

Return of Private Foundation

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

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-PF and its separate instructions is at www.irs.gov/form990pf.

For calendar year 2015 or tax year beginning **OCT 1, 2015**, and ending **SEP 30, 2016**

Name of foundation: **THE GEORGE AND LENA VALENTE FOUNDATION**

A Employer identification number: **68-0370358**

Number and street (or P.O. box number if mail is not delivered to street address): **44815 N. EL MACERO DRIVE**

Room/suite: _____

B Telephone number: **530-757-1968**

City or town, state or province, country, and ZIP or foreign postal code: **EL MACERO, CA 95618-1062**

C If exemption application is pending, check here

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

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

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

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

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

I Fair market value of all assets at end of year (from Part II, col. (c), line 16): **\$ 12,467,206.**

J Accounting method: Cash Accrual
 Other (specify) _____

Part I Analysis of Revenue and Expenses		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
1 Contributions, gifts, grants, etc., received				N/A	
2 Check <input checked="" type="checkbox"/> if the foundation is not required to attach Sch. B					
3 Interest on savings and temporary cash investments		202.	202.		Statement 1
4 Dividends and interest from securities		203,098.	203,098.		Statement 2
5a Gross rents					
b Net rental income or (loss)					
6a Net gain or (loss) from sale of assets not on line 10		478,078.			
b Gross sales price for all assets on line 6a		1,147,658.			
7 Capital gain net income (from Part IV, line 2)			478,078.		
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)					
11 Other income		109,179.	109,179.		Statement 3
12 Total. Add lines 1 through 11		790,557.	790,557.		
13 Compensation of officers, directors, trustees, etc.		2,500.	0.		0.
14 Other employee salaries and wages					
15 Pension plans, employee benefits					
16a Legal fees Stmt 4		996.	0.		0.
b Accounting fees Stmt 5		19,825.	9,913.		0.
c Other professional fees Stmt 6		74,442.	74,442.		0.
17 Interest					
18 Taxes Stmt 7		7,147.	0.		0.
19 Depreciation and depletion					
20 Occupancy					
21 Travel, conferences, and meetings					
22 Printing and publications					
23 Other expenses Stmt 8		5,639.	30.		0.
24 Total operating and administrative expenses. Add lines 13 through 23		110,549.	84,385.		0.
25 Contributions, gifts, grants paid		692,500.			692,500.
26 Total expenses and disbursements. Add lines 24 and 25		803,049.	84,385.		692,500.
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements		-12,492.			
b Net investment income (if negative, enter -0-)			706,172.		
c Adjusted net income (if negative, enter -0-)				N/A	

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only.		
		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash - non-interest-bearing	199,164.	194,741.	194,741.
	2 Savings and temporary cash investments	1,268,248.	505,214.	505,214.
	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			
	7 Other notes and loans receivable			
	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			
	b Investments - corporate stock			
	c Investments - corporate bonds			
	11 Investments - land, buildings, and equipment: basis			
Less: accumulated depreciation				
12 Investments - mortgage loans				
13 Investments - other	Stmt 9	11,150,904.	11,902,925.	11,751,415.
14 Land, buildings, and equipment: basis				
Less: accumulated depreciation				
15 Other assets (describe)	Statement 10	10,836.	8,780.	15,836.
16 Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I)		12,629,152.	12,611,660.	12,467,206.
Liabilities	17 Accounts payable and accrued expenses	5,085.	85.	
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable			
	22 Other liabilities (describe)			
	23 Total liabilities (add lines 17 through 22)		5,085.	85.
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here	<input type="checkbox"/>		
	and complete lines 24 through 26 and lines 30 and 31.			
	24 Unrestricted			
	25 Temporarily restricted			
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here	<input checked="" type="checkbox"/>		
	and complete lines 27 through 31.			
27 Capital stock, trust principal, or current funds		1,025,000.	1,025,000.	
28 Paid-in or capital surplus, or land, bldg., and equipment fund		0.	0.	
29 Retained earnings, accumulated income, endowment, or other funds		11,599,067.	11,586,575.	
30 Total net assets or fund balances		12,624,067.	12,611,575.	
31 Total liabilities and net assets/fund balances		12,629,152.	12,611,660.	

Part III Analysis of Changes in Net Assets or Fund Balances

1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	12,624,067.
2 Enter amount from Part I, line 27a	2	-12,492.
3 Other increases not included in line 2 (itemize)	3	0.
4 Add lines 1, 2, and 3	4	12,611,575.
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 30	6	12,611,575.

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.)
1a Mahuron Development Investment	P	10/01/14	11/17/15
b Templeton Global Bond	P	09/30/14	01/21/16
c CAPITAL GAIN DIVIDENDS	P		
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 824,442.		400,000.	424,442.
b 223,944.		269,580.	-45,636.
c 99,272.			99,272.
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			424,442.
b			-45,636.
c			99,272.
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	478,078.
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). If (loss), enter -0- in Part I, line 8		3	N/A

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 the instructions before making any entries.

