

2007 TAX RETURN

CLIENT COPY

Client: CHEZ

Prepared for: CHEZ PANISSE FOUNDATION  
1517 SHATTUCK AVE  
BERKELEY, CA 94709  
510-843-3811

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(916) 774-4208

Date: OCTOBER 22, 2008

Comments:

Route to: \_\_\_\_\_

**2007 Exempt Org. Return**

*prepared for:*

***Chez Panisse Foundation***

*1517 Shattuck Ave*

*Berkeley, CA 94709*

*MANN, URRUTIA, NELSON, CPAs & ASSOC., LLP*

***2901 Douglas Blvd, Suite 290***

***Roseville, CA 95661-3824***

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1517 Shattuck Ave  
Berkeley, CA 94709  
510-843-3811

FEDERAL FORMS

Form 990 Schedule A Schedule B	2007 Return of Organization Exempt from Income Tax Organization Exempt Under Section 501(c)(3) Schedule of Contributors Depreciation Schedules
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CALIFORNIA FORMS

Form 199 Form 3885 (199) Form RRF-1	2007 California Exempt Organization Return Depreciation and Amortization - Corp. 2008 Registration/Renewal Fee Report California Depreciation Schedules
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FEE SUMMARY

Preparation Fee

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## CHEZ PANISSE FOUNDATION

94-3248671

	2007	2006	DIFF
<b>REVENUE</b>			
CONTRIBUTIONS, GIFTS, AND GRANTS .....	1,722,734	2,231,689	-508,955
INTEREST ON SAVINGS/TEMP CASH INVEST.....	114,932	83,462	31,470
NET INCOME (LOSS) - SPECIAL EVENTS.....	112,676	396,894	-284,218
OTHER REVENUE .....	0	50,000	-50,000
<b>TOTAL REVENUE .....</b>	<b>1,950,342</b>	<b>2,762,045</b>	<b>-811,703</b>
<b>EXPENSES</b>			
PROGRAM SERVICES .....	1,058,224	1,177,581	-119,357
MANAGEMENT AND GENERAL .....	103,720	114,206	-10,486
FUNDRAISING .....	138,156	158,146	-19,990
<b>TOTAL EXPENSES .....</b>	<b>1,300,100</b>	<b>1,449,933</b>	<b>-149,833</b>
<b>NET ASSETS OR FUND BALANCES</b>			
EXCESS OR (DEFICIT) FOR THE YEAR .....	650,242	1,312,112	-661,870
NET ASSETS/FUND BAL. AT BEG. OF YEAR.....	2,954,715	1,642,603	1,312,112
OTHER CHANGES IN NET ASSETS/FUND BAL.....	-52,692	0	-52,692
<b>NET ASSETS/FUND BAL. AT END OF YEAR.....</b>	<b>3,552,265</b>	<b>2,954,715</b>	<b>597,550</b>

## CHEZ PANISSE FOUNDATION

94-3248671

	2007	2006	DIFF
REVENUE			
INTEREST.....	114,932	83,462	31,470
OTHER INCOME.....	199,798	511,039	-311,241
GROSS CONTRIBUTIONS, GIFTS, & GRANTS.....	1,722,734	2,231,689	-508,955
TOTAL INCOME.....	2,037,464	2,826,190	-788,726
EXPENSES AND DISBURSEMENTS			
CONTRIBUTIONS, GIFTS, GRANTS.....	169,090	129,100	39,990
COMPENSATION OF OFFICERS, ETC.....	146,501	130,000	16,501
OTHER SALARIES AND WAGES.....	416,861	371,799	45,062
INTEREST.....	0	67	-67
TAXES.....	45,298	39,682	5,616
RENTS.....	23,305	15,280	8,025
DEPRECIATION AND DEPLETION.....	5,305	7,350	-2,045
OTHER DEDUCTIONS.....	580,862	820,800	-239,938
TOTAL DEDUCTIONS.....	1,387,222	1,514,078	-126,856
EXCESS OF RECEIPTS OVER DISBURSEMENTS.....	650,242	1,312,112	-661,870
FILING FEE			
FILING FEE.....	10	10	0
BALANCE DUE.....	10	10	0
SCHEDULE L			
BEGINNING ASSETS.....	2,999,166	1,664,547	1,334,619
BEGINNING LIABILITIES & NET WORTH.....	2,999,166	1,664,547	1,334,619
ENDING ASSETS.....	3,642,323	2,999,166	643,157
ENDING LIABILITIES & NET WORTH.....	3,642,323	2,999,166	643,157

2007

GENERAL INFORMATION

PAGE 1

CHEZ PANISSE FOUNDATION

94-3248671

FORMS NEEDED FOR THIS RETURN

FEDERAL: 990, SCH A, SCH B  
CALI FORNI A: 199, 3885, RRF-1

CARRYOVERS TO 2008

NONE

Return of Organization Exempt From Income Tax

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

2007

Open to Public Inspection

Department of the Treasury Internal Revenue Service(77)

G The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2007 calendar year, or tax year beginning 7/01, 2007, and ending 6/30, 2008

- B Check if applicable: Address change, Name change, Initial return, Termination, Amended return, Application pending

C CHEZ PANI SSE FOUNDATION 1517 SHATTUCK AVE BERKELEY, CA 94709

D Employer Identification Number 94-3248671 E Telephone number 510-843-3811 F Accounting method: Cash, Accrual, Other (specify) G

? Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

- H and I are not applicable to section 527 organizations. H (a) Is this a group return for affiliates? H (b) If 'Yes,' enter number of affiliates. G H (c) Are all affiliates included? H (d) Is this a separate return filed by an organization covered by a group ruling?

G Web site: G WWW.CHEZPANI SSEFOUNDATI ON. ORG

J Organization type (check only one) G [X] 501(c) 3 H (insert no.) 4947(a)(1) or 527

K Check here G [ ] if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

I Group Exemption Number: G

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 G 2, 037, 464.

M Check G [ ] if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

Table with columns for Revenue, Expenses, and Assets. Rows include: 1 Contributions, gifts, grants, and similar amounts received; 2 Program service revenue; 3 Membership dues; 4 Interest on savings; 5 Dividends; 6a-6c Rental income; 7 Other investment income; 8a-8d Sales of assets; 9 Special events; 10a-10c Sales of inventory; 11 Other revenue; 12 Total revenue; 13-17 Expenses; 18-21 Net Assets.

**Part II** Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See instruct.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach sch) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here... G <input type="checkbox"/>	22a				
22b Other grants and allocations (att sch) (cash \$ <u>169,090.</u> non-cash \$ _____) If this amount includes foreign grants, check here... G <input type="checkbox"/>	22b	169,090.	169,090.		
23 Specific assistance to individuals (attach schedule).....	23				
24 Benefits paid to or for members (attach schedule).....	24				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A.....	25a	146,501.	73,251.	43,950.	29,300.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B.....	25b	0.	0.	0.	0.
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).....	25c	0.	0.	0.	0.
26 Salaries and wages of employees not included on lines 25a, b, and c.....	26	416,861.	337,817.	20,584.	58,460.
27 Pension plan contributions not included on lines 25a, b, and c.....	27	22,389.	17,787.	1,331.	3,271.
28 Employee benefits not included on lines 25a - 27.....	28	68,937.	56,203.	2,619.	10,115.
29 Payroll taxes.....	29	45,298.	28,213.	13,038.	4,047.
30 Professional fundraising fees.....	30	110,991.	110,991.		
31 Accounting fees.....	31	10,164.	2,536.	7,162.	466.
32 Legal fees.....	32				
33 Supplies.....	33	10,703.	8,064.	421.	2,218.
34 Telephone.....	34	10,741.	8,657.	672.	1,412.
35 Postage and shipping.....	35	4,384.	874.	289.	3,221.
36 Occupancy.....	36	23,305.	18,432.	1,483.	3,390.
37 Equipment rental and maintenance.....	37	10,124.	9,111.	626.	387.
38 Printing and publications.....	38	16,127.	11,727.	514.	3,886.
39 Travel.....	39	30,361.	21,022.	4,052.	5,287.
40 Conferences, conventions, and meetings.....	40	2,970.	2,631.	263.	76.
41 Interest.....	41				
42 Depreciation, depletion, etc (attach schedule).....	42	5,305.	4,191.	318.	796.
43 Other expenses not covered above (itemize):					
a <u>SEE STATEMENT 3</u>	43a	195,849.	177,627.	6,398.	11,824.
b -----	43b				
c -----	43c				
d -----	43d				
e -----	43e				
f -----	43f				
g -----	43g				
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15).....	44	1,300,100.	1,058,224.	103,720.	138,156.

