

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

2015**Open to Public Inspection**Department of the Treasury
Internal Revenue Service**A** For the 2015 calendar year, or tax year beginning **7/01**, 2015, and ending **6/30**, 2016

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C CALIFORNIA PARENTING INSTITUTE 3650 STANDISH AVENUE SANTA ROSA, CA 95407 F Name and address of principal officer: ROBIN BOWEN SAME AS C ABOVE	D Employer identification number 94-2541640 E Telephone number 707-585-6108 G Gross receipts \$ 4,054,408. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'No,' attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.CALPARENTS.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ L Year of formation: 1978 M State of legal domicile: CA		

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>CPI IS A PARENT EDUCATION AND CHILDREN'S MENTAL HEALTH AGENCY, SERVING FAMILIES THROUGHOUT SONOMA COUNTY SINCE 1978. OUR MISSION IS TO END CHILD ABUSE AND STRENGTHEN THE HEALTH OF CHILDREN, PARENTS, AND FAMILIES.</u> 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 11 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 11 5 Total number of individuals employed in calendar year 2015 (Part V, line 2a) 5 128 6 Total number of volunteers (estimate if necessary) 6 26 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a -18,568. b Net unrelated business taxable income from Form 990-T, line 34 7b -18,568.	
Revenue	8 Contributions and grants (Part VIII, line 1h) Prior Year Current Year 9 Program service revenue (Part VIII, line 2g) 4,398,356. 3,626,751. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 170,753. 223,802. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 447,691. 1,699. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 7,656. 26,272. 5,024,456. 3,878,524.	
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 244,256. 193,607. 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 2,720,315. 3,161,105. 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) ▶ 72,357. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 911,728. 987,007. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 3,876,299. 4,341,719. 19 Revenue less expenses. Subtract line 18 from line 12 1,148,157. -463,195.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16) Beginning of Current Year End of Year 6,673,669. 6,182,505. 21 Total liabilities (Part X, line 26) 3,134,956. 3,106,987. 22 Net assets or fund balances. Subtract line 21 from line 20 3,538,713. 3,075,518.	

Part II Signature Block

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.

Sign Here	Signature of officer ROBIN BOWEN Type or print name and title.	Date EXEC. DIRECTOR
Paid Preparer Use Only	Print/Type preparer's name SUSAN E GORANSON Firm's name ▶ GORANSON AND ASSOCIATES, INC. Firm's address ▶ 717 COLLEGE AVENUE, FIRST FLOOR SANTA ROSA, CA 95404	Preparer's signature Date Check <input type="checkbox"/> if self-employed PTIN P00049464 Firm's EIN ▶ 455565460 Phone no. (707) 542-1256

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒ **X****1** Briefly describe the organization's mission:

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If 'Yes,' describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If 'Yes,' describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code:) (Expenses \$ 4,129,580. including grants of \$) (Revenue \$ 90,150.)

SEE SCHEDULE O

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)**4c** (Code:) (Expenses \$ including grants of \$) (Revenue \$)**4d** Other program services. (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 4,129,580.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A.	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I.		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II.		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III.		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I.		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II.		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV.		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V.		X
11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI.	X	
b Did the organization report an amount for investments — other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII.		X
c Did the organization report an amount for investments — program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII.		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX.		X
e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X.	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X.	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII.	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional.		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E.		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV.		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV.		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV.		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions).		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If 'Yes', complete Schedule H.</i>		X
b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If 'Yes,' complete Schedule I, Parts I and II.</i>	X	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If 'Yes,' complete Schedule I, Parts I and III.</i>		X
23 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J.</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25a.</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If 'Yes,' complete Schedule L, Part I.</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If 'Yes,' complete Schedule L, Part I.</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If 'Yes,' complete Schedule L, Part II.</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part III.</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M.</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M.</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I.</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II.</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I.</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI.</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

BAA

Form 990 (2015)

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V. ☐

		Yes	No
1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1 a 21		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1 b 0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	X	
2 a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	2 a 128		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a	X	
b If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O.	3 b	X	
4 a 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)?	4 a		X
b If 'Yes,' enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts. (FBAR)			
5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a		X
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7 a		X
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		X
d If 'Yes,' indicate the number of Forms 8282 filed during the year.	7 d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9 a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12.	10 a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10 b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders.	11 a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11 b		
12 a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a		
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year.	12 b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state?	13 a		
Note. See the instructions for additional information the organization must report on Schedule O.			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13 b		
c Enter the amount of reserves on hand.	13 c		
14 a Did the organization receive any payments for indoor tanning services during the tax year?	14 a		X
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O.	14 b		

Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.Check if Schedule O contains a response or note to any line in this Part VI. ☒ **X****Section A. Governing Body and Management**

	Yes	No
1 a Enter the number of voting members of the governing body at the end of the tax year. 1 a 11 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
b Enter the number of voting members included in line 1a, above, who are independent 1 b 11		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5		X
6 Did the organization have members or stockholders? 6		X
7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7 a		X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7 b		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body? 8 a	X	
b Each committee with authority to act on behalf of the governing body? 8 b	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O. 9		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10 a Did the organization have local chapters, branches, or affiliates? 10 a		X
b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10 b		
11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11 a	X	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O		
12 a Did the organization have a written conflict of interest policy? If 'No,' go to line 13. 12 a	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12 b	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done. SEE SCHEDULE O 12 c	X	
13 Did the organization have a written whistleblower policy? 13	X	
14 Did the organization have a written document retention and destruction policy? 14	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official. 15 a	X	
b Other officers or key employees of the organization. SEE SCHEDULE O. 15 b	X	
If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).		
16 a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16 a		X
b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16 b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ CA

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. SEE SCHEDULE O

20 State the name, address, and telephone number of the person who possesses the organization's books and records: ▶
KATHY KEVER 3650 STANDISH AVENUE SANTA ROSA CA 95407 707/585-6108

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII. ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1 a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of 'key employee.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BRIANA MAUGHAN REYES SECRETARY	2 0	X						0.	0.	0.
(2) JAMES BARNES DIRECTOR	2 0	X						0.	0.	0.
(3) JEANNE MISKEL DIRECTOR	2 0	X						0.	0.	0.
(4) KIM HUNTER DIRECTOR	2 0	X						0.	0.	0.
(5) STEVE FREITAS DIRECTOR	2 0	X						0.	0.	0.
(6) NIAL FOLEY DIRECTOR	2 0	X						0.	0.	0.
(7) NANCY DOUGHERTY VICE PRESIDENT	2 0	X						0.	0.	0.
(8) JOHN EVANS DIRECTOR	2 0	X						0.	0.	0.
(9) AMY SCHULZE PRESIDENT	2 0	X						0.	0.	0.
(10) LAURA MCARTHUR DIRECTOR	2 0	X						0.	0.	0.
(11) DEBORAH HAAS TREASURER	2 0	X						0.	0.	0.
(12) ROBIN BOWEN EXECUTIVE DIR.	40 0			X				96,989.	0.	0.
(13)										
(14)										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) _____	_____									
(16) _____	_____									
(17) _____	_____									
(18) _____	_____									
(19) _____	_____									
(20) _____	_____									
(21) _____	_____									
(22) _____	_____									
(23) _____	_____									
(24) _____	_____									
(25) _____	_____									
1 b Sub-total							96,989.	0.	0.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							96,989.	0.	0.	
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 0										

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If 'Yes,' complete Schedule J for such individual.</i>	3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If 'Yes' complete Schedule J for such individual.</i>	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If 'Yes,' complete Schedule J for such person.</i>	5	X

Section B. Independent Contractors

(A) Name and business address	(B) Description of services	(C) Compensation
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 0		

