

Extended to August 15, 2018
Return of Private Foundation

Form **990-PF**

Department of the Treasury
Internal Revenue Service

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.

Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

OMB No. 1545-0062

2016

Open to Public Inspection

For calendar year 2016 or tax year beginning **OCT 1, 2016**, and ending **SEP 30, 2017**

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		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 <input type="checkbox"/>
G Check all that apply: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Address change </div> <div> <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Amended return <input type="checkbox"/> Name change </div> </div>		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) \$ 12,740,042.	J Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____	
F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>		

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).)		(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			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	15,274.	15,274.		Statement 1
	4 Dividends and interest from securities	101,737.	101,737.		Statement 2
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	126,421.			
	b Gross sales price for all assets on line 6a	126,421.			
	7 Capital gain net income (from Part IV, line 2)		126,421.		
	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	102,958.	102,958.		Statement 3	
12 Total. Add lines 1 through 11	346,390.	346,390.			
Operating and Administrative Expenses	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	13,421.	0.		0.
	b Accounting fees Stmt 5	14,220.	7,110.		0.
	c Other professional fees Stmt 6	81,327.	75,865.		0.
	17 Interest				
	18 Taxes Stmt 7	2,744.	0.		0.
	19 Depreciation and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses				
	24 Total operating and administrative expenses. Add lines 13 through 23	114,212.	82,975.		0.
	25 Contributions, gifts, grants paid	690,000.			690,000.
26 Total expenses and disbursements. Add lines 24 and 25	804,212.	82,975.		690,000.	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements	-457,822.				
b Net investment income (if negative, enter -0-)		263,415.			
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	194,741.	108,521.	108,521.
	2 Savings and temporary cash investments	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	Stmnt 8	11,902,925.	12,032,944.	12,626,514.
14 Land, buildings, and equipment: basis				
Less: accumulated depreciation				
15 Other assets (describe)	Statement 9	8,780.	12,373.	5,007.
16 Total assets (to be completed by all filers - see the instructions. Also, see page 1, Item I)		12,611,660.	12,153,838.	12,740,042.
Liabilities	17 Accounts payable and accrued expenses	85.	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)		85.	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	11,586,575.	11,128,753.		
30 Total net assets or fund balances		12,611,575.	12,153,753.	
31 Total liabilities and net assets/fund balances		12,611,660.	12,153,838.	

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	12,611,575.
2 Enter amount from Part I, line 27a	2	-457,822.
3 Other increases not included in line 2 (itemize)	3	0.
4 Add lines 1, 2, and 3	4	12,153,753.
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	12,153,753.

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 Capital Gains Dividends			
b			
c			
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 126,421.			126,421.
b			
c			
d			
e			

(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	(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
a			126,421.
b			
c			
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	126,421.
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))
2015	685,438.	12,772,762.	.053664
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

2 Total of line 1, column (d)	2	.245428
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	.049086
4 Enter the net value of noncharitable-use assets for 2016 from Part X, line 5	4	12,160,317.
5 Multiply line 4 by line 3	5	596,901.
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	2,634.
7 Add lines 5 and 6	7	599,535.
8 Enter qualifying distributions from Part XII, line 4	8	690,000.

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	2,634.
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	2,634.
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	2,634.
6 Credits/Payments:			
a 2016 estimated tax payments and 2015 overpayment credited to 2016	6a	10,007.	
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	10,007.	
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	7,373.	
11 Enter the amount of line 10 to be: Credited to 2017 estimated tax	11	7,373.	Refunded
			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. \$ 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.		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		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T.		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?		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	X	
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	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 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes," complete Part XIV		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		X

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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?	X	
Website address www.valentefoundation.org		
14 The books are in care of LINDA VOLKERTS Telephone no. 530-757-1968		
Located at 444815 N. EL MACERO DR., EL MACERO, CA ZIP+4 95618-1062		
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	N/A
16 At any time during calendar year 2016, 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?	16	X
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

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)?	N/A	1b
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 2016?		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 2016, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2016?	<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.)	N/A	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.		
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 2016 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 2016.)	N/A	3b
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		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 2016?		X

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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 ☒ NoOrganizations 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**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 10		2,500.	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.
KEITH VOLKERTS - 44815 N. EL MACERO DR, EL MACERO, CA 95618	VICE PRESIDENT	15.00	0.	0.