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2014	542,638.	12,344,964.	.043956
2013	605,832.	13,672,320.	.044311
2012	649,293.	12,057,868.	.053848
2011	740,000.	14,904,550.	.049649
2010	645,000.	14,609,061.	.044151

2 Total of line 1, column (d)	2	.235915
3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	.047183
4 Enter the net value of noncharitable-use assets for 2015 from Part X, line 5	4	12,772,762.
5 Multiply line 4 by line 3	5	602,657.
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	7,062.
7 Add lines 5 and 6	7	609,719.
8 Enter qualifying distributions from Part XII, line 4	8	692,500.

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 <input type="checkbox"/> 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 <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b		1	7,062.
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	7,062.
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	7,062.
6 Credits/Payments:			
a 2015 estimated tax payments and 2014 overpayment credited to 2015	6a	10,842.	
b Exempt foreign organizations - tax withheld at source	6b		
c Tax paid with application for extension of time to file (Form 8868)	6c		
d Backup withholding erroneously withheld	6d		
7 Total credits and payments. Add lines 6a through 6d	7	10,842.	
8 Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8		
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9		
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	3,780.	
11 Enter the amount of line 10 to be: Credited to 2016 estimated tax <input checked="" type="checkbox"/> 3,780. Refunded <input type="checkbox"/>	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?		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)? 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.		X
c Did the foundation file Form 1120-POL for this year?		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. <input checked="" type="checkbox"/> \$ 0. (2) On foundation managers. <input checked="" type="checkbox"/> \$ 0.		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. <input checked="" type="checkbox"/> \$ 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	X
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3	X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	X
b If "Yes," has it filed a tax return on Form 990-T for this year? N/A	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	X
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	X
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	X
8a Enter the states to which the foundation reports or with which it is registered (see instructions) <input checked="" type="checkbox"/> 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	X
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes," complete Part XIV	9	X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10	X

Part VII-A Statements Regarding Activities (continued)

	Yes	No
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)		X
12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)		X
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► <u>www.valentefoundation.org</u>	X	
14 The books are in care of ► <u>LINDA VOLKERTS</u> Telephone no. ► <u>530-757-1968</u> Located at ► <u>444815 N. EL MACERO DR., EL MACERO, CA</u> ZIP+4 ► <u>95618-1062</u>		
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		N/A
16 At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country ►		X

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

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

	Yes	No
1a During the year did the foundation (either directly or indirectly): (1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
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)? Organizations relying on a current notice regarding disaster assistance check here ► <input type="checkbox"/>	1b	X
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 2015?	1c	X
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 2015, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2015? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ► _____, _____, _____ 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.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. ► _____, _____, _____	2b	N/A
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No b If "Yes," did it have excess business holdings in 2015 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 2015.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	3b	N/A
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	X
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 2015?	4b	X

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

5a During the year did the foundation pay or incur any amount to:

- (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? 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)? Yes No
 Organizations relying on a current notice regarding disaster assistance check here N/A

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? Yes 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? Yes No

5b		
6b		X
7b		

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

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

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
See Statement 11		0.	0.	0.

2 Compensation of five highest-paid employees (other than those included on line 1). 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
LINDA L VOLKERTS - 44815 N. EL MACERO DR, EL MACERO, CA 95618	PRESIDENT 25.00	0.	0.	0.
KEITH VOLKERTS - 44815 N. EL MACERO DR, EL MACERO, CA 95618	VICE PRESIDENT 15.00	0.	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. If none, enter "NONE."

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
PRESIDIUM PARTNERS LLC 2400 CAMINO RAMON #178, SAN RAMON, CA 94583	INVESTMENT MANAGEMENT FEES	74,442.
HUME AND COMPANY, INC. CPA'S 4080 SEAPORT BLVD, W. SACRAMENTO, CA 95691	ACCOUNTING AND TAX	19,825.
GREENAN, PEFFER, SALLANDER & LALLY LLP - 6111 BOLLINGER CANYON ROAD, #500, SAN RAMON, CA	LEGAL	1,003.
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 N/A	
2	
3	
4	

Part IX-B Summary of Program-Related Investments

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

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	12,851,858.
b	Average of monthly cash balances	1b	115,413.
c	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	12,967,271.
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	12,967,271.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	194,509.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	12,772,762.
6	Minimum investment return. Enter 5% of line 5	6	638,638.

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	638,638.
2a	Tax on investment income for 2015 from Part VI, line 5	2a	7,062.
b	Income tax for 2015. (This does not include the tax from Part VI.)	2b	
c	Add lines 2a and 2b	2c	7,062.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	631,576.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	631,576.
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	631,576.

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	692,500.
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	692,500.
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	5	7,062.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	685,438.

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 2014	(c) 2014	(d) 2015
1 Distributable amount for 2015 from Part XI, line 7				631,576.
2 Undistributed income, if any, as of the end of 2015:				
a Enter amount for 2014 only			139,413.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2015:				
a From 2010				
b From 2011				
c From 2012				
d From 2013				
e From 2014				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2015 from Part XII, line 4: ▶ \$ 692,500.				
a Applied to 2014, but not more than line 2a			139,413.	
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 2015 distributable amount				553,087.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2015 (If an amount appears in column (d), the same amount must be shown in column (a).)	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	0.			
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 2014. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2015. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2016				78,489.
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 2010 not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2016. Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9:				
a Excess from 2011				
b Excess from 2012				
c Excess from 2013				
d Excess from 2014				
e Excess from 2015				

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

N/A

1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2015, enter the date of the ruling

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

	Tax year		Prior 3 years		(e) Total
	(a) 2015	(b) 2014	(c) 2013	(d) 2012	
2 a 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).)