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1 a				
	b Membership dues	1 b				
	c Fundraising events	1 c				
	d Related organizations	1 d				
	e Government grants (contributions)	1 e 3,204,558.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1 f 422,193.				
	g Noncash contributions included in lines 1a-1f: \$					
h Total. Add lines 1a-1f		3,626,751.				
Program Service Revenue	Business Code					
	2 a OTHER INCOME		120,596.	120,596.		
	b PROGRAM FEES		90,150.	90,150.		
	c COMMUNITY EVENTS		13,056.	13,056.		
	d					
	e					
	f All other program service revenue ...					
g Total. Add lines 2a-2f		223,802.				
Other Revenue	3 Investment income (including dividends, interest and other similar amounts)		1,699.			1,699.
	4 Income from investment of tax-exempt bond proceeds..					
	5 Royalties					
	6 a Gross rents	(i) Real 136,672.	(ii) Personal			
	b Less: rental expenses	155,240.				
	c Rental income or (loss) ...	-18,568.				
	d Net rental income or (loss)		-18,568.		-18,568.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
	b Less: cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss)					
	8 a Gross income from fundraising events (not including.. \$ of contributions reported on line 1c). See Part IV, line 18	a 65,484.				
	b Less: direct expenses	b 20,644.				
	c Net income or (loss) from fundraising events		44,840.		44,840.	
	9 a Gross income from gaming activities. See Part IV, line 19	a				
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	a					
b Less: cost of goods sold	b					
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code				
11 a						
b						
c						
d All other revenue						
e Total. Add lines 11a-11d						
12 Total revenue. See instructions		3,878,524.	223,802.	-18,568.	46,539.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX. ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	193,607.	193,607.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	96,989.	82,441.	9,699.	4,849.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0.	0.	0.	0.
7 Other salaries and wages.	2,613,633.	2,545,599.	30,463.	37,571.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).				
9 Other employee benefits.	212,379.	179,979.	32,336.	64.
10 Payroll taxes.	238,104.	231,144.	3,225.	3,735.
11 Fees for services (non-employees):				
a Management.				
b Legal.				
c Accounting.				
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	195,747.	126,038.	58,357.	11,352.
12 Advertising and promotion.				
13 Office expenses.				
14 Information technology.				
15 Royalties.				
16 Occupancy.	76,957.	45,682.	31,275.	
17 Travel.	55,236.	52,812.	738.	1,686.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.				
20 Interest.	81,604.	63,429.	18,175.	
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	141,292.	28,706.	112,586.	
23 Insurance.	46,680.	235.	46,445.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <u>SUPPLIES AND EQUIPMENT</u>	156,009.	151,432.	4,483.	94.
b <u>OTHER OPERATING EXPENSE</u>	60,718.	27,475.	22,265.	10,978.
c <u>COMPUTER SUPPORT</u>	49,497.	17,298.	30,829.	1,370.
d <u>EQUIPMENT LEASE & MAINTENANCE</u>	36,345.	25,283.	11,062.	
e All other expenses.	86,922.	358,420.	-272,156.	658.
25 Total functional expenses. Add lines 1 through 24e.	4,341,719.	4,129,580.	139,782.	72,357.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X. ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash — non-interest-bearing	313,402.	1	353,681.
	2 Savings and temporary cash investments	2,004,359.	2	1,708,881.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	448,371.	4	314,135.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	19,083.	9	15,153.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 5,453,791.		
	b Less: accumulated depreciation	10b 1,663,136.	10c	3,790,655.
	11 Investments — publicly traded securities		11	
	12 Investments — other securities. See Part IV, line 11		12	
	13 Investments — program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	6,673,669.	16	6,182,505.	
Liabilities	17 Accounts payable and accrued expenses	247,121.	17	231,260.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	2,877,803.	23	2,865,695.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	10,032.	25	10,032.
	26 Total liabilities. Add lines 17 through 25	3,134,956.	26	3,106,987.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	3,446,853.	27	3,008,652.
	28 Temporarily restricted net assets	91,860.	28	66,866.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	3,538,713.	33	3,075,518.
	34 Total liabilities and net assets/fund balances	6,673,669.	34	6,182,505.

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Form 990 (2015)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI. ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,878,524.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,341,719.
3	Revenue less expenses. Subtract line 2 from line 1	3	-463,195.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,538,713.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	3,075,518.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII. ☐

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____		
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	X
If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
b Were the organization's financial statements audited by an independent accountant?	2b	X
If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:		
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	X
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b	

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Form 990 (2015)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization

CALIFORNIA PARENTING INSTITUTE

Employer identification number

94-2541640

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☒ 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 exempt 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)**. (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations:
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Schedule A (Form 990 or 990-EZ) 2015

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.)						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
3 The value of services or facilities furnished by a governmental unit to the organization without charge.						
4 Total. Add lines 1 through 3.						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4.						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
9 Net income from unrelated business activities, whether or not the business is regularly carried on.						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10.						
12 Gross receipts from related activities, etc. (see instructions).					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here .						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)).	14	%
15 Public support percentage from 2014 Schedule A, Part II, line 14.	15	%
16a 33-1/3% support test – 2015. If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. <input type="checkbox"/>		
b 33-1/3% support test – 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. <input type="checkbox"/>		
17a 10%-facts-and-circumstances test – 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. <input type="checkbox"/>		
b 10%-facts-and-circumstances test – 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants'.)	2,190,227.	2,744,158.	3,671,206.	4,398,356.	3,626,751.	16,630,698.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.	153,734.	137,209.	180,341.	162,522.	168,690.	802,496.
3 Gross receipts from activities that are not an unrelated trade or business under section 513.						0.
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
5 The value of services or facilities furnished by a governmental unit to the organization without charge.						0.
6 Total. Add lines 1 through 5.	2,343,961.	2,881,367.	3,851,547.	4,560,878.	3,795,441.	17,433,194.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons.	0.	0.	0.	0.	0.	0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.	0.	0.	0.	0.	0.	0.
c Add lines 7a and 7b.	0.	0.	0.	0.	0.	0.
8 Public support. (Subtract line 7c from line 6.)						17,433,194.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6.	2,343,961.	2,881,367.	3,851,547.	4,560,878.	3,795,441.	17,433,194.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	5,028.	5,361.	1,349.	14,680.	1,699.	28,117.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						0.
c Add lines 10a and 10b.	5,028.	5,361.	1,349.	14,680.	1,699.	28,117.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						0.
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . SEE PART VI.				40,893.	120,596.	161,489.
13 Total support. (Add lines 9, 10c, 11, and 12.)	2,348,989.	2,886,728.	3,852,896.	4,616,451.	3,917,736.	17,622,800.
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)).	15	98.92 %
16 Public support percentage from 2014 Schedule A, Part III, line 15.	16	98.01 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f)).	17	0.16 %
18 Investment income percentage from 2014 Schedule A, Part III, line 17.	18	1.73 %

- 19a 33-1/3% support tests – 2015.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization. ▶ ☒
- b 33-1/3% support tests – 2014.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization. ▶ ☐
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. ▶ ☐

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use		
4a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 11a or 11b in Part I, answer (b) and (c) below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document)		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If 'Yes,' provide detail in Part VI		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ)		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ)		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in Part VI		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer 10b below		
b Did the organization, have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	
b A family member of a person described in (a) above?	11b	
c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI	11c	

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization	2	

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1	

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)	2	
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played in this regard.	3	

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b		
3 Parent of Supported Organizations. Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI	3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on November 20, 1970. **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).		

BAA

Schedule A (Form 990 or 990-EZ) 2015

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)**Section D – Distributions**

	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes.....	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity.....	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations.....	
4 Amounts paid to acquire exempt-use assets.....	
5 Qualified set-aside amounts (prior IRS approval required).....	
6 Other distributions (describe in Part VI). See instructions.....	
7 Total annual distributions. Add lines 1 through 6.....	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.....	
9 Distributable amount for 2015 from Section C, line 6.....	
10 Line 8 amount divided by Line 9 amount.....	

Section E – Distribution Allocations (see instructions)

	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6.....			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required – see instructions).....			
3 Excess distributions carryover, if any, to 2015:			
a			
b			
c			
d From 2013.....			
e From 2014.....			
f Total of lines 3a through e.....			
g Applied to underdistributions of prior years.....			
h Applied to 2015 distributable amount.....			
i Carryover from 2010 not applied (see instructions).....			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.....			
4 Distributions for 2015 from Section D, line 7: \$			
a Applied to underdistributions of prior years.....			
b Applied to 2015 distributable amount.....			
c Remainder. Subtract lines 4a and 4b from 4.....			
5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).....			
6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).....			
7 Excess distributions carryover to 2016. Add lines 3j and 4c.....			
8 Breakdown of line 7:			
a			
b			
c Excess from 2013.....			
d Excess from 2014.....			
e Excess from 2015.....			

BAA

Schedule A (Form 990 or 990-EZ) 2015

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
(See instructions.)