Joint Costs. Check  if you are following SOP 98-2.  
 Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No  
 If 'Yes,' enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_; (ii) the amount allocated to Program services \$ \_\_\_\_\_; (iii) the amount allocated to Management and general \$ \_\_\_\_\_; and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_.



**Part III** Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? <u>G</u> <u>SUSTAINABLE AGRICULTURE EDUCATION</u> All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; but optional for others.)
a <u>CHEZ PANI SSE FOUNDATION IS AN ADVOCATE FOR SUSTAINABLE AGRICULTURE AND SPECIFICALLY TO TRANSFORM PUBLIC EDUCATION BY SUPPORTING PROJECTS AND CURRICULUM THAT ENGAGE YOUNG PEOPLE IN GARDENING, COOKING, PREPARATION AND SHARING FOOD.</u> ----- (Grants and allocations \$ <u>169,090.</u> ) If this amount includes foreign grants, check here <u>G</u> <input type="checkbox"/>	1,058,224.
b ----- ----- ----- (Grants and allocations \$ ) If this amount includes foreign grants, check here <u>G</u> <input type="checkbox"/>	
c ----- ----- ----- (Grants and allocations \$ ) If this amount includes foreign grants, check here <u>G</u> <input type="checkbox"/>	
d ----- ----- ----- (Grants and allocations \$ ) If this amount includes foreign grants, check here <u>G</u> <input type="checkbox"/>	
e Other program services ..... (Grants and allocations \$ ) If this amount includes foreign grants, check here <u>G</u> <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ..... <u>G</u>	1,058,224.

BAA

**Part IV Balance Sheets (See the instructions.)**

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year	
ASSETS	45 Cash - non-interest-bearing		45		
	46 Savings and temporary cash investments	1,051,858.	46	533,209.	
	47a Accounts receivable	47 a			
	b Less: allowance for doubtful accounts	47 b		47 c	
	48a Pledges receivable	48 a	51,986.		
	b Less: allowance for doubtful accounts	48 b		48 c	
	49 Grants receivable		486,890.	49	298,384.
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)			50 a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)			50 b	
	51a Other notes and loans receivable (attach schedule)	51 a			
	b Less: allowance for doubtful accounts	51 b			51 c
	52 Inventories for sale or use			52	
	53 Prepaid expenses and deferred charges			53	6,789.
	54a Investments - publicly-traded securities. STMT. 4. G <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		1,200,000.	54 a	2,657,750.
	b Investments - other securities (attach sch). G <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		100,000.	54 b	
	55a Investments - land, buildings, & equipment: basis	55 a			
	b Less: accumulated depreciation (attach schedule)	55 b			55 c
	56 Investments - other (attach schedule)			56	
	57a Land, buildings, and equipment: basis	57 a	138,852.		
b Less: accumulated depreciation (attach schedule) STATEMENT 5	57 b	44,647.			
58 Other assets, including program-related investments (describe G _____)			58		
59 Total assets (must equal line 74). Add lines 45 through 58		2,999,166.	59	3,642,323.	
LIABILITIES	60 Accounts payable and accrued expenses		44,450.	60	40,368.
	61 Grants payable			61	
	62 Deferred revenue			62	29,151.
	63 Loans from officers, directors, trustees, and key employees (attach schedule)			63	
	64a Tax-exempt bond liabilities (attach schedule)			64 a	
	b Mortgages and other notes payable (attach schedule)			64 b	
	65 Other liabilities (describe G. SEE STATEMENT 6)			1.	65
66 Total liabilities. Add lines 60 through 65			44,451.	66	90,058.
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here G <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
	67 Unrestricted		1,952,286.	67	2,541,882.
	68 Temporarily restricted		1,002,429.	68	1,010,383.
	69 Permanently restricted			69	
	Organizations that do not follow SFAS 117, check here G <input type="checkbox"/> and complete lines 70 through 74.				
	70 Capital stock, trust principal, or current funds			70	
	71 Paid-in or capital surplus, or land, building, and equipment fund			71	
	72 Retained earnings, endowment, accumulated income, or other funds			72	
73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)		2,954,715.	73	3,552,265.	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73		2,999,166.	74	3,642,323.	

**Part IV-A** Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See the instructions.)

a	Total revenue, gains, and other support per audited financial statements .....	a	1,996,063.
b	Amounts included on line a but not on Part I, line 12:		
	1 Net unrealized gains on investments .....	b1	32,193.
	2 Donated services and use of facilities .....	b2	13,528.
	3 Recoveries of prior year grants .....	b3	
	4 Other (specify): _____	b4	
	Add lines b1 through b4 .....	b	45,721.
c	Subtract line b from line a .....	c	1,950,342.
d	Amounts included on Part I, line 12, but not on line a:		
	1 Investment expenses not included on Part I, line 6b .....	d1	
	2 Other (specify): _____	d2	
	Add lines d1 and d2 .....	d	
e	Total revenue (Part I, line 12). Add lines c and d .....	G e	1,950,342.

**Part IV-B** Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total expenses and losses per audited financial statements .....	a	1,313,628.
b	Amounts included on line a but not on Part I, line 17:		
	1 Donated services and use of facilities .....	b1	13,528.
	2 Prior year adjustments reported on Part I, line 20 .....	b2	
	3 Losses reported on Part I, line 20 .....	b3	
	4 Other (specify): _____	b4	
	Add lines b1 through b4 .....	b	13,528.
c	Subtract line b from line a .....	c	1,300,100.
d	Amounts included on Part I, line 17, but not on line a:		
	1 Investment expenses not included on Part I, line 6b .....	d1	
	2 Other (specify): _____	d2	
	Add lines d1 and d2 .....	d	
e	Total expenses (Part I, line 17). Add lines c and d .....	G e	1,300,100.

**Part V-A** Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
SEE STATEMENT 7		140,088.	6,413.	0.
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Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)	Yes	No
75a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings <u>G 11</u>	75a	
b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If 'Yes,' attach a statement that identifies the individuals and explains the relationship(s).....	75b	X
c Do any officers, directors, trustees, or key employees listed in form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of 'related organization'..... If 'Yes,' attach a statement that includes the information described in the instructions.	75c	X
d Does the organization have a written conflict of interest policy?.....	75d	X

(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
NONE				

Part VI Other Information (See the instructions.)	Yes	No
76 Did the organization make a change in its activities or methods of conducting activities? If 'Yes,' attach a detailed statement of each change.....	76	X
77 Were any changes made in the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes.....	77	X
78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?.....	78a	X
b If 'Yes,' has it filed a tax return on Form 990-T for this year?.....	78b	N/A
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement.....	79	X
80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc, to any other exempt or nonexempt organization?.....	80a	X
b If 'Yes,' enter the name of the organization <u>G N/A</u> and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
81a Enter direct and indirect political expenditures. (See line 81 instructions.).....	81a	0.
b Did the organization file Form 1120-POL for this year?.....	81b	X

Part VI Other Information (continued)		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	X	
b	If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
	82 b 13,528.		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		N/A
85 a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?		N/A
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		N/A
	If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
c	Dues, assessments, and similar amounts from members.		N/A
d	Section 162(e) lobbying and political expenditures.		N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices.		N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e).		N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		N/A
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		N/A
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12.		N/A
b	Gross receipts, included on line 12, for public use of club facilities.		N/A
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders.		N/A
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		N/A
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX.		X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Part XI.	G	X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 G 0.; section 4912 G 0.; section 4955 G 0.		
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction.		X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.	G	0.
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization.	G	0.
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
90 a	List the states with which a copy of this return is filed G CA		
b	Number of employees employed in the pay period that includes March 12, 2007 (See instructions.)	90 b	9
91 a	The books are in care of G REBECCA WOMACK Telephone number G 510-843-3811 Located at G 1517 SHATTUCK AVENUE BERKELEY CA ZIP + 4 G 94709		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country G	91 b	X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		

**Part VI Other Information (continued)**

Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91 c  Yes  No

If 'Yes,' enter the name of the foreign country G \_\_\_\_\_

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 Check here N/A G

and enter the amount of tax-exempt interest received or accrued during the tax year G 92 N/A

**Part VII Analysis of Income-Producing Activities (See the instructions.)**

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
Note: Enter gross amounts unless otherwise indicated.					
93 Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts			1	114,932.	
96 Dividends & interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events			1	112,676.	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))				227,608.	
105 Total (add line 104, columns (B), (D), and (E))				G 227,608.	