None

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

None

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

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

a The name, address, and telephone number or e-mail 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				
CRISTO REY HIGH SCHOOL 6200 McMAHON DRIVE SACRAMENTO, CA 95824	NONE	PUBLIC CHARITY	EDUCATIONAL PROGRAMS	25,000.
U.C. DAVIS FOUNDATION 2315 STOCKTON BLVD. SACRAMENTO, CA 95817	NONE	PUBLIC CHARITY	EDUCATIONAL PROGRAMS	20,000.
U.C. DAVIS MEDICAL CENTER M.I.N.D. INSTITUTE 2315 STOCKTON BLVD. SACRAMENTO, CA 95817	NONE	PUBLIC CHARITY	MEDICAL RESEARCH	100,000.
UNIVERSITY OF NEW MEXICO 700 LOMAS BLVD, NE ALBUQUERQUE, NM 87131	NONE	PUBLIC CHARITY	EDUCATIONAL PROGRAMS	50,000.
SENIOR CITIZENS OF DAVIS CALIFORNIA 616 A STREET DAVIS, CA 95616	NONE	PUBLIC CHARITY	SENIOR PROGRAMS	50,000.
Total See continuation sheet(s) ▶ 3a				692,500.
b Approved for future payment				
None				
Total ▶ 3b				0.

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.

Table with 5 main columns: (a) Business code, (b) Amount, (c) Exclusion code, (d) Amount, (e) Related or exempt function income. Rows include: 1 Program service revenue; 2 Membership dues and assessments; 3 Interest on savings and temporary cash investments; 4 Dividends and interest from securities; 5 Net rental income or (loss) from real estate; 6 Net rental income or (loss) from personal property; 7 Other investment income; 8 Gain or (loss) from sales of assets other than inventory; 9 Net income or (loss) from special events; 10 Gross profit or (loss) from sales of inventory; 11 Other revenue; 12 Subtotal; 13 Total.

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

Table with 2 columns: 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).

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

Table with 3 columns: Question/Item, Yes, No. Includes items 1a(1) through 1c and item 1d.

Table with 4 columns: (a) Line no., (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements. Content is N/A.

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

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship. Content is N/A.

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. Signature of officer or trustee: [Signature] Date: [Date] Title: PRESIDENT

May the IRS discuss this return with the preparer shown below (see instr. 7)? [X] Yes [] No

Table for Preparer Information with columns: Print/Type preparer's name, Preparer's signature, Date, Check self-employed, PTIN, Firm's name, Firm's EIN, Firm's address, Phone no.

Part XV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

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
SACRAMENTO SPCA 6201 FLORIN PERKINS ROAD SACRAMENTO, CA 95828	NONE	PUBLIC CHARITY	ANIMAL WELFARE	5,000.
YOLO HOSPICE 1909 GALILEO CT DAVIS, CA 95618	NONE	PUBLIC CHARITY	HOSPICE CARE	50,000.
COLLIABRIA NAPA VALLEY HOSPICE 414 S JEFFERSON ST NAPA, CA 94559	NONE	PUBLIC CHARITY	HOSPICE CARE	15,000.
UC DAVIS SCHOOL OF MEDICINE 2233 STOCKTON BLVD SACRAMENTO, CA 95817	NONE	PUBLIC CHARITY	MEDICAL RESEARCH	100,000.
DAVIS FARMERS MARKET ALLIANCE PO BOX 1813 DAVIS, CA 95617	NONE	PUBLIC CHARITY	FOOD PROGRAMS	35,000.
YOLO COUNTY COURT APPOINTED SPECIAL ADVOCATES (CASA) 724 MAIN ST. SUITE 101 WOODLAND, CA 95695	NONE	PUBLIC CHARITY	LEGAL ADVOCACY FOR CHILDREN	25,000.
DAVIS COMMUNITY MEALS P.O. BOX 72463 DAVIS, CA 95617	NONE	PUBLIC CHARITY	FOOD, SHELTER, AND ASSISTANCE PROGRAMS IN DAVIS, CA.	25,000.
WARMLINE FAMILY RESOURCE CENTER 2025 HURLEY WAY, SUITE 100 SACRAMENTO, CA 95625	NONE	PUBLIC CHARITY	SERVICES TO PARENTS OF CHILDREN WITH DISABILITIES	20,000.
OKIZU FOUNDATION 16 DIGITAL DRIVE NOVATO, CA 94949	NONE	PUBLIC CHARITY	FAMILY SUPPORT FOR CANCER PATIENTS	25,000.
CHRISTIAN BROTHERS HIGH SCHOOL 4315 MARTIN LUTHER KING JR BLVD SACRAMENTO, CA 95820	NONE	PUBLIC CHARITY	EDUCATIONAL PROGRAMS	25,000.
Total from continuation sheets				447,500.