Total number of other employees paid over \$50,000 ☐ **0**

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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	12,200,500.
b	Average of monthly cash balances	1b	140,000.
c	Fair market value of all other assets	1c	5,000.
d	Total (add lines 1a, b, and c)	1d	12,345,500.
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	12,345,500.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	185,183.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	12,160,317.
6	Minimum investment return. Enter 5% of line 5	6	608,016.

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	608,016.
2a	Tax on investment income for 2016 from Part VI, line 5	2a	2,634.
b	Income tax for 2016. (This does not include the tax from Part VI.)	2b	
c	Add lines 2a and 2b	2c	2,634.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	605,382.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	605,382.
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	605,382.

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	690,000.
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	690,000.
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	2,634.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	687,366.

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.

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Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2015	(c) 2015	(d) 2016
1 Distributable amount for 2016 from Part XI, line 7				605,382.
2 Undistributed income, if any, as of the end of 2016:				
a Enter amount for 2015 only			78,489.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2016:				
a From 2011				
b From 2012				
c From 2013				
d From 2014				
e From 2015				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2016 from Part XII, line 4: ▶ \$ 690,000.				
a Applied to 2015, but not more than line 2a			78,489.	
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 2016 distributable amount				605,382.
e Remaining amount distributed out of corpus	6,129.			
5 Excess distributions carryover applied to 2016 (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	6,129.			
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 2015. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2016. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2017				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 2011 not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2017. Subtract lines 7 and 8 from line 6a	6,129.			
10 Analysis of line 9:				
a Excess from 2012				
b Excess from 2013				
c Excess from 2014				
d Excess from 2015				
e Excess from 2016	6,129.			

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 2016, 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)

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

Tax year	Prior 3 years			(e) Total
	(a) 2016	(b) 2015	(c) 2014	(d) 2013
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	20,000.
DAVIS LITTLE LEAGUE 1600 F STREET DAVIS, CA 95616	NONE	PUBLIC CHARITY	YOUTH SPORTS	10,000.
Total See continuation sheet(s) ▶ 3a				690,000.
b Approved for future payment				
None				
Total ▶ 3b				0.

Form 990-PF (2016)

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) of the Code (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)	X
	(2) Other assets	1a(2)	X
b	Other transactions:		
	(1) Sales of assets to a noncharitable exempt organization	1b(1)	X
	(2) Purchases of assets from a noncharitable exempt organization	1b(2)	X
	(3) Rental of facilities, equipment, or other assets	1b(3)	X
	(4) Reimbursement arrangements	1b(4)	X
	(5) Loans or loan guarantees	1b(5)	X
	(6) Performance of services or membership or fundraising solicitations	1b(6)	X
c	Sharing of facilities, equipment, mailing lists, other assets, or paid employees	1c	X
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.		




[illegible]

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 ☒ No

b If "Yes," complete the following schedule.

(a) Name of organization	(b) Type of organization	(c) Description of relationship
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.				May the IRS discuss this return with the preparer shown below (see instr.)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Signature of officer or trustee 		Date 11/15/91		Title PRESIDENT	
Paid Preparer Use Only	Print/Type preparer's name Gene D. Hume CPA		Preparer's signature 		Date 11/15/91	
	Check <input type="checkbox"/> if self-employed		PTJN P10178778			
	Firm's name ▶ Hume & Company, Inc., CPA'S					Firm's EIN ▶ 94-2840968
Firm's address ▶ 4080 Seaport Blvd West Sacramento, CA 95691					Phone no. 916 371-5252	

Form **990-PF** (2016)

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	10,000.
UC DAVIS SCHOOL OF MEDICINE 2233 STOCKTON BLVD SACRAMENTO, CA 95817	NONE	PUBLIC CHARITY	MEDICAL RESEARCH MEDICAL RESEARCH	45,000.
DAVIS FARMERS MARKET ALLIANCE PO BOX 1813 DAVIS, CA 95617	NONE	PUBLIC CHARITY	FOOD PROGRAMS	25,000.
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.	20,000.
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	35,000.
CHRISTIAN BROTHERS HIGH SCHOOL 4315 MARTIN LUTHER KING JR BLVD SACRAMENTO, CA 95820	NONE	PUBLIC CHARITY	EDUCATIONAL PROGRAMS	25,000.
Total from continuation sheets				515,000.