PART III, LINE 12 - OTHER INCOME

NATURE AND SOURCE	2015	2014	2013	2012	2011
OTHER INCOME	\$ 120,596.	\$ 40,893.			
TOTAL	<u>\$ 120,596.</u>	<u>\$ 40,893.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>

DUPLICATE

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

► **Attach to Form 990, Form 990-EZ, or Form 990-PF.**
► Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Name of the organization

CALIFORNIA PARENTING INSTITUTE

Employer identification number

94-2541640

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

Special Rules

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ► \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer 'No' on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does 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, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of organization

CALIFORNIA PARENTING INSTITUTE

Employer identification number

94-2541640

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

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	COMMUNITY FDN OF SONOMA CO 120 STONY POINT RD #220 SANTA ROSA, CA 95401	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	SONOMA COUNTY HEALTH SERVICES-MHSA 3322 CHANATE ROAD SANTA ROSA, CA 95404	\$ 160,137.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	CA EMERGENCY MGMT CALEMA 3650 SCHREIVER AVENUE MATHER, CA 95655	\$ 136,462.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	NORTH BAY REGIONAL CENTER 2351 MENDOCINO AVENUE SANTA ROSA, CA 95403	\$ 38,640.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	SONOMA COUNTY DEPT OF HLTH SVC MAA 3313 CHANATE ROAD SANTA ROSA, CA 95404	\$ 935,566.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	SONOMA COUNTY OFFICE OF EDUCATION 5340 SKYLANE BOULEVARD SANTA ROSA, CA 95403	\$ 818,234.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

CALIFORNIA PARENTING INSTITUTE

Employer identification number

94-2541640

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

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	SO CO CHILDREN & FAMILIES COMM 475 AVIATION BLVD SANTA ROSA, CA 95403	\$ 103,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	SONOMA CO SHERIFF'S DEPARTMENT 2796 VENTURA AVENUE SANTA ROSA, CA 95403	\$ 44,227.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	SPEEDWAY CHILDREN'S CHARITIES HWYS 37 & 121 SONOMA, CA 95476	\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	KAISER PERMANENTE 401 BICENTENNIAL WAY SANTA ROSA, CA 95403	\$ 21,384.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	CAPIT PCA P O BOX SANTA ROSA, CA 95401	\$ 66,811.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	JEWISH COMMUNICTY FED. & ENDOWMENT 121 STEUART STREET SAN FRANCISCO, CA 94105	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

CALIFORNIA PARENTING INSTITUTE

Employer identification number

94-2541640

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

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	SONOMA COUNTY PROBATION DEPT 600 ADMINISTRATION DR STE 104J SANTA ROSA, CA 95403	\$ 203,595.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	PAUL H PUSEY FOUNDATION POST OFFICE BOX 111928 NAPLES, FL 34108-0133	\$ 13,700.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	ERNEST AND RUTH FINLEY FOUNDATION 1400 N DUTTON AVENUE SANTA ROSA, CA 95401	\$ 68,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	SONOMA VALLEY VINTNERS 783 BROADWAY SONOMA, CA 95476	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	SONOMA CO CPS 1202 APOLLO WAY SANTA ROSA, CA 95407	\$ 15,860.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	COLLEGE HEALTH IPA - BEACON 5665 PLAZA DRIVE CYPRESS, CA 90630	\$ 6,581.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization CALIFORNIA PARENTING INSTITUTE	Employer identification number 94-2541640
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	SONOMA COUNTY BEHAVIORAL HEALTH MC 3324 CHANATE ROAD SANTA ROSA, CA 95404	\$ 768,848.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	AMERICAN RIVER BANK 90 S E STREET #110 SANTA ROSA, CA 95404	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	JOHN JORDAN FOUNDATION POST OFFICE BOX 1949 HEALDSBURG, CA 95448	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	DON YODER FOUNDATION 6600 BENNETT VALLEY ROAD SANTA ROSA, CA 95404	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

CALIFORNIA PARENTING INSTITUTE

94-2541640

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

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

BAA

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of organization

CALIFORNIA PARENTING INSTITUTE

Employer identification number

94-2541640

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) \$ _____ N/A

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

**SCHEDULE D
(Form 990)**Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Financial Statements

► Complete if the organization answered 'Yes' on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.

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

OMB No. 1545-0047

2015**Open to Public
Inspection**

Employer identification number

CALIFORNIA PARENTING INSTITUTE

94-2541640

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2 a
b Total acreage restricted by conservation easements	2 b
c Number of conservation easements on a certified historic structure included in (a)	2 c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2 d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► _____

4 Number of states where property subject to conservation easement is located ► _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 8.

1 a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ► \$ _____

(ii) Assets included in Form 990, Part X ► \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ► \$ _____

b Assets included in Form 990, Part X ► \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a ☐ Public exhibition

b ☐ Scholarly research

c ☐ Preservation for future generations

d ☐ Loan or exchange programs

e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1 a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If 'Yes,' explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance.....	1 c
d Additions during the year.....	1 d
e Distributions during the year.....	1 e
f Ending balance.....	1 f

2 a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. ☐

Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1 a Beginning of year balance.....					
b Contributions.....					
c Net investment earnings, gains, and losses.....					
d Grants or scholarships.....					
e Other expenditures for facilities and programs.....					
f Administrative expenses.....					
g End of year balance.....					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ▶ _____ %

b Permanent endowment ▶ _____ %

c Temporarily restricted endowment ▶ _____ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3 a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) unrelated organizations..... **3a(i)** ☐ Yes ☐ No

(ii) related organizations..... **3a(ii)** ☐ Yes ☐ No

b If 'Yes' on line 3a(ii), are the related organizations listed as required on Schedule R? **3b** ☐ Yes ☐ No

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land.....				
b Buildings.....		5,218,597.	1,469,948.	3,748,649.
c Leasehold improvements.....				
d Equipment.....				
e Other.....		235,194.	193,188.	42,006.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.).....				3,790,655.

BAA

Schedule D (Form 990) 2015

Part VII Investments – Other Securities.

N/A

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives.....		
(2) Closely-held equity interests.....		
(3) Other		
(A) -----		
(B) -----		
(C) -----		
(D) -----		
(E) -----		
(F) -----		
(G) -----		
(H) -----		
(I) -----		
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.) .. ▶		

Part VIII Investments – Program Related.

N/A

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) .. ▶		

Part IX Other Assets.

N/A

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 15.) .. ▶	

Part X Other Liabilities.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25

(a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) SECURITY DEPOSITS	10,032.	
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
(11)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.) .. ▶	10,032.	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII. **SEE PART XIII.** ☒

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	3,878,524.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	3,878,524.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	3,878,524.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	4,341,719.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	4,341,719.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	4,341,719.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X - FIN 48 FOOTNOTE

CPI IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES UNDER INTERNAL REVENUE CODE

SECTION 501(C)(3) AND CALIFORNIA FRANCHISE TAX BOARD CODE SECTION 23701D. THEREFORE,

NO PROVISION FOR INCOME TAXES HAS BEEN MADE IN THE ACCOMPANYING FINANCIAL

STATEMENTS. IN ADDITION, THE INTERNAL REVENUE SERVICE HAS DETERMINED THE

ORGANIZATION IS NOT A "PRIVATE FOUNDATION" WITHIN THE MEANING OF SECTION 509(A) OF THE

INTERNAL REVENUE CODE.

Part XIII Supplemental Information *(continued)***PART X - FIN 48 FOOTNOTE (CONTINUED)**

MANAGEMENT OF CPI CONSIDERS THE LIKELIHOOD OF CHANGES BY TAXING AUTHORITIES IN ITS FILED TAX RETURNS AND RECOGNIZES A LIABILITY FOR OR DISCLOSES POTENTIAL SIGNIFICANT CHANGES IF MANAGEMENT BELIEVES IT IS MORE LIKELY THAN NOT FOR A CHANGE TO OCCUR, INCLUDING CHANGES TO THE CPI'S STATUS AS A NOT-FOR-PROFIT ENTITY. MANAGEMENT BELIEVES CPI MET THE REQUIREMENTS TO MAINTAIN ITS TAX-EXEMPT STATUS AND, THEREFORE, NO PROVISION FOR INCOME TAXES HAS BEEN PROVIDED IN THESE FINANCIAL STATEMENTS. CPI DOES FILE AN UNRELATED BUSINESS INCOME TAX RETURN TO REPORT CERTAIN UNRELATED INCOME ITEMS. THE CPI'S TAX RETURNS FOR THE PAST THREE YEARS ARE SUBJECT TO EXAMINATION BY TAX AUTHORITIES, AND MAY CHANGE UPON EXAMINATION.

DUPLICATE

SCHEDULE F
(Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

- ▶ Complete if the organization answered 'Yes' on Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990.
▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization

CALIFORNIA PARENTING INSTITUTE

Employer identification number

94-2541640

Part I **General Information on Activities Outside the United States.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 14b.