Part XV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

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
MEXICAN OPEN CHARITIES 537 MAYBECK CT VACAVILLE, CA 95688	NONE	PUBLIC CHARITY	TOURNAMENT FOR BENEFIT OF YOLO HOSPICE	12,500.
YOLO ADULT DAY HEALTH CENTER 20 N COTTONWOOD ST WOODLAND, CA 95695	NONE	PUBLIC CHARITY	PROGRAM FUNDS	20,000.
YOLO COUNTY SPCA P.O. BOX 510 DAVIS, CA 95617	NONE	PUBLIC CHARITY	PROGRAM FUNDS	10,000.
YOLO CRISIS NURSERY 1477 DREW AVE SUITE 103 DAVIS, CA 95618	NONE	PUBLIC CHARITY	PROGRAM OPERATIONS	25,000.
SACRAMENTO FOOD BANK 3333 3RD AVE SACRAMENTO, CA 95817	NONE	PUBLIC CHARITY	PROGRAM FUNDS	5,000.
MUSTARD SEED 603 L STREET DAVIS, CA 95616	NONE	PUBLIC CHARITY	PROGRAMS AND OPERATIONS	10,000.
YOLO FOOD BANK 1244 FORTNA AVE WOODLAND, CA 95776	NONE	PUBLIC CHARITY	FOOD CLOSET PROGRAM	10,000.
SUTTER DAVIS FOUNDATION 955 UNIVERSITY AVE #A SACRAMENTO, CA 95825	NONE	PUBLIC CHARITY	PROGRAM FUNDING	10,000.
ARK PRESCHOOL 620 NORTH STREET WOODLAND, CA 95695	NONE	PUBLIC CHARITY	TARGETED FUNDING	10,000.
LOAVES AND FISHES 1321 N C STREET SACRAMENTO, CA 95611	NONE	FOOD PANTRY	PROGRAM FUNDING	10,000.
Total from continuation sheets				

Form 990-PF Interest on Savings and Temporary Cash Investments Statement 1

Source	(a) Revenue Per Books	(b) Net Investment Income	(c) Adjusted Net Income
1ST NORTHERN BANK	38.	38.	
OTHER	164.	164.	
Total to Part I, line 3	202.	202.	

Form 990-PF Dividends and Interest from Securities Statement 2

Source	Gross Amount	Capital Gains Dividends	(a) Revenue Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income
FIDELITY	203,098.	0.	203,098.	203,098.	
To Part I, line 4	203,098.	0.	203,098.	203,098.	

Form 990-PF Other Income Statement 3

Description	(a) Revenue Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income
OTHER SECURITIES INCOME	109,179.	109,179.	
Total to Form 990-PF, Part I, line 11	109,179.	109,179.	

Form 990-PF Legal Fees Statement 4

Description	(a) Expenses Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income	(d) Charitable Purposes
LEGAL FEES	996.	0.		0.
To Fm 990-PF, Pg 1, ln 16a	996.	0.		0.

Form 990-PF	Accounting Fees			Statement 5
Description	(a) Expenses Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income	(d) Charitable Purposes
ACCOUNTING	19,825.	9,913.		0.
To Form 990-PF, Pg 1, ln 16b	19,825.	9,913.		0.

Form 990-PF	Other Professional Fees			Statement 6
Description	(a) Expenses Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income	(d) Charitable Purposes
SECURITIES MANAGEMENT	74,442.	74,442.		0.
OTHER	0.	0.		0.
To Form 990-PF, Pg 1, ln 16c	74,442.	74,442.		0.

Form 990-PF	Taxes			Statement 7
Description	(a) Expenses Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income	(d) Charitable Purposes
CALIFORNIA REGISTRY AND TAX	85.	0.		0.
U.S. EXCISE TAX	7,062.	0.		0.
To Form 990-PF, Pg 1, ln 18	7,147.	0.		0.

Form 990-PF	Other Expenses			Statement 8
Description	(a) Expenses Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income	(d) Charitable Purposes
OFFICE EXPENSE	107.	0.		0.
OUTSIDE SERVICES	5,502.	0.		0.
SERVICE CHARGES	30.	30.		0.
To Form 990-PF, Pg 1, ln 23	5,639.	30.		0.

Form 990-PF	Other Investments		Statement 9
Description	Valuation Method	Book Value	Fair Market Value
CORPORATE SECURITIES	COST	11,902,925.	11,751,415.
Total to Form 990-PF, Part II, line 13		11,902,925.	11,751,415.

Form 990-PF	Other Assets		Statement 10
Description	Beginning of Yr Book Value	End of Year Book Value	Fair Market Value
FEDERAL TAX ESTIMATE PAYMENTS	10,836.	3,780.	10,836.
MISCELLANEOUS RECEIVABLE	0.	5,000.	5,000.
To Form 990-PF, Part II, line 15	10,836.	8,780.	15,836.