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
FLY BRAVE FOUNDATION 3225 FREEPORT BLVD SACRAMENTO, CA 95822	NONE	PUBLIC CHARITY	EMPLOYNEBT TRAINING FOR AUTISTIC ADULTS	5,000.
MEXICAN OPEN CHARITIES 537 MAYBECK CT VACAVILLE, CA 95688	NONE	PUBLIC CHARITY	TOURNAMENT FOR BENEFIT OF YOLO HOSPICE	15,000.
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	5,000.
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.
JOSHUA'S HOUSE 5025 J STREET, #311 SACRAMENTO, CA 95819	NONE	PUBLIC CHARITY	PROGRAM FUNDING	25,000.
ARK PRESCHOOL 620 NORTH STREET WOODLAND, CA 95695	NONE	PUBLIC CHARITY	TARGETED FUNDING	10,000.
Total from continuation sheets				

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
LOAVES AND FISHES 1321 N C STREET SACRAMENTO, CA 95611	NONE	FOOD PANTRY	PROGRAM FUNDING	10,000.
LEUKEMIA, & LYMPHOMA SOCIETY 7750 COLLEGE TOWN DRIVE SACRAMENTO, CA 95826	NONE	PUBLIC CHARITY	PROGRAM FUNDING PROGRAM FUNDING PROGRAM FUNDING PROGRAM FUNDING	10,000.
SACRAMENTO COMMUNITY REGION FOUNDATION 955 UNIVERSITY AVENUE #A SACRAMENTO, CA 95825	NONE	PUBLIC CHARITY	PROGRAM FUNDING	45,000.
THRIVING PINK 302 G STREET DAVIS, CA 95616		PUBLIC CHARITY	HELP BREAST CANCER SURVIVORS	5,000.
WOMEN'S EMPOWERMENT 1590 A STREET SACRAMENTO, CA 95811		PUBLIC CHARITY	ASSIST WOMEN ACHIEVE EQUALITY	5,000.
MERCY FOUNDATION 3400 Data Drive SACRAMENTO, CA 95670		PUBLIC CHARITY	PROVIDE CARE FOR THE POOR AND ELDERLY	50,000.
Total from continuation sheets				

Part XV Supplementary Information

3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution

Name of Recipient - UC DAVIS SCHOOL OF MEDICINE

MEDICAL RESEARCH

MEDICAL RESEARCH

MEDICAL RESEARCH

MEDICAL RESEARCH

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	27.	27.	
FIDELITY BROKERAGE SERVICES	15,247.	15,247.	
Total to Part I, line 3	15,274.	15,274.	

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 BROKERAGE SERVICES	228,158.	126,421.	101,737.	101,737.	
To Part I, line 4	228,158.	126,421.	101,737.	101,737.	

Form 990-PF Other Income Statement 3

Description	(a) Revenue Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income
OTHER SECURITIES INCOME	102,958.	102,958.	
Total to Form 990-PF, Part I, line 11	102,958.	102,958.	

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	13,421.	0.		0.
To Fm 990-PF, Pg 1, ln 16a	13,421.	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	14,220.	7,110.		0.
To Form 990-PF, Pg 1, ln 16b	14,220.	7,110.		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	75,865.	75,865.		0.
OTHER	5,462.	0.		0.
To Form 990-PF, Pg 1, ln 16c	81,327.	75,865.		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	110.	0.		0.
U.S. EXCISE TAX	2,634.	0.		0.
To Form 990-PF, Pg 1, ln 18	2,744.	0.		0.