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ... ☐ Yes ☐ No
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3 a Sub-total.....					
b Total from continuation sheets to Part I.....					
c Totals (add lines 3a and 3b)...	0	0			0.

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

Schedule F (Form 990) 2015

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

DUPLICATE

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter. 0

3 Enter total number of other organizations or entities 0

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

BAA

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If 'Yes,' the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926).* ☐ Yes ☒ No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If 'Yes,' the organization may be required to separately file Form 3520, Annual Return To Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990).* ☐ Yes ☒ No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If 'Yes,' the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471).* ☐ Yes ☒ No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If 'Yes,' the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621).* ☐ Yes ☒ No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If 'Yes,' the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865).* ☐ Yes ☒ No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If 'Yes,' the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990).* ☐ Yes ☒ No

BAA

TEEA3505L 05/27/15

Schedule F (Form 990) 2015

DUPLICATE

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

DUPLICATE

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

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

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Name of the organization

CALIFORNIA PARENTING INSTITUTE

Employer identification number

94-2541640

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered 'Yes' on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) PETALUMA PEOPLE SERVICES CTR 1500 PETALUMA BLVD SO PETALUMA, CA 94952	94-2271299		108,151.	0.			SERVICES
(2) SOCIAL ADVOCATES FOR YOUTH 2447 SUMMERFIELD ROAD SANTA ROSA, CA 95405	94-1711490		85,456.	0.			SERVICES
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 2

3 Enter total number of other organizations listed in the line 1 table 0

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Employer identification number

CALIFORNIA PARENTING INSTITUTE

94-2541640

FORM 990, PART III, LINE 1 - ORGANIZATION MISSION

CALIFORNIA PARENTING INSTITUTE (CPI - DBA CHILD PARENT INSTITUTE) IS A PARENT EDUCATION AND CHILDREN'S MENTAL HEALTH AGENCY, SERVING FAMILIES THROUGHOUT SONOMA COUNTY SINCE 1978. OUR MISSION IS TO END CHILD ABUSE AND STRENGTHEN THE HEALTH OF CHILDREN, PARENTS, AND FAMILIES. CPI'S CONTINUUM OF CARE INCLUDES CHILDREN'S TRAUMA COUNSELING, FAMILY RESOURCE ASSISTANCE, PARENT EDUCATION AND SUPPORT SERVICES, FACILITATED SUPERVISED VISITATION, SUPPORT SERVICES FOR FAMILIES WITH CHILDREN ON THE AUTISM SPECTRUM, CREATIVE ART THERAPY PROGRAMS, AND A NON-PUBLIC SCHOOL (NEW DIRECTIONS) PROVIDING ADOLESCENT SPECIAL EDUCATION - TRAUMA INFORMED EDUCATIONAL SERVICES. WE ADVOCATE FOR POLICIES THAT SUPPORT FAMILIES AND PROTECT CHILDREN. OUR KEY STRATEGY IS THE USE OF THE "STRENGTHENING FAMILIES - FIVE PROTECTIVE FACTORS" MODEL, WHICH IS INTEGRATED INTO ALL OF OUR PROGRAMS. THE PROTECTIVE FACTORS ARE: PARENTAL RESILIENCE, SOCIAL CONNECTIONS, KNOWLEDGE OF PARENTING AND CHILD DEVELOPMENT, CONCRETE SUPPORT IN TIMES OF NEED, AND CHILDREN'S SOCIAL AND EMOTIONAL DEVELOPMENT. THESE FIVE FACTORS HAVE PROVEN EFFECTIVE IN THE PREVENTION OF CHILD ABUSE AND NEGLECT.

FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS

CPI PROGRAMS AND SERVICES ARE COMMUNITY FOCUSED, EVIDENCE BASED, AND MERITED AS BEST PRACTICE. CAREFUL CONSIDERATION IS GIVEN TO POTENTIAL BARRIERS TO PARTICIPATION, SUCH AS CULTURAL SENSITIVITY, INCLUSION, AND ACCESS CHALLENGES (E.G., TRANSPORTATION, COST). CPI DELIVERS SERVICES AT OUR MAIN CAMPUS IN SANTA ROSA, AT OUR FAMILY RESOURCE CENTER IN ROHNERT PARK, AND AT SCHOOLS AND OTHER COMMUNITY FACILITIES. IN-HOME SESSIONS WITH ACCREDITED PARENT EDUCATORS AND LICENSED THERAPISTS ARE REGULARLY CONDUCTED THROUGHOUT SONOMA COUNTY. ALL SERVICES ARE AVAILABLE IN SPANISH AND ENGLISH. CURRENTLY 65% OF OUR STAFF IS BILINGUAL IN SPANISH/ENGLISH.

Name of the organization

CALIFORNIA PARENTING INSTITUTE

Employer identification number

94-2541640

FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS

CPI HAS DEVELOPED EFFECTIVE RELATIONSHIPS WITH OTHER COMMUNITY PROVIDERS AND HAS DEMONSTRATED SUCCESS IN OFFERING COORDINATED CARE FOR OUR COMMUNITIES' MOST VULNERABLE CHILDREN AND FAMILIES. WE ARE THE COUNTY-DESIGNATED LEAD AGENCY FOR PREVENT CHILD ABUSE SONOMA COUNTY, WHICH IS RESPONSIBLE FOR STATE-MANDATED, COUNTYWIDE STRATEGIC PLANNING FOR ABUSE PREVENTION. PREVENT CHILD ABUSE ALSO HOSTS THE BLUE RIBBON CAMPAIGN EACH APRIL, AND LEADS THE LOCAL ENOUGH CAMPAIGN TO PREVENT CHILD SEXUAL ABUSE.

PARENT SUPPORT SERVICES:

CPI'S WIDE RANGE OF PARENT EDUCATION AND SUPPORT SERVICES ARE DESIGNED TO MEET THE CHANGING NEEDS OF FAMILIES AND OUR COMMUNITY. PARENT EDUCATORS CAN HELP WITH UNDERSTANDING CHILD BEHAVIORS, CREATING NEW EFFECTIVE STRATEGIES OR ADDRESSING MULTIPLE FAMILY STRESSORS. MOST OF OUR PROGRAMS ARE AVAILABLE AT OUR PARENT EDUCATION CENTER IN SANTA ROSA, IN FAMILY HOMES OR AT SCHOOLS, AGENCIES OR BUSINESSES THROUGHOUT SONOMA COUNTY.

ACCOMPLISHMENTS:

3,280 PARENTS AND CHILDREN BENEFITED FROM OUR PARENTING SERVICES
225 CLASSES AT CPI AND IN THE COMMUNITY
81 MOMS AND DADS RECEIVED SUPPORT FOR PERINATAL MOOD DISORDERS
681 FAMILIES RECEIVED IN-HOME TRIPLE P PARENTING SERVICES
144 FAMILIES RECEIVED RESOURCE ASSISTANCE
60 FAMILIES RECEIVED SUPERVISED VISITATION
111 FAMILIES RECEIVED MENTORING AND ORIENTATION
75 FAMILIES RECEIVED AUTISM SUPPORT SERVICES
20 TEEN PARENTS RECEIVED PARENT EDUCATION AT THEIR SCHOOL SITES

Name of the organization

CALIFORNIA PARENTING INSTITUTE

Employer identification number

94-2541640

FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS

CHILDREN'S COUNSELING SERVICES:

CPI'S BEHAVIORAL HEALTH SERVICES PROVIDE COMPREHENSIVE MENTAL HEALTH SERVICES TO CHILDREN FROM BIRTH THROUGH AGE 18. OUR INDIVIDUAL, GROUP, ART THERAPY, PLAY THERAPY, AND FAMILY PSYCHOTHERAPY SERVICES ADDRESS A WIDE RANGE OF CHILDHOOD BEHAVIOR CHALLENGES, DIFFICULT LIFE TRANSITIONS, AND TRAUMAS. A MULTIDISCIPLINARY TEAM OF MENTAL HEALTH PROFESSIONALS PROVIDES CHILD-CENTERED TREATMENT DESIGNED TO RESOLVE SPECIFIC CONCERNS AND HELP CHILDREN AND ADOLESCENTS DEVELOP HEALTHY FUNCTIONING AT HOME, AT SCHOOL AND IN THE COMMUNITY. WE SPECIALIZE IN HELPING CHILDREN TRAUMATIZED BY ABUSE, NEGLECT, HIGH CONFLICT DIVORCE, OR DOMESTIC VIOLENCE. WE ALSO SPECIALIZE IN EARLY CHILDHOOD MENTAL HEALTH SERVICES FOR CHILDREN 0-5. SERVICES ARE PROVIDED AT OUR TWO CLINICS LOCATED IN SANTA ROSA AND ROHNERT PARK, AND ON SCHOOL CAMPUSES IN THE COTATI-ROHNERT PARK SCHOOL DISTRICT.