Form 990-PF

Part VIII - List of Officers, Directors
Trustees and Foundation Managers

Statement 11

Name and Address	Title and Avrg Hrs/Wk	Compen- sation	Employee Ben Plan Contrib	Expense Account
LINDA L. VOLKERTS 44815 N. EL MACERO DR. EL MACERO, CA 95618	PRESIDENT 25.00	0.	0.	0.
KEITH VOLKERTS 44815 N. EL MACERO DR. EL MACERO, CA 95618	VICE PRESIDENT/SECRETARY 15.00	0.	0.	0.
JARED MONEZ 10136 WILD ORCHID WAY ELK GROVE, CA 95757	BOARD MEMBER 0.50	0.	0.	0.
DRAKE VOLKERTS 44815 N. EL MACERO DR. EL MACERO, CA 95618	BOARD MEMBER 0.50	0.	0.	0.
GENE HUME 4080 SEAPORT BLVD. W. SACRAMENTO, CA 95691	TREASURER 0.50	0.	0.	0.
THERESA PEPIN 4076 MEDFORD COURT MARTINEZ, CA 94533	BOARD MEMBER 0.50	0.	0.	0.
DENISE ROSE 43403 ALMOND LANE DAVIS, CA 95618	BOARD MEMBER 0.50	0.	0.	0.
Totals included on 990-PF, Page 6, Part VIII		0.	0.	0.

California Exempt Organization Annual Information Return

Calendar Year 2015 or fiscal year beginning (mm/dd/yyyy) 10/01/2015, and ending (mm/dd/yyyy) 09/30/2016

Corporation/Organization name THE GEORGE AND LENA VALENTE FOUNDATION
California corporation number 1955452
FEIN 68-0370358
Street address (suite or room) 44815 N. EL MACERO DRIVE
City EL MACERO State CA ZIP code 95618-1062

A First Return [] Yes [X] No
B Amended Return [] Yes [X] No
C IRC Section 4947(a)(1) trust [] Yes [X] No
D Final Information Return? [] Dissolved [] Surrendered (Withdrawn) [] Merged/Reorganized
E Check accounting method: (1) [X] Cash (2) [] Accrual (3) [] Other
F Federal return filed? (1) [] 990T (2) [X] 990-PF (3) [] Sch H (990) (4) [] Other 990 series
G Is this a group filing? See instructions [] Yes [X] No
H Is this organization in a group exemption [] Yes [X] No
I Did the organization have any changes to its guidelines not reported to the FTB? See instructions [] Yes [X] No
J If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions. [] Yes [X] No
K Is the organization exempt under R&TC Section 23701g? [] Yes [X] No
L If organization is exempt under R&TC Section 23701d and meets the filing fee exception, check box. No filing fee is required. []
M Is the organization a Limited Liability Company? [] Yes [X] No
N Did the organization file Form 100 or Form 109 to report taxable income? [] Yes [X] No
O Is the organization under audit by the IRS or has the IRS audited in a prior year? [] Yes [X] No
P Is a federal Form 1023/1024 pending? [] Yes [X] No

Part I Complete Part I unless not required to file this form. See General Instructions B and C.

Table with 4 columns: Description, Line Number, Amount, and Total. Rows include Receipts and Revenues (lines 1-8), Expenses (lines 9-10), and Filing Fee (lines 11-17). Total balance due is 10.00.

Sign Here: Signature of officer, Title (PRESIDENT), Date, Telephone (530-757-1968)
Paid Preparer's Use Only: Preparer's signature, Date, Check if self-employed, Firm's name (HUME & COMPANY, INC., CPA'S), Address (4080 SEAPORT BLVD, WEST SACRAMENTO, CA 95691), Telephone (916 371-5252)
May the FTB discuss this return with the preparer shown above? See instructions [X] Yes [] No

THE GEORGE AND LENA VALENTE FOUNDATION

68-0370358

528951 11-25-15

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	1	00
	2	Interest	2	202.00
	3	Dividends	3	203,098.00
	4	Gross rents	4	00
	5	Gross royalties	5	00
	6	Gross amount received from sale of assets (See Instructions) STATEMENT 1	6	1,147,658.00
	7	Other income SEE STATEMENT 2	7	109,179.00
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	8	1,460,137.00
	9	Contributions, gifts, grants, and similar amounts paid STATEMENT 3	9	692,500.00
	10	Disbursements to or for members	10	00
	11	Compensation of officers, directors, and trustees SEE STATEMENT 4	11	2,500.00
	12	Other salaries and wages	12	00
	13	Interest	13	00
	14	Taxes	14	7,147.00
	15	Rents	15	00
	16	Depreciation and depletion (See instructions)	16	00
	17	Other Expenses and Disbursements SEE STATEMENT 5	17	100,902.00
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	18	803,049.00

Schedule L Balance Sheets		Beginning of taxable year		End of taxable year	
		(a)	(b)	(c)	(d)
Assets					
1	Cash		1,467,412.		699,955.
2	Net accounts receivable				
3	Net notes receivable				
4	Inventories				
5	Federal and state government obligations				
6	Investments in other bonds				
7	Investments in stock				
8	Mortgage loans				
9	Other investments STMT 6		11,150,904.		11,902,925.
10	a Depreciable assets				
	b Less accumulated depreciation	()		()	
11	Land				
12	Other assets STMT 7		10,836.		8,780.
13	Total assets		12,629,152.		12,611,660.
Liabilities and net worth					
14	Accounts payable		5,085.		85.
15	Contributions, gifts, or grants payable				
16	Bonds and notes payable				
17	Mortgages payable				
18	Other liabilities				
19	Capital stock or principal fund		1,025,000.		1,025,000.
20	Paid-in or capital surplus. Attach reconciliation				
21	Retained earnings or income fund		11,599,067.		11,586,575.
22	Total liabilities and net worth		12,629,152.		12,611,660.

