 91-1748486

Investments Corporate Bonds Schedule

Name of Bond	End of Year Book Value	End of Year Fair Market Value
CORPORATE BONDS	302,115	301,533

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491050003020

TY 2019 Investments Corporate Stock Schedule

Name: THE ISABEL ALLENDE FOUNDATION

EIN: 91-1748486

Investments Corporation Stock Schedule

Name of Stock	End of Year Book Value	End of Year Fair Market Value
CORPORATE STOCK	5,319,267	10,376,534

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491050003020

TY 2019 Investments Government Obligations Schedule

Name:	THE ISABEL ALLENDE FOUNDATION
EIN:	91-1748486
US Government Securities - End of Year Book Value:	0
US Government Securities - End of Year Fair Market Value:	0
State & Local Government Securities - End of Year Book Value:	1,317,004
State & Local Government Securities - End of Year Fair Market Value:	1,323,674

TY 2019 Land, Etc. Schedule

Name: THE ISABEL ALLENDE FOUNDATION

EIN: 91-1748486

Category / Item	Cost / Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value
COMPUTER EQUIPMENT	3,753	3,753	0	0
COMPUTER PRINTER	1,263	1,263	0	0
COMPUTER - APPLE	1,655	1,655	0	0
COMPUTER PRINTER	501	501	0	0
COMPUTER - APPLE	1,929	1,929	0	0
COMPUTER - APPLE	2,594	2,594	0	0
MAC MINI	653	653	0	0
OFFICE CHAIR	675	675	0	0
SOFTWARE - PHOTOXPEDIT	1,700	1,700	0	0
IMAC	2,111	2,111	0	0
LAPTOP	3,418	3,418	0	0
OFFICE CHAIR	700	700	0	0
CAMERA LENSES	1,445	1,445	0	0
PRINTER	1,399	1,399	0	0
LAPTOP	3,971	3,834	137	137
SOFTWARE - ADOBE SYSTEMS, INC	2,618	2,618	0	0
APPLE - COMPUTER	3,850	3,185	665	665

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491050003020

TY 2019 Other Expenses Schedule

Name: THE ISABEL ALLENDE FOUNDATION

EIN: 91-1748486

Other Expenses Schedule

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
BANK CHARGES	958	0		958
INVESTMENT ADVISOR	59,753	59,753		0
POSTAGE	1,795	0		1,795
SUPPLIES	2,325	0		2,325
BUSINESS MEALS AND ENTERTAINMENT	5,239	0		5,239
FEES	235	0		235
INSURANCE	1,396	0		1,396
BOND AMORTIZATION	5,515	5,515		0
MISCELLANEOUS	566	0		563
AWARD EVENTS	7,353	0		7,353

Other Expenses Schedule

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
SEMINARS AND EDUCATION	2,450	0		2,450
EQUIPMENT RENTAL	308	0		308
CONTRACT LABOR	150	0		150
US TREASURY	185	185		0
IN KIND DONATIONS	9,381	0		9,381

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491050003020

TY 2019 Other Income Schedule

Name: THE ISABEL ALLENDE FOUNDATION

EIN: 91-1748486

Other Income Schedule

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
CASH FROM MERGER	541	541	541

TY 2019 Other Liabilities Schedule

Name: THE ISABEL ALLENDE FOUNDATION

EIN: 91-1748486

Description	Beginning of Year - Book Value	End of Year - Book Value
CREDIT CARD	0	9,938

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93491050003020

TY 2019 Other Professional Fees Schedule

Name: THE ISABEL ALLENDE FOUNDATION

EIN: 91-1748486

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
CONSULTING	22,063	0		22,063
PAYROLL FEES	1,032	0		1,032

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491050003020

TY 2019 Substantial Contributors Schedule

Name: THE ISABEL ALLENDE FOUNDATION

EIN: 91-1748486

Name	Address
ISABEL ALLENDE	116 CALEDONIA ST SAUSALITO, CA 94965

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93491050003020

TY 2019 Taxes Schedule

Name: THE ISABEL ALLENDE FOUNDATION

EIN: 91-1748486

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FOREIGN TAXES	2,084	2,084		0
PAYROLL TAXES	10,496	1,050		9,446
FEDERAL EXCISE TAX	21,411	21,411		0