ACCOMPLISHMENTS:

473 CHILDREN AND THEIR FAMILIES RECEIVED A TOTAL OF 10,518 HOURS OF THERAPY 55% OF CHILDREN TREATED FOR TRAUMA SHOWED A REDUCTION IN TRAUMA-RELATED SYMPTOMS WITHIN 6 MONTHS 88% OF CHILDREN SHOWED IMPROVEMENT IN ONE OR MORE CLINICALLY SIGNIFICANT BEHAVIORS WITHIN SIX MONTHS

NEW DIRECTIONS:

NEW DIRECTIONS SCHOOL SERVES STUDENTS IN GRADES 5 THROUGH 12 WHO HAVE EXPERIENCED TROUBLE WITH SCHOOL SUCCESS DUE TO SOCIAL AND EMOTIONAL ISSUES, AND WHO BENEFIT FROM THE SUPPORT OF A SMALL SCHOOL ENVIRONMENT WITH INTENSIVE COUNSELING SUPPORT. THESE SERVICES ARE DESIGNED TO PREVENT HIGHER LEVELS OF CARE, SUCH AS HOSPITALIZATION, RESIDENTIAL PLACEMENT, OR INCARCERATION. ALL STUDENTS RECEIVE A MINIMUM OF 60

Name of the organization

CALIFORNIA PARENTING INSTITUTE

Employer identification number

94-2541640

FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS

MINUTES OF INDIVIDUAL THERAPY AND 60 MINUTES OF GROUP THERAPY WEEKLY BY LICENSED MFT THERAPISTS WHO ARE ALSO LICENSED ART THERAPISTS. WE FOLLOW THE SAME RIGOROUS CORE ACADEMIC CURRICULUM STANDARDS ARE PUBLIC SCHOOLS, BUT ALSO OFFER EXTENSIVE SUPPLEMENTARY CURRICULUM AND INSTRUCTION TO SUPPORT EACH STUDENTS INDIVIDUAL ACADEMIC NEEDS.

ACCOMPLISHMENTS:

57 STUDENTS ATTENDED DURING THE 2015/16 SCHOOL YEAR WE PROVIDED OVER 2,200 HOURS OF COUNSELING TO HELP OUR STUDENTS AND THEIR FAMILIES SUCCEED WE CELEBRATED 4 SENIORS WITH HIGH SCHOOL GRADUATION DIPLOMAS AND CEREMONIES OUR STUDENTS BRING THEIR DESIGNS TO LIFE IN 3D. WE ARE DEVELOPING OUR FOCUS ON ARTS AND TECHNOLOGY TOWARD BECOMING A MAKER SCHOOL.

WE HAVE EMBRACED MINDFULNESS PRACTICES BY STARTING AND ENDING EACH DAY WITH A MINDFULNESS ACTIVITY

CREATIVE ARTS

CPI'S CREATIVE ARTS PROGRAMS INCLUDE AN ARRAY OF THERAPEUTIC, EXPRESSIVE, EDUCATIONAL AND RECREATIONAL ACTIVITIES AND EVENTS IN THE AREAS OF VISUAL ARTS, THEATRE, MUSIC MOVEMENT AND MORE. THESE PROGRAMS STRENGTHEN SOCIAL AND EMOTIONAL SKILLS, BOOST SELF-ESTEEM AND SELF-EXPRESSION, AND PROVIDE TOOLS THAT YIELD LIFELONG BENEFITS FOR PARTICIPANTS OF ALL AGES. OUR ART THERAPISTS AND EDUCATORS WORK WITH INDIVIDUALS AND SMALL GROUPS AT SCHOOLS AND COMMUNITY SITES. CHALKBOARD PLAYERS, OUR TROUPE OF PERFORMING ARTISTS AND EDUCATORS, OFFER AFTER-SCHOOL AND SUMMER CREATIVE ARTS PROGRAMS, IN-SCHOOL PERFORMANCES AND WORKSHOPS, FAMILY ENGAGEMENT ACTIVITIES, AND COMMUNITY OUTREACH AND EDUCATION. EXPANDING ACCESS TO THE ARTS IS AN UPSTREAM

Name of the organization

CALIFORNIA PARENTING INSTITUTE

Employer identification number

94-2541640

FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS

INVESTMENT THAT AIMS TO PREVENT OR REDUCE MANY OF THE NEGATIVE EFFECTS OF LIFE'S CHALLENGES, INCLUDING POVERTY, TOXIC STRESS AND TRAUMA.

PARTICIPATION IN THE ARTS BUILDS EMPATHY, BOOSTS ACADEMIC ACHIEVEMENT TO HELP NARROW THE GAP CREATED BY INCOME DISPARITY, AND PROMOTES HEALING FOR PARTICIPANTS OF ALL AGES.

ACCOMPLISHMENTS:

CPI HOSTED 16 AFTER-SCHOOL CREATIVE ARTS GROUPS AT 7 SCHOOLS IN ROHNERT PARK, SANTA ROSA, AND MONTE RIO. EACH GROUPS MET FOR AN AVERAGE OF 10 WEEKS, SERVING OVER 75 STUDENTS.

40 WOMEN AND 60 CHILDREN PARTICIPATED IN OUR EXPRESSIVE ARTS PROGRAMS AT A HOMELESS SERVICES CENTER FOR WOMEN

36 CHILDREN PARTICIPATED IN THE FIRST WEEK OF OUR PILOT SUMMER CAMP PROGRAM, FUNDED BY WINE COUNTRY WEEKEND. THE PROGRAM PROVIDES FOUR FREE 30-HOUR WEEKS OF CREATIVE ARTS CAMPS FOR CHILDREN AND YOUTH IN SANTA ROSA AND ROHNERT PARK

ADVOCACY:

THE PREVENTION OF CHILD MALTREATMENT IS A SHARED RESPONSIBILITY OF THE WHOLE COMMUNITY. PREVENT CHILD ABUSE - SONOMA COUNTY (PCA-SC) PROVIDES NETWORKING OPPORTUNITIES, EDUCATION, AND PROFESSIONAL TRAININGS FOR THOSE INVOLVED IN CHILD ABUSE PREVENTION AND INTERVENTION SERVICES. WE WORK TO INCREASE PUBLIC AWARENESS ABOUT ISSUES RELATING TO CHILD ABUSE AND NEGLECT IN THE COMMUNITY. THIS INCLUDES: BUILDING A COMMUNITY THAT PROTECTS AND PROMOTES HEALTHY FAMILIES, RAISING COMMUNITY AWARENESS AND EDUCATING PARENTS, PROFESSIONALS AND COMMUNITY MEMBERS THROUGH

Name of the organization

CALIFORNIA PARENTING INSTITUTE

Employer identification number

94-2541640

FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS

PROMOTING THE PREVENTION OF CHILD ABUSE AND NEGLECT AND CHAMPIONING THE LOCAL BLUE RIBBON CHILD ABUSE PREVENTION CAMPAIGN EACH APRIL.

IN ORDER TO HELP CREATE RESULTS LOCALLY, PCA-SC STRIVES TO MAKE COMMUNITIES AWARE AND THEREFORE MORE INVOLVED IN PROTECTING CHILDREN AND STRENGTHENING FAMILIES. WE ADVOCATE FOR POLICIES THAT SUPPORT FAMILIES AND PROTECT CHILDREN.

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

EMAIL TO FINANCE COMMITTEE AND BOARD OF DIRECTORS FOR REVIEW AND ACCEPTANCE.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

COMPLETION OF THE CONFLICT OF INTEREST STATEMENTS ANNUALLY AND THE TOPIC APPEARS ON THE BOD AGENDA AT EACH MEETING.

FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS - OFFICERS & KEY EMPLOYEES

BOARD ANNUALLY REVIEWS AND APPROVES EXECUTIVE DIRECTOR AND FINANCE DIRECTOR COMPENSATION

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

DOCUMENTS ARE MADE AVAILABLE UPON REQUEST.