Schedule M-1 Reconciliation of income per books with income per return			
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.			
1	Net income per books	-12,492.	7 Income recorded on books this year not included in this return
2	Federal income tax		8 Deductions in this return not charged against book income this year
3	Excess of capital losses over capital gains		9 Total. Add line 7 and line 8
4	Income not recorded on books this year		10 Net income per return.
5	Expenses recorded on books this year not deducted in this return		Subtract line 9 from line 6
6	Total. Add line 1 through line 5	-12,492.	-12,492.

Form 199 Gross Amount From Sale of Investment Property Statement 1

Description	Date Acquired	Date Sold	Method Acquired	
Mahuron Development Investment	10/01/14	11/17/15	Purchased	
	Cost or Other Basis	Deprec.	Expense of Sale	Gross Sales Price
	400,000.	0.	0.	824,442.

Description	Date Acquired	Date Sold	Method Acquired	
Templeton Global Bond	09/30/14	01/21/16	Purchased	
	Cost or Other Basis	Deprec.	Expense of Sale	Gross Sales Price
	269,580.	0.	0.	223,944.

Description	Date Acquired	Date Sold	Method Acquired	
CAPITAL GAIN DIVIDENDS			Purchased	
	Cost or Other Basis	Deprec.	Expense of Sale	Gross Sales Price
	0.	0.	0.	99,272.

Total on Form 199, Pg 2, line 6	669,580.	0.	0.	1,147,658.
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Form 199 Other Income Statement 2

Description	Amount
OTHER SECURITIES INCOME	109,179.
Total to Form 199, Part II, line 7	109,179.

<u>Donees Name and Address</u>	<u>Relationship</u>	<u>Amount</u>
UNIVERSITY OF NEW MEXICO ALBUQUERQUE, NM	NONE	50,000.

Organizational Status: PUBLIC CHARITY

<u>Donees Name and Address</u>	<u>Relationship</u>	<u>Amount</u>
CHRISTIAN BROTHERS 4315 MARTIN LUTHER KING JR BLVD, SACRAMENTO, CA 95820	NONE	25,000.

Organizational Status: PUBLIC CHARITY

Total for this
Activity 100,000.

Activity Classification: SENIOR PROGRAMS

<u>Donees Name and Address</u>	<u>Relationship</u>	<u>Amount</u>
SENIOR CITIZENS OF DAVIS CALIFORNIA DAVIS, CA	NONE	50,000.

Organizational Status: PUBLIC CHARITY

<u>Donees Name and Address</u>	<u>Relationship</u>	<u>Amount</u>
DAVIS ADULT DAY CARE 20 N COTTONWOOD ST, WOODLAND, CA 95695	NONE	20,000.

Organizational Status: PUBLIC CHARITY

Total for this Activity 70,000.

Activity Classification: ANIMAL WELFARE

Donees Name and Address

Relationship

Amount

SACRAMENTO SPCA
SACRAMENTO, CA

NONE

5,000.

Organizational Status: PUBLIC CHARITY

Donees Name and Address

Relationship

Amount

YOLO COUNTY SPCA
P.O. BOX 510, DAVIS, CA 95617

NONE

10,000.

Organizational Status: PUBLIC CHARITY

Total for this Activity 15,000.

Activity Classification: HOSPICE PROGRAMS

Donees Name and Address

Relationship

Amount

YOLO HOSPICE
1909 GALILEO CT, DAVIS, CA 95618

NONE

50,000.

Organizational Status: PUBLIC CHARITY

<u>Donees Name and Address</u>	<u>Relationship</u>	<u>Amount</u>
NAPA VALLEY HOSPICE 414 S JEFFERSON ST, NAPA, CA 94559	NONE	15,000.

Organizational Status: PUBLIC CHARITY

<u>Donees Name and Address</u>	<u>Relationship</u>	<u>Amount</u>
MEXICAN OPEN COMMITTEE 537 MAYBECK CT, VACAVILLE, CA 95688	NONE	12,500.

Organizational Status: PUBLIC CHARITY

Total for this Activity	77,500.
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Activity Classification: FOOD AND SHELTER PROGRAMS

<u>Donees Name and Address</u>	<u>Relationship</u>	<u>Amount</u>
YOLO FARM TO FORK PO BOX 1813, DAVIS, CA 95617	NONE	35,000.

Organizational Status: PUBLIC CHARITY

<u>Donees Name and Address</u>	<u>Relationship</u>	<u>Amount</u>
YOLO COUNTY CASA 724 MAIN ST. SUITE 101, WOODLAND, CA 95695	NONE	25,000.