Form 990-PF	Other Investments		Statement 8
Description	Valuation Method	Book Value	Fair Market Value
CORPORATE SECURITIES	COST	12,032,944.	12,626,514.
Total to Form 990-PF, Part II, line 13		12,032,944.	12,626,514.

Form 990-PF	Other Assets		Statement 9
Description	Beginning of Yr Book Value	End of Year Book Value	Fair Market Value
FEDERAL TAX ESTIMATE PAYMENTS	3,780.	7,373.	7.
MISCELLANEOUS RECEIVABLE	5,000.	5,000.	5,000.
To Form 990-PF, Part II, line 15	8,780.	12,373.	5,007.

Form 990-PF	Part VIII - List of Officers, Directors Trustees and Foundation Managers	Statement 10
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Name and Address	Title and Avrg Hrs/Wk	Compen- sation	Employee Ben Plan Expense Contrib 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	500.	0.	0.
DRAKE VOLKERTS 44815 N. EL MACERO DR. EL MACERO, CA 95618	BOARD MEMBER 0.50	500.	0.	0.
GENE HUME 4080 SEAPORT BLVD. W. SACRAMENTO, CA 95691	TREASURER 0.50	500.	0.	0.
THERESA PEPIN 4076 MEDFORD COURT MARTINEZ, CA 94533	BOARD MEMBER 0.50	500.	0.	0.
DENISE ROSE 43403 ALMOND LANE DAVIS, CA 95618	BOARD MEMBER 0.50	500.	0.	0.
Totals included on 990-PF, Page 6, Part VIII		2,500.	0.	0.

Form **990-W****Estimated Tax on Unrelated Business Taxable
Income for Tax-Exempt Organizations**

OMB No. 1545-0976

(Worksheet)

Department of the Treasury
Internal Revenue Service(and on Investment Income for Private Foundations) Form **990-PF**

Keep for your records. Do not send to the Internal Revenue Service.

2017

1	Unrelated business taxable income expected in the tax year	1	
2	Tax on the amount on line 1. See instructions for tax computation	2	
3	Alternative minimum tax. See instructions	3	
4	Total. Add lines 2 and 3	4	
5	Estimated tax credits. See instructions	5	
6	Subtract line 5 from line 4	6	
7	Other taxes. See instructions	7	
8	Total. Add lines 6 and 7	8	
9	Credit for federal tax paid on fuels. See instructions	9	
10a	Subtract line 9 from line 8. Note: If less than \$500, the organization is not required to make estimated tax payments. Private foundations, see instructions	10a	
b	Enter the tax shown on the 2016 return. See instructions. Caution: If zero or the tax year was for less than 12 months, skip this line and enter the amount from line 10a on line 10c	10b	2,634.
c	2017 Estimated Tax. Enter the smaller of line 10a or line 10b. If the organization is required to skip line 10b, enter the amount from line 10a on line 10c	10c	2,640.

Adjusted To

		(a)	(b)	(c)	(d)	
11	Installment due dates. See instructions	11	02/15/18	03/15/18	06/15/18	09/17/18
12	Required installments. Enter 25% of line 10c in columns (a) through (d). But see instructions if the organization uses the annualized income installment method, the adjusted seasonal installment method, or is a "large organization."	12	660.	660.	660.	660.
13	2016 Overpayment. See instructions	13				
14	Payment due (Subtract line 13 from line 12)	14				

LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-W** (2017)

Estimated Tax	2,640.
Overpayment Applied	7,373.
Amount Due	0.

TAXABLE YEAR

2016

California Exempt Organization Annual Information Return

628941 11-30-16

FORM

199

Calendar Year 2016 or fiscal year beginning (mm/dd/yyyy) 10/01/2016, and ending (mm/dd/yyyy) 09/30/2017

Corporation/Organization name THE GEORGE AND LENA VALENTE FOUNDATION		California corporation number 1955452
Additional information. See instructions.		FEIN 68-0370358
Street address (suite or room) 44815 N. EL MACERO DRIVE		PMB no.
City EL MACERO	State CA	ZIP code 95618-1062
Foreign country name	Foreign province/state/county	Foreign postal code