6/30/16

2015 FEDERAL BOOK SUMMARY DEPRECIATION SCHEDULE

PAGE 1

CLIENT 18050

CALIFORNIA PARENTING INSTITUTE

94-2541640

3/09/17

02:17PM

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179/ SDA	PRIOR 179/ SDA/ DEPR.	METHOD	LIFE	CURRENT DEPR.
RENTAL ACTIVITY - COMMERCIAL - STANDISH AVENUE, SANTA R										
BUILDINGS										
1	BUILDING	6/15/00		1,501,916			823,644	S/L	30	50,064
3	RENOVATION PROJECT	6/30/09		37,542			11,262	S/L	20	1,877
4	RENOVATION PROJECT	6/30/08		1,122,249			392,784	S/L	20	56,112
5	OTHER - RENOVATION PROJEC	6/30/09		35,866			35,866	S/L	20	0
	TOTAL BUILDINGS			2,697,573		0	1,263,556			108,053
FURNITURE AND FIXTURES										
6	RENOVATION PROJECT	6/30/08		128,608			90,027	S/L	10	12,861
	TOTAL FURNITURE AND FIXTURE			128,608		0	90,027			12,861
LAND										
2	LAND	6/15/00		643,679						0
	TOTAL LAND			643,679		0	0			0
	TOTAL DEPRECIATION			3,469,860		0	1,353,583			120,914
	GRAND TOTAL DEPRECIATION			3,469,860		0	1,353,583			120,914

6/30/16

2015 US UNRELATED BUSINESS SUMMARY DEPR. SCHEDULE

PAGE 1

CLIENT 18050

CALIFORNIA PARENTING INSTITUTE

94-2541640

3/09/17

02:17PM

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179/ SDA	PRIOR 179/ SDA/ DEPR.	METHOD	LIFE	CURRENT DEPR.
FORM 990-T										
LAND										
2	LAND	6/15/00		643,679						0
TOTAL LAND				643,679		0	0			0
TOTAL DEPRECIATION				643,679		0	0			0
GRAND TOTAL DEPRECIATION				643,679		0	0			0

DUPLICATE

6/30/16

2015 FEDERAL BOOK DEPRECIATION SCHEDULE

PAGE 1

CLIENT 18050

CALIFORNIA PARENTING INSTITUTE

94-2541640

3/09/17

02:17PM

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
RENTAL ACTIVITY - COMMERCIAL - STANDISH AVENUE, SANTA R																
BUILDINGS																
1	BUILDING	6/15/00		1,501,916							1,501,916	823,644	S/L	30		50,064
3	RENOVATION PROJECT	6/30/09		37,542							37,542	11,262	S/L	20		1,877
4	RENOVATION PROJECT	6/30/08		1,122,249							1,122,249	392,784	S/L	20		56,112
5	OTHER - RENOVATION PROJEC	6/30/09		35,866							35,866	35,866	S/L	20		0
	TOTAL BUILDINGS			2,697,573		0	0	0	0	0	2,697,573	1,263,556				108,053
FURNITURE AND FIXTURES																
6	RENOVATION PROJECT	6/30/08		128,608							128,608	90,027	S/L	10		12,861
	TOTAL FURNITURE AND FIXTURE			128,608		0	0	0	0	0	128,608	90,027				12,861
LAND																
2	LAND	6/15/00		643,679							643,679					0
	TOTAL LAND			643,679		0	0	0	0	0	643,679	0				0
	TOTAL DEPRECIATION			3,469,860		0	0	0	0	0	3,469,860	1,353,583				120,914
	GRAND TOTAL DEPRECIATION			3,469,860		0	0	0	0	0	3,469,860	1,353,583				120,914

6/30/16

2015 FEDERAL UNRELATED BUSINESS DEPRECIATION SCHEDULE

PAGE 1

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3/09/17

02:17PM

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
FORM 990-T																
LAND																
2	LAND	6/15/00		643,679							643,679					0
	TOTAL LAND			643,679		0	0	0	0	0	643,679	0				0
	TOTAL DEPRECIATION			643,679		0	0	0	0	0	643,679	0				0
	GRAND TOTAL DEPRECIATION			643,679		0	0	0	0	0	643,679	0				0

DUPLICATE

6/30/17

2016 FEDERAL BOOK DEPRECIATION SCHEDULE

PAGE 1

CLIENT 18050

CALIFORNIA PARENTING INSTITUTE

94-2541640

3/09/17

02:17PM

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
RENTAL ACTIVITY - COMMERCIAL - STANDISH AVENUE, SANTA R																
BUILDINGS																
1	BUILDING	6/15/00		1,501,916							1,501,916	873,708	S/L	30		50,064
3	RENOVATION PROJECT	6/30/09		37,542							37,542	13,139	S/L	20		1,877
4	RENOVATION PROJECT	6/30/08		1,122,249							1,122,249	448,896	S/L	20		56,112
5	OTHER - RENOVATION PROJEC	6/30/09		35,866							35,866	35,866	S/L	20		0
	TOTAL BUILDINGS			2,697,573		0	0	0	0	0	2,697,573	1,371,609				108,053
FURNITURE AND FIXTURES																
6	RENOVATION PROJECT	6/30/08		128,608							128,608	102,888	S/L	10		12,861
	TOTAL FURNITURE AND FIXTURE			128,608		0	0	0	0	0	128,608	102,888				12,861
LAND																
2	LAND	6/15/00		643,679							643,679					0
	TOTAL LAND			643,679		0	0	0	0	0	643,679	0				0
	TOTAL DEPRECIATION			3,469,860		0	0	0	0	0	3,469,860	1,474,497				120,914
	GRAND TOTAL DEPRECIATION			3,469,860		0	0	0	0	0	3,469,860	1,474,497				120,914

6/30/17

2016 FEDERAL UNRELATED BUSINESS DEPRECIATION SCHEDULE

PAGE 1

CLIENT 18050

CALIFORNIA PARENTING INSTITUTE

94-2541640

3/09/17

02:17PM

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
FORM 990-T																
LAND																
2	LAND	6/15/00		643,679							643,679					0
	TOTAL LAND			643,679		0	0	0	0	0	643,679	0				0
	TOTAL DEPRECIATION			643,679		0	0	0	0	0	643,679	0				0
	GRAND TOTAL DEPRECIATION			643,679		0	0	0	0	0	643,679	0				0

DUPLICATE

GORANSON AND ASSOCIATES, INC.
717 COLLEGE AVENUE, FIRST FLOOR
SANTA ROSA, CA 95404
(707) 542-1256

Client 18050
March 9, 2017

CALIFORNIA PARENTING INSTITUTE
3650 STANDISH AVENUE
SANTA ROSA, CA 95407
707-585-6108

FEDERAL FORMS

Form 990	2015 Return of Organization Exempt from Income Tax
Schedule A	Organization Exempt Under Section 501(c)(3)
Schedule B	Schedule of Contributors
Schedule D	Schedule D
Schedule G	Fundraising or Gaming Activities
Schedule I	Grants and Other Assistance Inside U.S.
Schedule O	Supplemental Information
Form 8868	Application for Extension
Form 990-T	2015 Exempt Organization Bus. Income Tax Return
Form 4562 (T)	Depreciation and Amortization
Form 8868 (T)	Application for Extension
	Depreciation Schedules
Form 8879-EO	IRS e-file Signature Authorization

CALIFORNIA FORMS

Form 199	2015 California Exempt Organization Return
Schedule B	Schedule of Contributors
Form 3885 (199)	Depreciation and Amortization - Corp.
Form 8453-EO	California e-file Return Authorization for Exempt
Form 109	2015 California Exempt Org. Bus. Inc. Tax Return
Form 3805Q	NOL Deduction - Corporations
Form RRF-1	2016 Registration/Renewal Fee Report
	California Depreciation Schedules

FEE SUMMARY

Preparation Fee

Form **990-T****Exempt Organization Business Income Tax Return**
(and proxy tax under section 6033(e))

OMB No. 1545-0687

2015For calendar year 2015 or other tax year beginning 7/01, 2015, and ending 6/30, 2016▶ Information about Form 990-T and its instructions is available at www.irs.gov/form990t.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Department of the Treasury
Internal Revenue ServiceOpen to Public Inspection for
501(c)(3) Organizations Only

A <input type="checkbox"/> Check box if address changed	Print or Type CALIFORNIA PARENTING INSTITUTE 3650 STANDISH AVENUE SANTA ROSA, CA 95407	<input type="checkbox"/> Check box if name changed and see instructions.	D Employer identification number (Employees' trust, see instructions.) 94-2541640
B Exempt under section <input checked="" type="checkbox"/> 501(C)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)			E Unrelated business activity codes (See instructions.)
C Book value of all assets at end of year 6,182,505.	F Group exemption number (See instructions.) ▶		
G Check organization type <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust			