Organizational Status: PUBLIC CHARITY

<u>Donees Name and Address</u>	<u>Relationship</u>	<u>Amount</u>
DAVIS COMMUNITY MEALS P.O. BOX 72463, DAVIS, CA 95617	NONE	25,000.
Organizational Status: PUBLIC CHARITY		

<u>Donees Name and Address</u>	<u>Relationship</u>	<u>Amount</u>
YOLO FOOD BANK 1244 FORTNA AVE, WOODLAND, CA 95776	NONE	10,000.
Organizational Status: PUBLIC CHARITY		

<u>Donees Name and Address</u>	<u>Relationship</u>	<u>Amount</u>
LOAVES AND FISHES 1321 N C STREET, SACRAMENTO, CA 95611	NONE	10,000.
Organizational Status: FOOD PANTRY		

Total for this Activity	105,000.
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Activity Classification: PUBLIC ASSISTANCE AND SUPPORT PROGRAMS

<u>Donees Name and Address</u>	<u>Relationship</u>	<u>Amount</u>
WARMLINE FAMILY RESOURCE CENTER 2025 HURLEY WAY, SUITE 100, SACRAMENTO, CA 95625	NONE	20,000.
Organizational Status: PUBLIC CHARITY		

<u>Donees Name and Address</u>	<u>Relationship</u>	<u>Amount</u>
OKIZU FOUNDATION 16 DIGITAL DRIVE, NOVATO, CA 94949	NONE	25,000.

Organizational Status: PUBLIC CHARITY

<u>Donees Name and Address</u>	<u>Relationship</u>	<u>Amount</u>
YOLO CRISIS NURSERY 1477 DREW AVE SUITE 103, DAVIS, CA 95618	NONE	25,000.

Organizational Status: PUBLIC CHARITY

<u>Donees Name and Address</u>	<u>Relationship</u>	<u>Amount</u>
SACRAMENTO FOOD BANK 3333 3RD AVE, SACRAMENTO, CA 95817	NONE	5,000.

Organizational Status: PUBLIC CHARITY

<u>Donees Name and Address</u>	<u>Relationship</u>	<u>Amount</u>
MUSTARD SEED 603 L STREET, DAVIS, CA 95616	NONE	10,000.

Organizational Status: PUBLIC CHARITY

<u>Donees Name and Address</u>	<u>Relationship</u>	<u>Amount</u>
SACRAMENTO REGINAL COMMUNITY FUND 955 UNIVERSITY AVE #A, SACRAMENTO, CA 95825	NONE	10,000.

Organizational Status: PUBLIC CHARITY

<u>Donees Name and Address</u>	<u>Relationship</u>	<u>Amount</u>
BENETO FOUNDATION 620 NORTH STREET, WOODLAND, CA 95695	NONE	10,000.

Organizational Status: PUBLIC CHARITY

Total for this Activity	105,000.
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Total included on Form 199, Part II, line 9	692,500.
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Form 199	Compensation of Officers, Directors and Trustees	Statement	4
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<u>Name and Address</u>	<u>Title and Average Hrs Worked/Wk</u>	<u>Compensation</u>
LINDA L. VOLKERTS 44815 N. EL MACERO DR. EL MACERO, CA 95618	PRESIDENT 25.00	0.
KEITH VOLKERTS 44815 N. EL MACERO DR. EL MACERO, CA 95618	VICE PRESIDENT/SECRETARY 15.00	0.
JARED MONEZ 10136 WILD ORCHID WAY ELK GROVE, CA 95757	BOARD MEMBER 0.50	0.
DRAKE VOLKERTS 44815 N. EL MACERO DR. EL MACERO, CA 95618	BOARD MEMBER 0.50	0.
GENE HUME 4080 SEAPORT BLVD. W. SACRAMENTO, CA 95691	TREASURER 0.50	0.

THE GEORGE AND LENA VALENTE FOUNDATION

68-0370358

THERESA PEPIN 4076 MEDFORD COURT MARTINEZ, CA 94533	BOARD MEMBER 0.50	0.
DENISE ROSE 43403 ALMOND LANE DAVIS, CA 95618	BOARD MEMBER 0.50	0.
Total to Form 199, Part II, line 11		0.

Form 199	Other Expenses	Statement 5
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Description	Amount
Legal fees	996.
Accounting fees	19,825.
Other professional fees	74,442.
OFFICE EXPENSE	107.
OUTSIDE SERVICES	5,502.
SERVICE CHARGES	30.
Total to Form 199, Part II, line 17	100,902.

Form 199	Other Investments	Statement 6
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Description	Beg. of Year	End of Year
CORPORATE SECURITIES	11,150,904.	11,902,925.
Total to Form 199, Schedule L, line 9	11,150,904.	11,902,925.

Form 199	Other Assets	Statement 7
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Description	Beg. of Year	End of Year
FEDERAL TAX ESTIMATE PAYMENTS	10,836.	3,780.
MISCELLANEOUS RECEIVABLE	0.	5,000.
Total to Form 199, Schedule L, line 12	10,836.	8,780.

Voucher at bottom of page.

DO NOT MAIL A PAPER COPY OF THE CORPORATE OR EXEMPT ORGANIZATION TAX RETURN WITH THE PAYMENT VOUCHER.
If the amount of payment is zero, do not mail this voucher.

WHERE TO FILE: Using black or blue ink, make check or money order payable to the "Franchise Tax Board." Write the corporation number or FEIN and "2015 FTB 3586" on the check or money order. Detach voucher below. Enclose, but **do not** staple, payment with voucher and mail to:

**FRANCHISE TAX BOARD
PO BOX 942857
SACRAMENTO CA 94257-0531**

Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

WHEN TO FILE: **Fiscal year - See instructions.**
Calendar year corporations - File and Pay by March 15, 2016.
Calendar year exempt organizations - File and Pay by May 16, 2016

When the due date falls on a weekend or holiday, the deadline to file and pay without penalty is extended to the next business day.