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

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

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	346,390.00
	2	Gross dues and assessments from members and affiliates	2	00
	3	Gross contributions, gifts, grants, and similar amounts received	3	00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed, if the result is less than \$50,000, see General Instruction B	4	346,390.00
	5	Cost of goods sold	5	00
	6	Cost or other basis, and sales expenses of assets sold	6	00
	7	Total costs. Add line 5 and line 6	7	00
	8	Total gross income. Subtract line 7 from line 4	8	346,390.00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	689,212.00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	-342,822.00
Filing Fee	11	Total payments	11	00
	12	Use tax. See General Instruction K	12	00
	13	Payment balance. If line 11 is more than line 12, subtract line 12 from line 11	13	00
	14	Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	14	00
	15	Filing fee \$10 or \$25. See General Instruction F	15	10.00
	16	Penalties and Interest. See General Instruction J	16	00
	17	Balance due. Add line 12, line 15, and line 16. Then subtract line 11 from the result	17	10.00
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	Title PRESIDENT	Date	Telephone 530-757-1968
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN P10178778
	Firm's name (or yours, if self-employed) and address			FEIN 94-2840968
				Telephone 916 371-5252
	May the FTB discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

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.

628951 11-30-18

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	00
	2	Interest	15,274.00
	3	Dividends	101,737.00
	4	Gross rents	00
	5	Gross royalties	00
	6	Gross amount received from sale of assets (See Instructions)	00
	7	Other income SEE STATEMENT 1	229,379.00
	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	346,390.00
	9	Contributions, gifts, grants, and similar amounts paid STATEMENT 2	575,000.00
10	Disbursements to or for members	00	
Expenses and Disburse- ments	11	Compensation of officers, directors, and trustees SEE STATEMENT 3	2,500.00
	12	Other salaries and wages	00
	13	Interest	00
	14	Taxes	2,744.00
	15	Rents	00
	16	Depreciation and depletion (See instructions)	00
	17	Other Expenses and Disbursements SEE STATEMENT 4	108,968.00
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	689,212.00

Schedule L Balance Sheet

Schedule L		Balance Sheet	Beginning of taxable year		End of taxable year	
Assets			(a)	(b)	(c)	(d)
1	Cash			699,955.		• 108,521.
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 5			11,902,925.		• 12,032,944.
10	a Depreciable assets					
	b Less accumulated depreciation	()		()
11	Land					•
12	Other assets STMT 6			8,780.		• 12,373.
13	Total assets			12,611,660.		12,153,838.
Liabilities and net worth						
14	Accounts payable			85.		• 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			11,586,575.		• 11,128,753.
22	Total liabilities and net worth			12,611,660.		12,153,838.

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	• -342,822.	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	-342,822.
6 Total. Add line 1 through line 5	-342,822.		

Form 199	Other Income	Statement	1
Description		Amount	
Capital Gains Dividends		126,421.	
OTHER SECURITIES INCOME		102,958.	
Total to Form 199, Part II, line 7		229,379.	

Form 199	Cash Contributions, Gifts, Grants and Similar Amounts Paid	Statement 2
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Activity Classification: MEDICAL RESEARCH

<u>Donees Name and Address</u>	<u>Relationship</u>	<u>Amount</u>
U.C. DAVIS FOUNDATION SACRAMENTO, CA	NONE	20,000.

Organizational Status: PUBLIC CHARITY

<u>Donees Name and Address</u>	<u>Relationship</u>	<u>Amount</u>
U.C. DAVIS MEDICAL CENTER M.I.N.D. SACRAMENTO, CA	NONE	100,000.

Organizational Status: PUBLIC CHARITY

<u>Donees Name and Address</u>	<u>Relationship</u>	<u>Amount</u>
UC DAVIS SCHOOL OF MEDICINE 2233 STOCKTON BLVD, SACRAMENTO, CA 95817	NONE	45,000.

Organizational Status: PUBLIC CHARITY

<u>Donees Name and Address</u>	<u>Relationship</u>	<u>Amount</u>
SHRINERS HOSPITAL 3225 FREEPORT BLVD, SACRAMENTO, CA 95822	NONE	5,000.