H Describe the organization's primary unrelated business activity.**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidary controlled group? . . . ☐ Yes ☒ No
If 'Yes,' enter the name and identifying number of the parent corporation . . . ▶**J** The books are in care of ▶ KATHY KEVER Telephone number ▶ 707/585-6108

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales. . .				
b Less returns and allowances. . .	c Balance ▶	1 c		
2 Cost of goods sold (Schedule A, line 7)		2		
3 Gross profit. Subtract line 2 from line 1c		3		
4 a Capital gain net income (attach Schedule D)		4 a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)		4 b		
c Capital loss deduction for trusts		4 c		
5 Income (loss) from partnerships and S corporations (attach statement)		5		
6 Rent income (Schedule C)		6		
7 Unrelated debt-financed income (Schedule E)		7	136,672.	155,240.
8 Interest, annuities, royalties, and rents from controlled organizations (Schedule F)		8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Sch. G)		9		
10 Exploited exempt activity income (Schedule I)		10		
11 Advertising income (Schedule J)		11		
12 Other income (See instructions; attach schedule)		12		
13 Total. Combine lines 3 through 12		13	136,672.	155,240.
				-18,568.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees (Schedule K)	14	
15 Salaries and wages	15	
16 Repairs and maintenance	16	
17 Bad debts	17	
18 Interest (attach schedule)	18	
19 Taxes and licenses	19	
20 Charitable contributions (See instructions for limitation rules)	20	
21 Depreciation (attach Form 4562)	21	59,386.
22 Less depreciation claimed on Schedule A and elsewhere on return	22 a	59,386.
23 Depletion	23	
24 Contributions to deferred compensation plans	24	
25 Employee benefit programs	25	
26 Excess exempt expenses (Schedule I)	26	
27 Excess readership costs (Schedule J)	27	
28 Other deductions (attach schedule)	28	
29 Total deductions. Add lines 14 through 28	29	
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	-18,568.
31 Net operating loss deduction (limited to the amount on line 30) SEE STATEMENT 1	31	
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	32	-18,568.
33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)	33	
34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	34	-18,568.

Part III Tax Computation**35 Organizations Taxable as Corporations.** See instructions for tax computation.Controlled group members (sections 1561 and 1563) check here ☐ See instructions and:**a** Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):

(1) \$ (2) \$ (3) \$

b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750)..... \$

(2) Additional 3% tax (not more than \$100,000)..... \$

c Income tax on the amount on line 34..... **35 c** 0.**36 Trusts Taxable at Trust Rates.** See instructions for tax computation. Income tax on the amounton line 34 from: ☐ Tax rate schedule or ☐ Schedule D (Form 1041)..... **36****37 Proxy tax.** See instructions..... **37****38 Alternative minimum tax**..... **38****39 Total.** Add lines 37 and 38 to line 35c or 36, whichever applies..... **39** 0.**Part IV Tax and Payments****40 a** Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)..... **40 a****b** Other credits (see instructions)..... **40 b****c** General business credit. Attach Form 3800 (see instructions)..... **40 c****d** Credit for prior year minimum tax (attach Form 8801 or 8827)..... **40 d****e Total credits.** Add lines 40a through 40d. **40 e** 0.**41** Subtract line 40e from line 39..... **41** 0.**42** Other taxes. Check if from: ☐ Form 4255 ☐ Form 8611 ☐ Form 8697 ☐ Form 8866☐ Other (attach schedule)..... **42****43 Total tax.** Add lines 41 and 42..... **43** 0.**44 a** Payments: A 2014 overpayment credited to 2015..... **44 a****b** 2015 estimated tax payments..... **44 b****c** Tax deposited with Form 8868..... **44 c****d** Foreign organizations: Tax paid or withheld at source (see instructions)..... **44 d****e** Backup withholding (see instructions)..... **44 e****f** Credit for small employer health insurance premiums (Attach Form 8941)..... **44 f****g** Other credits and payments: ☐ Form 2439☐ Form 4136 ☐ Other Total... **44 g****45 Total payments.** Add lines 44a through 44g..... **45** 0.**46** Estimated tax penalty (see instructions). Check if Form 2220 is attached..... ☐ **46****47 Tax due.** If line 45 is less than the total of lines 43 and 46, enter amount owed..... **47****48 Overpayment.** If line 45 is larger than the total of lines 43 and 46, enter amount overpaid..... **48****49** Enter the amount of line 48 you want: **Credited to 2016 estimated tax** **Refunded** **49****Part V Statements Regarding Certain Activities and Other Information** (see instructions)**1** At any time during the 2015 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here **Yes No****2** During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file. **Yes No****3** Enter the amount of tax-exempt interest received or accrued during the tax year \$ 0. **Yes No****Schedule A – Cost of Goods Sold.** Enter method of inventory valuation**1** Inventory at beginning of year..... **1****2** Purchases..... **2****3** Cost of labor..... **3****4 a** Additional section 263A costs (attach schedule)..... **4 a****b** Other costs (attach sch)..... **4 b****5 Total.** Add lines 1 through 4b..... **5****6** Inventory at end of year..... **6****7 Cost of goods sold.** Subtract line 6 from line 5. Enter here and in Part I, line 2..... **7****8** Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?..... **Yes No****8** Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?..... **Yes No****8** Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?..... **Yes No****8** Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?..... **Yes No****8** Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?..... **Yes No****8** Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?..... **Yes No****8** Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?..... **Yes No****8** Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?..... **Yes No****8** Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?..... **Yes No****8** Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?..... **Yes No****8** Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?..... **Yes No****8** Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?..... **Yes No****8** Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?..... **Yes No****8** Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?..... **Yes No****8** Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?..... **Yes No****8** Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?..... **Yes No****8** Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?..... **Yes No****8** Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?..... **Yes No****8** Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?..... **Yes No****8** Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?..... **Yes No****Sign Here**

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

Signature of officer Date Title **EXEC. DIRECTOR**May the IRS discuss this return with the preparer shown below (see instructions)? ☒ Yes ☐ No**Paid Preparer Use Only**Print/Type preparer's name Preparer's signature Date Check ☐ if self-employed PTIN**SUSAN E GORANSON**Firm's name **GORANSON AND ASSOCIATES, INC.** Firm's EIN **455565460**Firm's address **717 COLLEGE AVENUE, FIRST FLOOR****SANTA ROSA, CA 95404** Phone no. **(707) 542-1256**

Schedule C – Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions)

1 Description of property		
(1)		
(2)		
(3)		
(4)		
2 Rent received or accrued		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	
(1)		
(2)		
(3)		
(4)		
Total	Total	
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ▶		(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ▶

Schedule E – Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property		2 Gross income from or allocable to debt-financed property	3 Deductions directly connected with or allocable to debt-financed property SEE ST 2	
			(a) Straight line depreciation (attach sch)	(b) Other deductions (attach schedule)
(1) COMMERCIAL - STANDISH AVENUE, SANTA R		136,672.	59,386.	95,854.
(2)				
(3)				
(4)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjusted basis of or allocable to debt-financed property (attach schedule)	6 Column 4 divided by column 5	7 Gross income reportable (column 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		100.0000 %	136,672.	155,240.
(2)		%		
(3)		%		
(4)		%		
Totals. ▶			Enter here and on page 1, Part I, line 7, column (A). 136,672.	Enter here and on page 1, Part I, line 7, column (B). 155,240.
Total dividends-received deductions included in column 8 ▶				

Schedule F – Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1 Name of controlled organization		2 Employer identification number	Exempt Controlled Organizations		
			3 Net unrelated income (loss) (see instructions)	4 Total of specified payments made	5 Part of column 4 that is included in the controlling organization's gross income
(1)					
(2)					
(3)					
(4)					
Nonexempt Controlled Organizations					
7 Taxable Income		8 Net unrelated income (loss) (see instructions)	9 Total of specified payments made	10 Part of column 9 that is included in the controlling organization's gross income	11 Deductions directly connected with income in column 10
(1)					
(2)					
(3)					
(4)					
Totals. ▶			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).	

Schedule G – Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1 Description of income	2 Amount of income	3 Deductions directly connected (attach schedule)	4 Set-asides (attach schedule)	5 Total deductions and set-asides (column 3 plus column 4)
(1)				
(2)				
(3)				
(4)				
Totals	Enter here and on page 1, Part I, line 9, column (A).			Enter here and on page 1, Part I, line 9, column (B).

Schedule I – Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute columns 5 through 7.	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals	Enter here and on page 1, Part I, line 10, column (A).	Enter here and on page 1, Part I, line 10, column (B).				Enter here and on page 1, Part II, line 26.