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93491050003020

Schedule B (Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF
▶ Go to *www.irs.gov/Form990* for the latest information

OMB No 1545-0047

2019

Name of the organization
THE ISABEL ALLENDE FOUNDATION

Employer identification number
91-1748486

Organization type (check one)

Filers of:	Section:
Form 990 or 990-EZ	☐ 501(c)( ) (enter number) organization
	☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	☐ 527 political organization
Form 990-PF	☑ 501(c)(3) exempt private foundation
	☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
	☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule.**
Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions

General Rule

☑ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling $5,000 or more (in money or other property) from any one contributor Complete Parts I and II See instructions for determining a contributor's total contributions

Special Rules

☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** $5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II

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

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc , purposes, but no such contributions totaled more than $1,000 If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc , purpose Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc , contributions totaling $5,000 or more during the year . . . . . ▶ $ _____

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

Name of organization
THE ISABEL ALLENDE FOUNDATION

Employer identification number
91-1748486

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	See Additional Data Table	$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)

Name of organization
THE ISABEL ALLENDE FOUNDATION

Employer identification number
91-1748486

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	See Additional Data Table	$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		$	

Name of organization
THE ISABEL ALLENDE FOUNDATION

Employer identification number
91-1748486

Part III ***Exclusively*** **religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of $1,000 or less for the year. (Enter this information once. See instructions.) ▶ $ ____________**
Use duplicate copies of Part III if additional space is needed

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

Additional Data

Software ID:
Software Version:
EIN: 91-1748486
Name: THE ISABEL ALLENDE FOUNDATION

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ISABEL ALLENDE 116 CALEDONIA ST SAUSALITO, CA 94965	$ 206,955	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contribution)
2	ISABEL ALLENDE 116 CALEDONIA ST SAUSALITO, CA 94965	$ 112,505	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contribution)
3	ISABEL ALLENDE 116 CALEDONIA ST SAUSALITO, CA 94965	$ 120,008	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contribution)
4	ISABEL ALLENDE 116 CALEDONIA ST SAUSALITO, CA 94965	$ 13,987	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contribution)
5	ISABEL ALLENDE 116 CALEDONIA ST SAUSALITO, CA 94965	$ 69,935	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contribution)
6	ISABEL ALLENDE 116 CALEDONIA ST SAUSALITO, CA 94965	$ 54,740	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contribution)

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	ISABEL ALLENDE 116 CALEDONIA ST SAUSALITO, CA 94965	$ 83,205	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contribution)
8	ISABEL ALLENDE 116 CALEDONIA ST SAUSALITO, CA 94965	$ 53,390	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contribution)
9	ISABEL ALLENDE 116 CALEDONIA ST SAUSALITO, CA 94965	$ 88,200	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contribution)
10	ISABEL ALLENDE 116 CALEDONIA ST SAUSALITO, CA 94965	$ 120,000	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contribution)
11	ISABEL ALLENDE 116 CALEDONIA ST SAUSALITO, CA 94965	$ 60,000	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contribution)
12	ISABEL ALLENDE 116 CALEDONIA ST SAUSALITO, CA 94965	$ 36,000	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contribution)

Form 990 Schedule B, Part II - Noncash Property (see Instructions) Use duplicate copies of Part II if additional space is needed

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
1	1500 SHS MICROSOFT	$ 206,955	2019-08-16
2	500 SHS BERKSHIRE HATHAWAY	$ 112,505	2019-12-19
3	800 SHS DANAHER CORP	$ 120,008	2019-12-19
4	80 SHS APPLE INC	$ 13,987	2019-12-19
5	250 SHS APPLE INC	$ 69,935	2019-12-19
6	1000 SHS BHP BILLITON LIMITED	$ 54,740	2019-12-19
7	450 SHS VISA INC	$ 83,205	2019-12-19
8	1000 SHS ORACLE CORP	$ 53,390	2019-12-19
9	300 SHS COSTCO	$ 88,200	2019-12-23
10	1000 SHS CHEVRON	$ 120,000	2019-12-23

Form 990 Schedule B, Part II - Noncash Property (see Instructions) Use duplicate copies of Part II if additional space is needed

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
11	500 SHS CHEVRON	$ 60,000	2019-12-23
12	300 SHS CHEVRON	$ 36,000	2019-12-23