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)**

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
F	
N/A	

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)**

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)**

a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No

b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

Note: If 'Yes' to (b), file Form 8870 and Form 4720 (see instructions).

**Part XI** Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

	Yes	No
106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- ----- -----			
b	----- ----- -----			
c	----- ----- -----			
Totals				

	Yes	No
107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- ----- -----			
b	----- ----- -----			
c	----- ----- -----			
Totals				

	Yes	No
108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Please 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 officer) is based on all information of which preparer has any knowledge.	
	G _____ Signature of officer	_____ Date
	G CARINA WONG, EXECUTIVE DIRECTOR Type or print name and title.	

Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input checked="" type="checkbox"/>	Preparer's SSN or PTIN (See General Instruction X)
	G MICHELLE O. NELSON, CPA		<input type="checkbox"/>	P00453363
	Firm's name (or yours if self-employed), address, and ZIP + 4	EIN		
	G MANN, URRUTIA, NELSON, CPAS & ASSOC., LLP G 2901 DOUGLAS BLVD, SUITE 290 ROSEVILLE, CA 95661-3824	G 20-0276349		G (916) 774-4208

BAA

SCHEDULE A  
(Form 990 or 990-EZ)

Organization Exempt Under  
Section 501(c)(3)

OMB No. 1545-0047

(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or 4947(a)(1) Nonexempt Charitable Trust

2007

Department of the Treasury  
Internal Revenue Service

Supplementary Information (See separate instructions.)

G MUST be completed by the above organizations and attached to their Form 990 or 990-EZ.

Name of the organization

CHEZ PANI SSE FOUNDATI ON

Employer identification number

94-3248671

**Part I** Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees  
(See instructions. List each one. If there are 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 and other allowances
SEE STATEMENT 8		227,399.	11,186.	
Total number of other employees paid over \$50,000	G 0			

**Part II A** Compensation of the Five Highest Paid Independent Contractors for Professional Services  
(See instructions. List each one (whether individuals or firms). If there are none, enter 'None.')

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services	G 0	

**Part II B** Compensation of the Five Highest Paid Independent Contractors for Other Services  
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter 'None.' See instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over \$50,000 for other services	G 0	



**Part III** Statements About Activities (See instructions.)

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities. . . . G \$ <u>0.</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) . . . . .	X	
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking 'Yes' must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.)		
a Sale, exchange, or leasing of property? . . . . .		X
b Lending of money or other extension of credit? . . . . .		X
c Furnishing of goods, services, or facilities? . . . . .		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? . . . . .		X
e Transfer of any part of its income or assets? . . . . .		X
3a Did the organization make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how the organization determines that recipients qualify to receive payments.) . . . . .		X
b Did the organization have a section 403(b) annuity plan for its employees? . . . . .		X
c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' attach a detailed statement . . . . .		X
d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services? . . . . .		X
4a Did the organization maintain any donor advised funds? If 'Yes,' complete lines 4b through 4g. If 'No,' complete lines 4f and 4g . . . . .		X
b Did the organization make any taxable distributions under section 4966? . . . . .		N/A
c Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .		N/A
d Enter the total number of donor advised funds owned at the end of the tax year. . . . . G <u>          </u> N/A		
e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year. . . . . G <u>          </u> N/A		
f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts . . . . . G <u>          </u> 0		
g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year. . . . G <u>          </u> 0.		

**Part IV Reason for Non-Private Foundation Status (See instructions.)**

I certify that the organization is not a private foundation because it is: (Please check only ONE applicable box.)

- 5  A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6  A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7  A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8  A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9  A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state G \_\_\_\_\_
- 10  An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the Support Schedule in Part IV-A.)
- 11 a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
- 11 b  A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
- 12  An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions ' subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)
- 13  An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization: G  
 Type I     Type II     Type III-Functionally Integrated     Type III-Other

Provide the following information about the supported organizations. (See instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total .....					G 0.

- 14  An organization organized and operated to test for public safety. Section 509(a)(4). (See instructions.)

**Part IV-A** Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)..... G	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)....	1,132,846.	955,861.	1,474,709.	683,997.	4,247,413.
16 Membership fees received.....					0.
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc, purpose.....	517,985.	128,810.	32,824.	47,490.	727,109.
18 Gross income from interest, dividends, amts rec'd from payments on securities loans (sec. 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less sec. 511 taxes) from businesses acquired by the organization after June 30, 1975....	83,462.	30,402.	13,036.	12,173.	139,073.
19 Net income from unrelated business activities not included in line 18.....					0.
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.....					0.
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.....					0.
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.....					0.
23 Total of lines 15 through 22.....	1,734,293.	1,115,073.	1,520,569.	743,660.	5,113,595.
24 Line 23 minus line 17.....	1,216,308.	986,263.	1,487,745.	696,170.	4,386,486.
25 Enter 1% of line 23.....	17,343.	11,151.	15,206.	7,437.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24..... G					26a 87,730.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts..... G					26b
c Total support for section 509(a)(1) test: Enter line 24, column (e)..... G					26c 4,386,486.
d Add: Amounts from column (e) for lines: 18 <u>139,073.</u> 19 _____ 22 _____ 26b _____					26d 139,073.
e Public support (line 26c minus line 26d total)..... G					26e 4,247,413.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))..... G					26f 96.83 %
27 Organizations described on line 12: N/A					
a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' Do not file this list with your return. Enter the sum of such amounts for each year: (2006) _____ (2005) _____ (2004) _____ (2003) _____					
b For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2006) _____ (2005) _____ (2004) _____ (2003) _____					
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					27c
d Add: Line 27a total _____ and line 27b total _____					27d
e Public support (line 27c total minus line 27d total)..... G					27e
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e).... G					27f
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))..... G					27g %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))..... G					27h %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

**Part V** Private School Questionnaire (See instructions.)  
 (To be completed ONLY by schools that checked the box on line 6 in Part IV)

N/A

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? .....		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? .....		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? .....		
	If 'Yes,' please describe; if 'No,' please explain. (If you need more space, attach a separate statement.) ----- ----- -----		
32	Does the organization maintain the following:		
	a Records indicating the racial composition of the student body, faculty, and administrative staff? .....		
	b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? .....		
	c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? .....		
	d Copies of all material used by the organization or on its behalf to solicit contributions? .....		
	If you answered 'No' to any of the above, please explain. (If you need more space, attach a separate statement.) ----- -----		
33	Does the organization discriminate by race in any way with respect to:		
	a Students' rights or privileges? .....		
	b Admissions policies? .....		
	c Employment of faculty or administrative staff? .....		
	d Scholarships or other financial assistance? .....		
	e Educational policies? .....		
	f Use of facilities? .....		
	g Athletic programs? .....		
	h Other extracurricular activities? .....		
	If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement.) ----- -----		
34a	Does the organization receive any financial aid or assistance from a governmental agency? .....		
	b Has the organization's right to such aid ever been revoked or suspended? .....		
	If you answered 'Yes' to either 34a or b, please explain using an attached statement.		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If 'No,' attach an explanation .....		