Due to the Emancipation Day holiday on April 16, 2016, tax returns filed and payments mailed or submitted on April 18, 2016, will be considered timely.

ONLINE SERVICES: Corporations can make payments online with Web Pay for Businesses. After a one-time online registration, corporations can make an immediate payment or schedule payments up to a year in advance. Go to ftb.ca.gov for more information.

539035
12-09-15

--- DETACH HERE --- IF NO PAYMENT IS DUE, DO NOT MAIL THIS VOUCHER --- DETACH HERE ---

CAUTION: You may be required to pay electronically, see instructions.

TAXABLE YEAR 2015 Payment Voucher for Corporations and Exempt Organizations e-filed Returns

CALIFORNIA FORM 3586 (e-file)

0000000 GEOR 68-0370358 1955452 15 FORM 3
TYB 10-01-2015 TYE 09-30-2016
THE GEORGE AND LENA VALENTE FOUNDATION

44815 N EL MACERO DRIVE
EL MACERO CA 95618-1062

(530) 757-1968

Amount of Payment 10.

TAXABLE YEAR
2015

California e-file Return Authorization for Exempt Organizations

FORM
8453-EO

Exempt Organization name	Identifying number
THE GEORGE AND LENA VALENTE FOUNDATION	68-0370358

Part I Electronic Return Information (whole dollars only)

1 Total gross receipts (Form 199, line 4)	1	1,460,137.00
2 Total gross income (Form 199, line 8)	2	790,557.00
3 Total expenses and disbursements (Form 199, line 9)	3	803,049.00

Part II Settle Your Account Electronically for Taxable Year 2015

4 <input type="checkbox"/> Electronic funds withdrawal	4a Amount	4b Withdrawal date (mm/dd/yyyy)
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Part III Banking Information (Have you verified the exempt organization's banking information?)

5 Routing number	7 Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
6 Account number	

Part IV Declaration of Officer

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, Box 4, I authorize an electronic funds withdrawal for the amount listed on line 4a.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2015 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay.**

Sign Here		Date		PRESIDENT	Title
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Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer.

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2015 e-file Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

ERO	ERO's signature	Date	Check if also paid preparer <input type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's PTIN
Must Sign	Firm's name (or yours if self-employed) and address	HUME & COMPANY, INC., CPA'S 4080 SEAPORT BLVD WEST SACRAMENTO, CA		FEIN 94-2840968	ZIP code 95691

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

Paid Preparer	Paid preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Paid preparer's PTIN
Must Sign	Firm's name (or yours if self-employed) and address	HUME & COMPANY, INC., CPA'S 4080 SEAPORT BLVD WEST SACRAMENTO, CA		FEIN 94-2840968 ZIP code 95691

MAIL TO:
 Registry of Charitable Trusts
 P.O. Box 903447
 Sacramento, CA 94203-4470
 Telephone: (916) 445-2021

WEB SITE ADDRESS:
<http://ag.ca.gov/charities/>

**ANNUAL
 REGISTRATION RENEWAL FEE REPORT
 TO ATTORNEY GENERAL OF CALIFORNIA**

Sections 12586 and 12587, California Government Code
 11 Cal. Code Regs. sections 301-307, 311 and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code section 12586.1. IRS extensions will be honored.

State Charity Registration Number: CT 100990

Check if:

- Change of address
 Amended report

THE GEORGE AND LENA VALENTE FOUNDATION

Name of Organization

44815 N. EL MACERO DRIVE

Address (Number and Street)

EL MACERO, CA 95618-1062

City or Town, State and ZIP Code

Corporate or Organization No. 1955452

Federal Employer I.D. No. 68-0370358

ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312)
 Make Check Payable to Attorney General's Registry of Charitable Trusts

Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee
Less than \$25,000	0	Between \$100,001 and \$250,000	\$50	Between \$1,000,001 and \$10 million	\$150
Between \$25,000 and \$100,000	\$25	Between \$250,001 and \$1 million	\$75	Between \$10,000,001 and \$50 million	\$225
				Greater than \$50 million	\$300

PART A - ACTIVITIES

For your most recent full accounting period (beginning 10/01/2015 ending 09/30/2016) list:
 Gross annual revenue \$ 790,557. Total assets \$ 12,467,206.

PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

Note: If you answer "yes" to any of the questions below, you must attach a separate sheet providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

	Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest?		X
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X
3. During this reporting period, did non-program expenditures exceed 50% of gross revenues?		X
4. During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.		X
5. During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If "yes," provide an attachment listing the name, address, and telephone number of the service provider.		X
6. During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number.		X
7. During this reporting period, did the organization hold a raffle for charitable purposes? If "yes," provide an attachment indicating the number of raffles and the date(s) they occurred.		X
8. Does the organization conduct a vehicle donation program? If "yes," provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes.		X
9. Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?		X

Organization's area code and telephone number 530-757-1968

Organization's e-mail address LVOLKERTS@SBCGLOBAL.NET

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete.

LINDA VOLKERTS

PRESIDENT

Signature of authorized officer

Printed Name

Title

Date