Organizational Status: PUBLIC CHARITY

Total for this Activity	170,000.
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Activity Classification: EDUCATIONAL PROGRAMS

Donees Name and AddressCRISTO REY HIGH SCHOOL
SACRAMENTO, CARelationship

NONE

Amount

25,000.

Organizational Status: PUBLIC CHARITY

Donees Name and AddressUNIVERSITY OF NEW MEXICO
ALBUQUERQUE, NMRelationship

NONE

Amount

20,000.

Organizational Status: PUBLIC CHARITY

Donees Name and AddressCHRISTIAN BROTHERS
4315 MARTIN LUTHER KING JR BLVD, SACRAMENTO, CA
95820Relationship

NONE

Amount

25,000.

Organizational Status: PUBLIC CHARITY

Total for this
Activity

70,000.

Activity Classification: SENIOR PROGRAMS

Donees Name and AddressSENIOR CITIZENS OF DAVIS CALIFORNIA
DAVIS, CARelationship

NONE

Amount

10,000.

Organizational Status: PUBLIC CHARITY

Donees Name and Address

DAVIS ADULT DAY CARE
20 N COTTONWOOD ST, WOODLAND, CA 95695

Relationship

NONE

Amount

20,000.

Organizational Status: PUBLIC CHARITY

Total for this
Activity

30,000.

Activity Classification: ANIMAL WELFARE

Donees Name and Address

SACRAMENTO SPCA
SACRAMENTO, CA

Relationship

NONE

Amount

5,000.

Organizational Status: PUBLIC CHARITY

Donees Name and Address

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

Relationship

NONE

Amount

5,000.

Organizational Status: PUBLIC CHARITY

Total for this
Activity

10,000.

THE GEORGE AND LENA VALENTE FOUNDATION

68-0370358

Activity Classification: HOSPICE PROGRAMS

<u>Donees Name and Address</u>	<u>Relationship</u>	<u>Amount</u>
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	10,000.

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	15,000.

Organizational Status: PUBLIC CHARITY

Total for this Activity	75,000.
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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	25,000.

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	20,000.

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	90,000.
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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	35,000.

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 5025 J STREET, #311, SACRAMENTO, CA 95819	NONE	25,000.

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	130,000.
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Total included on Form 199, Part II, line 9	<u><u>575,000.</u></u>
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Form 199 Compensation of Officers, Directors and Trustees Statement 3

Name and Address	Title and Average Hrs Worked/Wk	Compensation
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	500.
DRAKE VOLKERTS 44815 N. EL MACERO DR. EL MACERO, CA 95618	BOARD MEMBER 0.50	500.
GENE HUME 4080 SEAPORT BLVD. W. SACRAMENTO, CA 95691	TREASURER 0.50	500.
THERESA PEPIN 4076 MEDFORD COURT MARTINEZ, CA 94533	BOARD MEMBER 0.50	500.
DENISE ROSE 43403 ALMOND LANE DAVIS, CA 95618	BOARD MEMBER 0.50	500.
Total to Form 199, Part II, line 11		2,500.

Form 199 Other Expenses Statement 4

Description	Amount
Legal fees	13,421.
Accounting fees	14,220.
Other professional fees	81,327.
Total to Form 199, Part II, line 17	108,968.

Form 199	Other Investments	Statement	5
Description	Beg. of Year	End of Year	
CORPORATE SECURITIES	11,902,925.	12,032,944.	
Total to Form 199, Schedule L, line 9	11,902,925.	12,032,944.	

Form 199	Other Assets	Statement	6
Description	Beg. of Year	End of Year	
FEDERAL TAX ESTIMATE PAYMENTS	3,780.	7,373.	
MISCELLANEOUS RECEIVABLE	5,000.	5,000.	
Total to Form 199, Schedule L, line 12	8,780.	12,373.	

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

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

Check if:

☐ Change of address

☐ Amended report

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 10/01/2016 ending 09/30/2017) list:

Gross annual revenue \$ 346,390. Total assets \$ 12,740,042.

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