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See instructions.)  
(To be completed ONLY by an eligible organization that filed Form 5768)

N/A

Check G a  if the organization belongs to an affiliated group. Check G b  if you checked 'a' and 'limited control' provisions apply.

Limits on Lobbying Expenditures (The term 'expenditures' means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for all electing organizations																						
36	Total lobbying expenditures to influence public opinion (grassroots lobbying) .....	36																							
37	Total lobbying expenditures to influence a legislative body (direct lobbying) .....	37																							
38	Total lobbying expenditures (add lines 36 and 37) .....	38																							
39	Other exempt purpose expenditures .....	39																							
40	Total exempt purpose expenditures (add lines 38 and 39) .....	40																							
41	Lobbying nontaxable amount. Enter the amount from the following table ' <table border="0" style="margin-left: 20px;"> <tr> <td>If the amount on line 40 is '                             <table border="0" style="margin-left: 20px;"> <tr> <td>Not over \$500,000 .....</td> <td>20% of the amount on line 40 .....</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000 .....</td> <td>\$100,000 plus 15% of the excess over \$500,000 .....</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000 .....</td> <td>\$175,000 plus 10% of the excess over \$1,000,000 .....</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000 .....</td> <td>\$225,000 plus 5% of the excess over \$1,500,000 .....</td> </tr> <tr> <td>Over \$17,000,000 .....</td> <td>\$1,000,000 .....</td> </tr> </table> </td> <td>The lobbying nontaxable amount is '                             <table border="0" style="margin-left: 20px;"> <tr> <td>Not over \$500,000 .....</td> <td>20% of the amount on line 40 .....</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000 .....</td> <td>\$100,000 plus 15% of the excess over \$500,000 .....</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000 .....</td> <td>\$175,000 plus 10% of the excess over \$1,000,000 .....</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000 .....</td> <td>\$225,000 plus 5% of the excess over \$1,500,000 .....</td> </tr> <tr> <td>Over \$17,000,000 .....</td> <td>\$1,000,000 .....</td> </tr> </table> </td> </tr> </table>	If the amount on line 40 is ' <table border="0" style="margin-left: 20px;"> <tr> <td>Not over \$500,000 .....</td> <td>20% of the amount on line 40 .....</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000 .....</td> <td>\$100,000 plus 15% of the excess over \$500,000 .....</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000 .....</td> <td>\$175,000 plus 10% of the excess over \$1,000,000 .....</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000 .....</td> <td>\$225,000 plus 5% of the excess over \$1,500,000 .....</td> </tr> <tr> <td>Over \$17,000,000 .....</td> <td>\$1,000,000 .....</td> </tr> </table>	Not over \$500,000 .....	20% of the amount on line 40 .....	Over \$500,000 but not over \$1,000,000 .....	\$100,000 plus 15% of the excess over \$500,000 .....	Over \$1,000,000 but not over \$1,500,000 .....	\$175,000 plus 10% of the excess over \$1,000,000 .....	Over \$1,500,000 but not over \$17,000,000 .....	\$225,000 plus 5% of the excess over \$1,500,000 .....	Over \$17,000,000 .....	\$1,000,000 .....	The lobbying nontaxable amount is ' <table border="0" style="margin-left: 20px;"> <tr> <td>Not over \$500,000 .....</td> <td>20% of the amount on line 40 .....</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000 .....</td> <td>\$100,000 plus 15% of the excess over \$500,000 .....</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000 .....</td> <td>\$175,000 plus 10% of the excess over \$1,000,000 .....</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000 .....</td> <td>\$225,000 plus 5% of the excess over \$1,500,000 .....</td> </tr> <tr> <td>Over \$17,000,000 .....</td> <td>\$1,000,000 .....</td> </tr> </table>	Not over \$500,000 .....	20% of the amount on line 40 .....	Over \$500,000 but not over \$1,000,000 .....	\$100,000 plus 15% of the excess over \$500,000 .....	Over \$1,000,000 but not over \$1,500,000 .....	\$175,000 plus 10% of the excess over \$1,000,000 .....	Over \$1,500,000 but not over \$17,000,000 .....	\$225,000 plus 5% of the excess over \$1,500,000 .....	Over \$17,000,000 .....	\$1,000,000 .....	41	
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42	Grassroots nontaxable amount (enter 25% of line 41) .....	42																							
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 .....	43																							
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 .....	44																							
Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.																									

**4 -Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.  
See the instructions for lines 45 through 50.)

Calendar year (or fiscal year beginning in) G	Lobbying Expenditures During 4 -Year Averaging Period				
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45	Lobbying nontaxable amount .....				
46	Lobbying ceiling amount (150% of line 45(e)) .....				
47	Total lobbying expenditures .....				
48	Grassroots non-taxable amount .....				
49	Grassroots ceiling amount (150% of line 48(e)) .....				
50	Grassroots lobbying expenditures .....				

**Part VI-B Lobbying Activity by Nonelecting Public Charities**  
(For reporting only by organizations that did not complete Part VI-A) (See instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers .....	X		
b Paid staff or management (Include compensation in expenses reported on lines c through h.) .....		X	
c Media advertisements .....		X	
d Mailings to members, legislators, or the public .....		X	
e Publications, or published or broadcast statements .....		X	
f Grants to other organizations for lobbying purposes .....		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body .....		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means .....		X	
i Total lobbying expenditures (add lines c through h.) .....			0.

If 'Yes' to any of the above, also attach a statement giving a detailed description of the lobbying activities. **SEE STATEMENT 9**

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See instructions)

51 Did the reporting 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 organization to a noncharitable exempt organization of:

Table with 3 columns: Question, Yes, No. Rows include 51 a (i) Cash, a (ii) Other assets, b (i) Sales or exchanges, b (ii) Purchases, b (iii) Rental, b (iv) Reimbursement, b (v) Loans, b (vi) Performance, and c Sharing.

- (i) Cash
(ii) Other assets
b Other transactions:
(i) Sales or exchanges of assets with a noncharitable exempt organization
(ii) Purchases of assets from a noncharitable exempt organization
(iii) Rental of facilities, equipment, or other assets
(iv) Reimbursement arrangements
(v) Loans or loan guarantees
(vi) Performance of services or membership or fundraising solicitations

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

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 organization. If the organization 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:

Table with 4 columns: (a) Line no., (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements. Row 1 contains 'N/A'.

52a Is the organization 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? G Yes No

b If 'Yes,' complete the following schedule:

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship. Row 1 contains 'N/A'.

Schedule B  
(Form 990, 990-EZ,  
or 990-PF)

Department of the Treasury  
Internal Revenue Service

Schedule of Contributors

Supplementary Information for  
line 1 of Form 990, 990-EZ and 990-PF (see instructions)

OMB No. 1545-0047

2007

Name of organization

CHEZ PANI SSE FOUNDATI ON

Employer identification number

94-3248671

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

- 501(c)( 3 ) (enter number) organization
- 4947(a)(1) nonexempt charitable trust not treated as a private foundation
- 527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

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

General Rule '

- For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules '

- For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33-1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)
- For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)
- For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use exclusively for religious, charitable, etc, purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc, purpose. Do not complete any of the Parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc, contributions of \$5,000 or more during the year.) ..... G \$ \_\_\_\_\_

Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF) but they must check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2007)

Name of organization

Employer identification number

CHEZ PANI SSE FOUNDATION

94-3248671

**Part I** Contributors (See Specific Instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
-----	----- ----- -----	\$-----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- -----	\$-----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- -----	\$-----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- -----	\$-----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- -----	\$-----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- -----	\$-----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- -----	\$-----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- -----	\$-----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)



Name of organization

Employer identification number

CHEZ PANI SSE FOUNDATION

94-3248671

**Part II** Noncash Property (See Specific Instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	N/A ----- ----- -----	\$-----	-----
_____	----- ----- -----	\$-----	-----
_____	----- ----- -----	\$-----	-----
_____	----- ----- -----	\$-----	-----
_____	----- ----- -----	\$-----	-----
_____	----- ----- -----	\$-----	-----

Name of organization

Employer identification number

CHEZ PANI SSE FOUNDATION

94-3248671

**Part III** Exclusively religious, charitable, etc, individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year.(Complete cols (a) through (e) and the following line entry.)

For organizations completing Part III, enter total of exclusively religious, charitable, etc, contributions of \$1,000 or less for the year. (Enter this information once - see instructions.) ..... G \$ N/A

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

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

## CHEZ PANISSE FOUNDATION

94-3248671

STATEMENT 1  
FORM 990, PART I, LINE 9  
NET INCOME (LOSS) FROM SPECIAL EVENTS

SPECIAL EVENTS	GROSS RECEIPTS	LESS CONTRI - BUTIONS	GROSS REVENUE	LESS DIRECT EXPENSES	NET INCOME (LOSS)
SPRING DINNER	86,050.	0.	86,050.	16,588.	69,462.
OTHER SMALL EVENTS	51,613.	0.	51,613.	53,831.	-2,218.
BARNEY EVENT	34,340.	0.	34,340.	2,077.	32,263.
36TH BIRTHDAY	27,795.	0.	27,795.	14,626.	13,169.
TOTAL	<u>\$ 199,798.</u>	<u>\$ 0.</u>	<u>\$ 199,798.</u>	<u>\$ 87,122.</u>	<u>\$ 112,676.</u>

STATEMENT 2  
FORM 990, PART I, LINE 20  
OTHER CHANGES IN NET ASSETS OR FUND BALANCES

PRIOR PERIOD ADJUSTMENT - ACCRUAL	\$	-20,498.
UNREALIZED MARKET LOSSES		-32,194.
TOTAL	<u>\$</u>	<u>-52,692.</u>

STATEMENT 3  
FORM 990, PART II, LINE 43  
OTHER EXPENSES

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
BANK CHARGES	6,139.	1,815.	551.	3,773.
DUES & SUBSCRIPTIONS	433.	311.	33.	89.
EDUCATION - SCHOOL LUNCH	13,599.	13,599.		
EDUCATION - SCHOOL YARD	52,303.	52,262.	41.	
INSURANCE	2,853.	1,119.	1,528.	206.
LICENSES AND PERMITS	160.		160.	
MISCELLANEOUS	4,029.	1,004.	1,267.	1,758.
PROFESSIONAL FEES	110,327.	102,707.	2,223.	5,397.
STAFF TRAINING	6,006.	4,810.	595.	601.
TOTAL	<u>\$ 195,849.</u>	<u>\$ 177,627.</u>	<u>\$ 6,398.</u>	<u>\$ 11,824.</u>

STATEMENT 4  
FORM 990, PART IV, LINE 54A  
INVESTMENTS - PUBLICLY TRADED SECURITIES

CORPORATE BONDS	VALUATION METHOD	AMOUNT
CORPORATE BONDS	MARKET VALUE	\$ 904,894.
TOTAL		<u>\$ 904,894.</u>

## CHEZ PANISSE FOUNDATION

94-3248671

STATEMENT 4 (CONTINUED)  
FORM 990, PART IV, LINE 54A  
INVESTMENTS - PUBLICLY TRADED SECURITIES

OTHER PUBLICLY TRADED SECURITIES	VALUATION METHOD	AMOUNT
EQUITY SECURITIES	COST	\$ 1,752,856.
	TOTAL	<u>\$ 1,752,856.</u>
PUBLICLY TRADED SECURITIES		<u><u>\$ 2,657,750.</u></u>

STATEMENT 5  
FORM 990, PART IV, LINE 57  
LAND, BUILDINGS, AND EQUIPMENT

CATEGORY	BASIS	ACCUM. DEPREC.	BOOK VALUE
FURNITURE AND FIXTURES	\$ 3,347.	\$ 558.	\$ 2,789.
MACHINERY AND EQUIPMENT	29,563.	27,022.	2,541.
BUILDINGS	19,677.	5,217.	14,460.
IMPROVEMENTS	86,265.	11,850.	74,415.
TOTAL	<u>\$ 138,852.</u>	<u>\$ 44,647.</u>	<u>\$ 94,205.</u>

STATEMENT 6  
FORM 990, PART IV, LINE 65  
OTHER LIABILITIES

DUE TO CHEZ PANISSE .....	\$ 20,539.
TOTAL	<u><u>\$ 20,539.</u></u>

STATEMENT 7  
FORM 990, PART V-A  
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
KATRINA HERON 1739 CARLETON STREET BERKELEY, CA 94703	VICE CHAIR 0	\$ 0.	\$ 0.	\$ 0.
SUSAN ANDREWS 51 PIERCE ST SAN FRANCISCO, CA 94115	SECRETARY 0	0.	0.	0.

## CHEZ PANISSE FOUNDATION

94-3248671

STATEMENT 7 (CONTINUED)  
 FORM 990, PART V-A  
 LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI - BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
MARK BUELL 2500 STEINER ST SAN FRANCISCO, CA 94115	CHAIRMAN 0	\$ 0.	\$ 0.	\$ 0.
CARINA WONG 1517 SHATTUCK AVE BERKELEY, CA 95705	EXECUTIVE DIRECTOR 0	140,088.	6,413.	0.
JOHN LYONS 1517 SHATTUCK AVE BERKELEY, CA 95705	DIRECTOR 0	0.	0.	0.
SHERRY HIROTA 1517 SHATTUCK AVE BERKELEY, CA 94709	DIRECTOR 0	0.	0.	0.
PEGGY KNICKERBOCKER 2540 HYDE STREET SAN FRANCISCO, CA 94703	DIRECTOR 0	0.	0.	0.
MARTIN KRASNEY 122 SANTA ROA AVE SAUSALITO, CA 94965	TREASURER 0	0.	0.	0.
ALICE WATERS 1809 MONTEREY AVE BERKELEY, CA 94707	PRESIDENT 0	0.	0.	0.
CHRISTINA KIM 1517 SHATTUCK AVE BERKELEY, CA 94709	DIRECTOR 0	0.	0.	0.
SALLY WILLCOX 1517 SHATTUCK AVE BERKELEY, CA 94709	DIRECTOR 0	0.	0.	0.
	TOTAL	\$ 140,088.	\$ 6,413.	\$ 0.

STATEMENT 8  
 SCHEDULE A, PART I  
 COMPENSATION OF FIVE HIGHEST PAID EMPLOYEES

NAME AND ADDRESS	TITLE & AVERAGE HOURS WORKED	COMPEN- SATION	CONTRI BUT. EBP & DC	EXPENSE ACCOUNT
ESTER COOK 391 CLIFTON STREET OAKLAND, CA 94618	CHEF TEACHER 40.00	65,320.	3,202.	0.
CAROLYN FEDERMAN	DIRECTOR OF DEV	76,383.	3,782.	0.

## CHEZ PANISSE FOUNDATION

94-3248671

STATEMENT 8 (CONTINUED)  
 SCHEDULE A, PART I  
 COMPENSATION OF FIVE HIGHEST PAID EMPLOYEES

<u>NAME AND ADDRESS</u>	<u>TITLE &amp; AVERAGE HOURS WORKED</u>	<u>COMPEN- SATION</u>	<u>CONTRI BUT. EBP &amp; DC</u>	<u>EXPENSE ACCOUNT</u>
1524 BONI TA AVE BERKELEY, CA 94709	40.00			
MARSHA GUERRERO 2148 SACRAMENTO STREET BERKLEY, CA 94702	PROGRAM COORD 40.00	85,696.	4,202.	0.
	TOTAL	<u>\$ 227,399.</u>	<u>\$ 11,186.</u>	<u>\$ 0.</u>

STATEMENT 9  
 SCHEDULE A, PART VI-B, LINE I  
 DESCRIPTIONS OF THE LOBBYING ACTIVITIES

THE FERGUSON GROUP IN WASHINGTON DC REPRESENTED LOCAL GOVERNMENTS IN FEDERAL AFFAIRS. THEY PROVIDED PRO BONO SERVICES TO HELP SECURE FEDERAL EARMARK FOR OUR WORK.

TAXABLE YEAR **2007** California Exempt Organization Annual Information Return

FORM **199**

For calendar year 2007 or fiscal year beginning month **07** day **01** year **2007**, and ending month **06** day **30** year **2008**

IMPORTANT: Your number is required.		A Final return? Check applicable box. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No @ <input type="checkbox"/> Dissolved <input type="checkbox"/> Withdrawn <input type="checkbox"/> Merged/Reorganized (attach explanation) If a box is checked, enter date @	
California corporation number <b>1974466</b>	Federal employer identification number (FEIN) <b>94-3248671</b>	B Check forms filed this year: State: <input type="checkbox"/> 109 <input type="checkbox"/> 100 <input type="checkbox"/> 100S <input type="checkbox"/> 100W Fed: <input checked="" type="checkbox"/> 990 Fed: <input type="checkbox"/> 990EZ <input type="checkbox"/> 990T <input type="checkbox"/> 990PF <input type="checkbox"/> 1041 <input type="checkbox"/> 1120H <input type="checkbox"/> 1120	
Corporation/Organization name <b>CHEZ PANISSE FOUNDATION</b>		C If organization is exempt under R&TC Section 23701d and is a school, public charity, religious organization, or is controlled by a religious operation, check box. See General Instruction F. No filing fee is required. @ <input type="checkbox"/>	
Address (including suite, room, or PMB no.) <b>1517 SHATTUCK AVE</b>		D Is this a group filing? See General Instruction N . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
City <b>BERKELEY, CA</b>	State <b>CA</b>	ZIP Code <b>94709</b>	E Accounting method used . <b>ACCRUAL</b> F Type of organization <input checked="" type="checkbox"/> Exempt under Section 23701 <b>D</b> (insert letter) <input type="checkbox"/> IRC Section 4947(a)(1) trust

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

Receipts and Revenues <small>(Enclose, but do not staple, any payment.)</small>	1 Gross sales or receipts from other sources. From Side 2, Part II, line 8 . . . . . @	1	<b>314,730.</b>
	2 Gross dues and assessments from members and affiliates . . . . . @	2	
	3 Gross contributions, gifts, grants, and similar amounts received. See instructions. . . . . @	3	<b>1,722,734.</b>
	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 \$25,000, see General Instruction C. . . . . @	4	<b>2,037,464.</b>
	5 Cost of goods sold . . . . . 5	5	
	6 Cost or other basis, and sales expenses of assets sold. . . . . 6	6	
	7 Total costs. Add line 5 and line 6 . . . . . 7	7	
	8 Total gross income. Subtract line 7 from line 4 . . . . . 8	8	<b>2,037,464.</b>
Expenses	9 Total expenses and disbursements. From Side 2, Part II, line 18 . . . . . 9	9	<b>1,387,222.</b>
	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8 . . . . . 10	10	<b>650,242.</b>
Filing Fee	11 Filing fee \$10 or \$25. See General Instruction F . . . . . 11	11	<b>10.</b>
	12 Penalty for failure to file on time. See General Instruction L . . . . . 12	12	
	13 Use tax. See 'General Instruction M'. . . . . @ 13	13	
	14 Balance due. Add line 11, line 12, and line 13 . . . . . 14	14	<b>10.</b>

- 15 If exempt under R&TC Section 23701d, has the organization during the year: (1) participated in any political campaign or (2) attempted to influence legislation or any ballot measure, or (3) made an election under R&TC Section 23704.5 (relating to lobbying by public charities)? If 'Yes,' complete and attach form FTB 3509, Political or Legislative Activities by Section 23701d Organizations.  Yes  No
- 16 Did the organization have any changes in its activities, governing instrument, articles of incorporation, or bylaws that have not been reported to the Franchise Tax Board? If 'Yes,' complete an explanation and attach copies of revised documents.  Yes  No
- 17 Is the organization exempt under R&TC Section 23701g?  Yes  No  
If 'Yes,' enter amount of gross receipts from nonmember sources. . . \$ \_\_\_\_\_
- 18 Did the organization file Form 100, Form 100S, Form 100W, or Form 109 to report taxable income?  Yes  No  
If 'Yes,' enter amount of total income reported. . . . \$ \_\_\_\_\_
- 19 The financial records are in care of. **REBECCA WOMACK** Daytime telephone **510-843-3811**  
located at **1517 SHATTUCK AVENUE 94709**

Please 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.		G <b>EXECUTIVE DIRECTOR</b> Title @ <b>510-843-3811</b> Daytime telephone
	G _____ Signature of officer	Date	
Paid Preparer's Use Only	Paid Preparer's signature G <b>MICHELLE O. NELSON, CPA</b>	Date	Check if self-employed <input type="checkbox"/> @ <b>P00453363</b> Paid preparer's SSN or PTIN
	Firm's name (or yours, if self-employed) and address G <b>MANN, URRUTIA, NELSON, CPAS &amp; ASSOC., LLP</b> <b>2901 DOUGLAS BLVD, SUITE 290</b> <b>ROSEVILLE, CA 95661-3824</b>		FEIN @ <b>20-0276349</b> Daytime telephone <b>(916) 774-4208</b>

Part II Organizations with gross receipts of more than \$25,000 and private foundations regardless of amount of gross receipts ' complete Part II or furnish substitute information. See Specific Line Instructions.

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions.	1	
	2	Interest	2	114,932.
	3	Dividends	3	
	4	Gross rents	4	
	5	Gross royalties	5	
	6	Gross amount received from sale of assets	6	
	7	Other income. Attach schedule	7	SEE STATEMENT 1 199,798.
	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	314,730.
Expenses and Disbursements	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule.	9	169,090.
	10	Disbursements to or for members.	10	
	11	Compensation of officers, directors, and trustees. Attach schedule	11	SEE STATEMENT 2 146,501.
	12	Other salaries and wages	12	416,861.
	13	Interest	13	
	14	Taxes	14	45,298.
	15	Rents	15	23,305.
	16	Depreciation and depletion	16	5,305.
	17	Other. Attach schedule	17	SEE STATEMENT 3 580,862.
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9.	18	1,387,222.

Schedule L Balance Sheets		Beginning of taxable year		End of taxable year	
		(a)	(b)	(c)	(d)
<b>Assets</b>					
1	Cash		1,051,858.		533,209.
2	Net accounts receivable		560,819.		350,370.
3	Net notes receivable. Attach schedule				
4	Inventories				
5	Federal and state government obligations				
6	Investments in other bonds. Attach schedule. <b>STM 4</b>		100,000.		904,894.
7	Investments in stock. Attach schedule. <b>STMT 5</b>		1,200,000.		1,752,856.
8	Mortgage loans (number of loans. . . . .)				
9	Other investments. Attach schedule				
10a	Depreciable assets	125,831.		138,852.	
b	Less accumulated depreciation	39,342.	86,489.	44,647.	94,205.
11	Land				
12	Other assets. Attach schedule. <b>ST 6</b>				6,789.
13	Total assets		2,999,166.		3,642,323.
<b>Liabilities and net worth</b>					
14	Accounts payable		44,450.		40,368.
15	Contributions, gifts, or grants payable				
16	Bonds and notes payable. Attach schedule				
17	Mortgages payable				
18	Other liabilities. Attach schedule. <b>ST 7</b>		1.		49,690.
19	Capital stock or principle fund		2,954,715.		3,552,265.
20	Paid-in or capital surplus. Attach reconciliation				
21	Retained earnings or income fund				
22	Total liabilities and net worth		2,999,166.		3,642,323.

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 \$25,000				
1	Net income per books	650,242.	7	Income recorded on books this year not included in this return.
2	Federal income tax			Attach schedule
3	Excess of capital losses over capital gains		8	Deductions in this return not charged against book income this year.
4	Income not recorded on books this year. Attach schedule			Attach schedule
5	Expenses recorded on books this year not deducted in this return. Attach schedule		9	Total. Add line 7 and line 8
6	Total.		10	Net income per return.
	Add line 1 through line 5.	650,242.		Subtract line 9 from line 6
				650,242.



2007 Corporation Depreciation and Amortization

3885

Attach to Form 100 or Form 100W. **FORM 199**

Corporation name <b>CHEZ PANISSE FOUNDATION</b>	California corporation number <b>1974466</b>
--	---

**Part I Election to Expense Certain Property Under IRC Section 179**

1 Maximum deduction under Section 179 for California .....	1	<b>\$25,000</b>
2 Total cost of Section 179 property placed in service .....	2	
3 Threshold cost of Section 179 property before reduction in limitation .....	3	<b>\$200,000</b>
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- .....	4	
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0- .....	5	
6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost
7 Listed property (elected Section 179 cost) .....	7	
8 Total elected cost of Section 179 property. Add amounts in column (c), lines 6 and 7 .....	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8 .....	9	
10 Carryover of disallowed deduction from prior years .....	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 .....	11	
12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 .....	12	
13 Carryover of disallowed deduction to 2008. Add lines 9 and 10, less line 12 .....	13	

**Part II Depreciation and Election of Additional First Year Expense Deduction Under R&TC Section 24356**

14	(a) Description of property	(b) Date acquired	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Deprecia- tion method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation	
	<b>BUNGALOW IMPROVE</b>	<b>3/31/05</b>	<b>74,129.</b>	<b>9,506.</b>	<b>S/L</b>	<b>39</b>	<b>1,901.</b>		
	<b>RAMAOA</b>	<b>3/31/05</b>	<b>3,173.</b>	<b>213.</b>	<b>S/L</b>	<b>39</b>	<b>81.</b>		
	<b>PRINTER</b>	<b>7/16/03</b>	<b>699.</b>	<b>699.</b>	<b>S/L</b>	<b>3</b>			
	<b>COMPUTER</b>	<b>12/15/03</b>	<b>1,612.</b>	<b>1,612.</b>	<b>S/L</b>	<b>3</b>			
	<b>COMPUTER</b>	<b>3/31/05</b>	<b>6,020.</b>	<b>6,020.</b>	<b>S/L</b>	<b>5</b>			
	<b>CIDER PRESS</b>	<b>3/31/05</b>	<b>1,094.</b>	<b>1,094.</b>	<b>S/L</b>	<b>5</b>			
	<b>COMPUTER</b>	<b>3/31/05</b>	<b>1,800.</b>	<b>1,800.</b>	<b>S/L</b>	<b>5</b>			
15	Add the amounts in column (g) and column (h). The combined total of column (h) may not exceed \$2,000. See instructions for line 14, column (h) .....						15	<b>5,305.</b>	

**Part III Summary**

16 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R & TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g) .....	16	
17 Total depreciation claimed for federal purposes from federal Form 4562, line 22 .....	17	
18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.) .....	18	

**Part IV Amortization**

19	(a) Description of property	(b) Date acquired	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC section (see instr)	(f) Period or percentage	(g) Amortization for this year	
20	Total. Add the amounts in column (g) .....						20	
21	Total amortization claimed for federal purposes from federal Form 4562, line 44 .....						21	
22	Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 12 .....						22	

2007 Corporation Depreciation and Amortization

3885

Attach to Form 100 or Form 100W. **FORM 199**

Corporation name <b>CHEZ PANISSE FOUNDATION</b>	California corporation number <b>1974466</b>
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**Part I Election to Expense Certain Property Under IRC Section 179**

1 Maximum deduction under Section 179 for California .....	1	<b>\$25,000</b>
2 Total cost of Section 179 property placed in service .....	2	
3 Threshold cost of Section 179 property before reduction in limitation .....	3	<b>\$200,000</b>
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- .....	4	
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0- .....	5	
6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost
7 Listed property (elected Section 179 cost) .....	7	
8 Total elected cost of Section 179 property. Add amounts in column (c), lines 6 and 7 .....	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8 .....	9	
10 Carryover of disallowed deduction from prior years .....	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 .....	11	
12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 .....	12	
13 Carryover of disallowed deduction to 2008. Add lines 9 and 10, less line 12 .....	13	

**Part II Depreciation and Election of Additional First Year Expense Deduction Under R&TC Section 24356**

14	(a) Description of property	(b) Date acquired	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Deprecia- tion method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation	
	<b>REFRIGERATOR</b>	<b>3/31/05</b>	<b>2,933.</b>	<b>2,933.</b>	<b>S/L</b>	<b>5</b>			
	<b>OVEN</b>	<b>3/31/05</b>	<b>2,448.</b>	<b>2,448.</b>	<b>S/L</b>	<b>5</b>			
	<b>PRINTER</b>	<b>3/31/05</b>	<b>600.</b>	<b>525.</b>	<b>S/L</b>	<b>5</b>	<b>75.</b>		
	<b>CAMCORDER</b>	<b>3/31/05</b>	<b>800.</b>	<b>700.</b>	<b>S/L</b>	<b>5</b>	<b>100.</b>		
	<b>MOBILE CHICKEN C</b>	<b>3/31/05</b>	<b>800.</b>	<b>460.</b>	<b>S/L</b>	<b>5</b>	<b>160.</b>		
	<b>COMPUTERS</b>	<b>3/31/05</b>	<b>2,885.</b>	<b>1,818.</b>	<b>S/L</b>	<b>5</b>	<b>577.</b>		
	<b>COMPUTER</b>	<b>3/31/05</b>	<b>1,876.</b>	<b>751.</b>	<b>S/L</b>	<b>5</b>	<b>375.</b>		
15	Add the amounts in column (g) and column (h). The combined total of column (h) may not exceed \$2,000. See instructions for line 14, column (h) .....						15		

**Part III Summary**

16 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R & TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g) .....	16	
17 Total depreciation claimed for federal purposes from federal Form 4562, line 22 .....	17	
18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.) .....	18	

**Part IV Amortization**

19	(a) Description of property	(b) Date acquired	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC section (see instr)	(f) Period or percentage	(g) Amortization for this year	
20	Total. Add the amounts in column (g) .....						20	
21	Total amortization claimed for federal purposes from federal Form 4562, line 44 .....						21	
22	Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 12 .....						22	

2007 Corporation Depreciation and Amortization

3885

Attach to Form 100 or Form 100W. **FORM 199**

Corporation name <b>CHEZ PANISSE FOUNDATION</b>	California corporation number <b>1974466</b>
--	---

**Part I Election to Expense Certain Property Under IRC Section 179**

1 Maximum deduction under Section 179 for California .....	1	<b>\$25,000</b>
2 Total cost of Section 179 property placed in service .....	2	
3 Threshold cost of Section 179 property before reduction in limitation .....	3	<b>\$200,000</b>
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- .....	4	
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0- .....	5	
6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost
7 Listed property (elected Section 179 cost) .....	7	
8 Total elected cost of Section 179 property. Add amounts in column (c), lines 6 and 7 .....	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8 .....	9	
10 Carryover of disallowed deduction from prior years .....	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 .....	11	
12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 .....	12	
13 Carryover of disallowed deduction to 2008. Add lines 9 and 10, less line 12 .....	13	

**Part II Depreciation and Election of Additional First Year Expense Deduction Under R&TC Section 24356**

14	(a) Description of property	(b) Date acquired	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Deprecia- tion method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation	
	<b>COMPUTER</b>	<b>3/31/05</b>	<b>877.</b>	<b>233.</b>	<b>S/L</b>	<b>5</b>	<b>175.</b>		
	<b>COMPUTER</b>	<b>7/16/04</b>	<b>1,654.</b>	<b>1,543.</b>	<b>S/L</b>	<b>5</b>	<b>111.</b>		
	<b>GREENHOUSE</b>	<b>8/23/05</b>	<b>19,677.</b>	<b>4,233.</b>	<b>S/L</b>	<b>20</b>	<b>984.</b>		
	<b>COMPUER</b>	<b>6/30/03</b>	<b>2,754.</b>	<b>2,754.</b>	<b>S/L</b>	<b>3</b>			
	<b>SHELVES</b>	<b>5/01/08</b>	<b>8,963.</b>		<b>S/L</b>	<b>10</b>	<b>149.</b>		
	<b>OFFICE EQUIPMENT</b>	<b>9/10/07</b>	<b>3,347.</b>		<b>S/L</b>	<b>5</b>	<b>558.</b>		
	<b>KITCHEN EQUIPMEN</b>	<b>9/14/07</b>	<b>711.</b>		<b>S/L</b>	<b>10</b>	<b>59.</b>		
15	Add the amounts in column (g) and column (h). The combined total of column (h) may not exceed \$2,000. See instructions for line 14, column (h) .....						15		

**Part III Summary**

16 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R & TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g) .....	16	
17 Total depreciation claimed for federal purposes from federal Form 4562, line 22 .....	17	
18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.) .....	18	

**Part IV Amortization**

19	(a) Description of property	(b) Date acquired	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC section (see instr)	(f) Period or percentage	(g) Amortization for this year	
20	Total. Add the amounts in column (g) .....						20	
21	Total amortization claimed for federal purposes from federal Form 4562, line 44 .....						21	
22	Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 12 .....						22	

## CHEZ PANISSE FOUNDATION

94-3248671

STATEMENT 1  
FORM 199, PART II, LINE 7  
OTHER INCOME

INCOME FROM SPECIAL EVENTS.....	\$	199,798.
TOTAL	\$	<u>199,798.</u>

STATEMENT 2  
FORM 199, PART II, LINE 11  
COMPENSATION OF OFFICERS, DIRECTORS, AND TRUSTEES

## CURRENT OFFICERS:

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI - BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
KATRINA HERON 1739 CARLETON STREET BERKELEY, CA 94703	VICE CHAIR 0	\$ 0.	\$ 0.	\$ 0.
SUSAN ANDREWS 51 PIERCE ST SAN FRANCISCO, CA 94115	SECRETARY 0	0.	0.	0.
MARK BUELL 2500 STEINER ST SAN FRANCISCO, CA 94115	CHAIRMAN 0	0.	0.	0.
CARINA WONG 1517 SHATTUCK AVE BERKELEY, CA 95705	EXECUTIVE DIRECTOR 0	140,088.	6,413.	0.
JOHN LYONS 1517 SHATTUCK AVE BERKELEY, CA 95705	DIRECTOR 0	0.	0.	0.
SHERRY HIROTA 1517 SHATTUCK AVE BERKELEY, CA 94709	DIRECTOR 0	0.	0.	0.
PEGGY KNICKERBOCKER 2540 HYDE STREET SAN FRANCISCO, CA 94703	DIRECTOR 0	0.	0.	0.
MARTIN KRASNEY 122 SANTA ROA AVE SAUSALITO, CA 94965	TREASURER 0	0.	0.	0.
ALICE WATERS 1809 MONTEREY AVE BERKELEY, CA 94707	PRESIDENT 0	0.	0.	0.
CHRISTINA KIM 1517 SHATTUCK AVE BERKELEY, CA 94709	DIRECTOR 0	0.	0.	0.

## CHEZ PANISSE FOUNDATION

94-3248671

STATEMENT 2 (CONTINUED)  
 FORM 199, PART II, LINE 11  
 COMPENSATION OF OFFICERS, DIRECTORS, AND TRUSTEES

## CURRENT OFFICERS:

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI - BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
SALLY WILLCOX 1517 SHATTUCK AVE BERKELEY, CA 94709	DIRECTOR 0	\$ 0.	\$ 0.	\$ 0.
TOTAL		<u>\$ 140,088.</u>	<u>\$ 6,413.</u>	<u>\$ 0.</u>

STATEMENT 3  
 FORM 199, PART II, LINE 17  
 OTHER EXPENSES

ACCOUNTING FEES.....	\$ 10,164.
BANK CHARGES.....	6,139.
CONFERENCES, CONVENTIONS, AND MEETINGS.....	2,970.
DUES & SUBSCRIPTIONS.....	433.
EDUCATION - SCHOOL LUNCH.....	13,599.
EDUCATION - SCHOOL YARD.....	52,303.
EQUIPMENT RENTAL AND MAINTENANCE.....	10,124.
INSURANCE.....	2,853.
LICENSES AND PERMITS.....	160.
MISCELLANEOUS.....	4,029.
OTHER EMPLOYEE BENEFIT.....	68,937.
PENSION PLAN CONTRIBUTIONS.....	22,389.
POSTAGE AND SHIPPING.....	4,384.
PRINTING AND PUBLICATIONS.....	16,127.
PROFESSIONAL FEES.....	110,327.
PROFESSIONAL FUNDRAISING FEES.....	110,991.
SPECIAL EVENT EXPENSES.....	87,122.
STAFF TRAINING.....	6,006.
SUPPLIES.....	10,703.
TELEPHONE.....	10,741.
TRAVEL.....	30,361.
TOTAL	<u>\$ 580,862.</u>

STATEMENT 4  
 FORM 199, SCHEDULE L, LINE 6  
 INVESTMENTS IN OTHER BONDS

CORPORATE BONDS.....	\$ 904,894.
TOTAL	<u>\$ 904,894.</u>

## CHEZ PANISSE FOUNDATION

94-3248671

STATEMENT 5  
FORM 199, SCHEDULE L, LINE 7  
INVESTMENTS IN STOCKS

AUCTION INSTRUMENTS .....	\$	0.
EQUITY SECURITIES .....		1,752,856.
TOTAL	\$	<u>1,752,856.</u>

STATEMENT 6  
FORM 199, SCHEDULE L, LINE 12  
OTHER ASSETS

PREPAID EXPENSES AND DEFERRED CHARGES .....		6,789.
TOTAL	\$	<u>6,789.</u>

STATEMENT 7  
FORM 199, SCHEDULE L, LINE 18  
OTHER LIABILITIES

DEFERRED REVENUE .....		29,151.
DUE TO CHEZ PANISSE .....		20,539.
TOTAL	\$	<u>49,690.</u>

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

WEBSITE 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 <u>D197446</u>  <b>CHEZ PANI SSE FOUNDATION</b> <small>Name of Organization</small> <u>1517 SHATTUCK AVE</u> <small>Address (Number and Street)</small> <u>BERKELEY, CA 94709</u> <small>City or Town State ZIP Code</small>	Check if: <input type="checkbox"/> Change of address <input type="checkbox"/> Amended report  Corporate or Organization No. <u>1974466</u>  Federal Employer ID No. <u>94-3248671</u>
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**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 7/01/07 ending 6/30/08) list:  
 Gross annual revenue \$ 1,950,342. Total assets \$ 3,642,323.

**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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2 During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3 During this reporting period, did non-program expenditures exceed 50% of gross revenues?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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. <span style="float: right;">SEE STATEMENT 1</span>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9 Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Organization's area code and telephone number 510-843-3811  
 Organization's e-mail address \_\_\_\_\_

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.

<u>CARINA WONG</u>	<u>EXECUTIVE DIRECTOR</u>	
<small>Signature of authorized officer</small>	<small>Printed Name</small>	<small>Title</small>
		<small>Date</small>

CHEZ PANISSE FOUNDATION

94-3248671

STATEMENT 1  
FORM RRF-1, PART B, LINE 6  
GOVERNMENT AGENCY THAT PROVIDED FUNDING

STOP WASTE, 1537 WESTER STREET, OAKLAND, CA 94612  
BUSD, 2134 MARTIN LUTHER KING JR. WAY, BERKELEY, CA 94704