Schedule J – Advertising Income (See instructions)**Part I Income From Periodicals Reported on a Consolidated Basis**

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3). If a gain, compute col 5 through 7.	5 Circulation income	6 Readership costs	7 Excess readership costs (col 6 minus col 5, but not more than col 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))						

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3). If a gain, compute cols 5 through 7.	5 Circulation income	6 Readership costs	7 Excess readership costs (col 6 minus col 5, but not more than col 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I ▶						
Totals , Part II (lines 1-5)	Enter here and on page 1, Part I, line 11, column (A).	Enter here and on page 1, Part I, line 11, column (B).				Enter here and on page 1, Part II, line 27.

Schedule K – Compensation of Officers, Directors, and Trustees (see instructions)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
		%	
		%	
		%	
		%	
Total . Enter here and on page 1, Part II, line 14			

Form **4562**Department of the Treasury
Internal Revenue Service (99)**Depreciation and Amortization**
(Including Information on Listed Property)

▶ Attach to your tax return.

▶ Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

OMB No. 1545-0172

2015Attachment
Sequence No. **179**

Name(s) shown on return

CALIFORNIA PARENTING INSTITUTE

Business or activity to which this form relates

Identifying number

94-2541640**Part I Election To Expense Certain Property Under Section 179****Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
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-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	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 line 13 of your 2014 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs) ..	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 2016. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)** (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2015	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B — Assets Placed in Service During 2015 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only — see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19 a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27.5 yrs	MM	S/L	
i Nonresidential real property			27.5 yrs	MM	S/L	
			39 yrs	MM	S/L	
				MM	S/L	

Section C — Assets Placed in Service During 2015 Tax Year Using the Alternative Depreciation System

20 a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations — see instructions	22	
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

BAA For Paperwork Reduction Act Notice, see separate instructions.

FDIZ0812L 10/27/15

Form **4562** (2015)

2015

California Exempt Organization
Annual Information Return

199

Calendar Year 2015 or fiscal year beginning (mm/dd/yyyy) 7/01/2015, and ending (mm/dd/yyyy) 6/30/2016

Corporation/Organization name

CALIFORNIA PARENTING INSTITUTE

California corporation number

0895542

Additional information. See instructions.

FEIN

94-2541640

Street address (suite or room)

3650 STANDISH AVENUE

PMB no.

City

SANTA ROSA

State

CA

ZIP code

95407

Foreign country name

Foreign province/state/county

Foreign postal code

<p>A First Return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>B Amended Return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>C IRC Section 4947(a)(1) trust <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>D Final Information Return?</p> <p> <input type="checkbox"/> Dissolved <input type="checkbox"/> Surrendered (Withdrawn) <input type="checkbox"/> Merged/Reorganized</p> <p> Enter date (mm/dd/yyyy)</p> <p>E Check accounting method:</p> <p> 1 <input type="checkbox"/> Cash 2 <input checked="" type="checkbox"/> Accrual 3 <input type="checkbox"/> Other</p> <p>F Federal return filed? 1 <input checked="" type="checkbox"/> 990T 2 <input type="checkbox"/> 990-PF 3 <input type="checkbox"/> Sch H (990)</p> <p> 4 <input type="checkbox"/> Other 990 series</p> <p>G Is this a group filing? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>H Is this organization in a group exemption? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p> If 'Yes,' what is the parent's name?</p> <p>I Did the organization have any changes to its guidelines not reported to the FTB? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>J If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>K Is the organization exempt under R&TC Section 23701g? ... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p> If 'Yes,' enter the gross receipts from nonmember sources \$</p> <p>L If organization is exempt under R&TC Section 23701d and meets the filing fee exception, check box.</p> <p> No filing fee is required <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>M Is the organization a Limited Liability Company? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>N Did the organization file Form 100 or Form 109 to report taxable income? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>O Is the organization under audit by the IRS or has the IRS audited in a prior year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>P Is federal Form 1023/1024 pending? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p> Date filed with IRS</p>
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CACAT112L 12/31/15

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

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8.	1	427,657.
	2	Gross dues and assessments from members and affiliates.	2	
	3	Gross contributions, gifts, grants, and similar amounts received. SEE SCH. B.	3	3,626,751.
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Instruction B.	4	4,054,408.
	5	Cost of goods sold.	5	
	6	Cost or other basis, and sales expenses of assets sold.	6	
	7	Total costs. Add line 5 and line 6.	7	
	8	Total gross income. Subtract line 7 from line 4.	8	4,054,408.
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18.	9	4,517,603.
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8.	10	-463,195.
Filing Fee	11	Total payments.	11	
	12	Use tax. See General Instruction K.	12	
	13	Payments balance. If line 11 is more than line 12, subtract line 12 from line 11.	13	
	14	Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12.	14	
	15	Filing fee \$10 or \$25. See General Instruction F.	15	
	16	Penalties and Interest. See General Instruction J.	16	
	17	Balance due. Add line 12, line 15, and line 16. Then subtract line 11 from the result.	17	0.
Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
	Signature of officer	Title	Date	Telephone
		EXEC. DIRECTOR		707-585-6108
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed	PTIN
			<input type="checkbox"/>	P00049464
	Firm's name (or yours, if self-employed) and address	GORANSON AND ASSOCIATES, INC.		
		717 COLLEGE AVENUE, FIRST FLOOR		
		SANTA ROSA, CA 95404		
		FEIN		
		455565460		
		Telephone		
		(707) 542-1256		
May the FTB discuss this return with the preparer shown above? See instructions. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				

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

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions.	•	1	
	2	Interest	•	2	1,699.
	3	Dividends	•	3	
	4	Gross rents	•	4	136,672.
	5	Gross royalties	•	5	
	6	Gross amount received from sale of assets (See instructions)	•	6	
	7	Other income. Attach schedule. SEE STATEMENT 1	•	7	289,286.
	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	427,657.
	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule. SEE STATEMENT 2	•	9	193,607.
Expenses and Disbursements	10	Disbursements to or for members	•	10	
	11	Compensation of officers, directors, and trustees. Attach schedule. SEE STMT 3	•	11	96,989.
	12	Other salaries and wages	•	12	2,613,633.
	13	Interest	•	13	81,604.
	14	Taxes	•	14	238,104.
	15	Rents	•	15	76,957.
	16	Depreciation and depletion (See instructions)	•	16	200,678.
	17	Other Expenses and Disbursements. Attach schedule. SEE STATEMENT 4	•	17	1,016,031.
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9.	•	18	4,517,603.

Schedule L Balance Sheet		Beginning of taxable year		End of taxable year	
		(a)	(b)	(c)	(d)
Assets					
1	Cash		2,317,761.		2,062,562.
2	Net accounts receivable		448,371.		314,135.
3	Net notes receivable				
4	Inventories				
5	Federal and state government obligations				
6	Investments in other bonds				
7	Investments in stock				
8	Mortgage loans				
9	Other investments. Attach schedule				
10 a	Depreciable assets	5,350,909.		5,453,791.	
b	Less accumulated depreciation	1,462,455.	3,888,454.	1,663,136.	3,790,655.
11	Land				
12	Other assets. Attach schedule. STM 5		19,083.		15,153.
13	Total assets		6,673,669.		6,182,505.
Liabilities and net worth					
14	Accounts payable		247,121.		231,260.
15	Contributions, gifts, or grants payable				
16	Bonds and notes payable				
17	Mortgages payable		2,877,803.		2,865,695.
18	Other liabilities. Attach schedule. STM 6		10,032.		10,032.
19	Capital stock or principal fund		3,538,713.		3,075,518.
20	Paid-in or capital surplus. Attach reconciliation.				
21	Retained earnings or income fund				
22	Total liabilities and net worth		6,673,669.		6,182,505.

Schedule M-1 Reconciliation of income per books with income per return

Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.

1	Net income per books	•	-463,195.	7	Income recorded on books this year not included in this return. Attach schedule	•	
2	Federal income tax	•		8	Deductions in this return not charged against book income this year. Attach schedule.	•	
3	Excess of capital losses over capital gains	•		9	Total. Add line 7 and line 8		
4	Income not recorded on books this year. Attach schedule.	•		10	Net income per return. Subtract line 9 from line 6.		-463,195.
5	Expenses recorded on books this year not deducted in this return. Attach schedule	•					
6	Total. Add line 1 through line 5.		-463,195.				

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

Department of the Treasury
Internal Revenue Service

CALIFORNIA COPY
Schedule of Contributors

► **Attach to Form 990, Form 990-EZ, or Form 990-PF.**
► Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Name of the organization

CALIFORNIA PARENTING INSTITUTE

Employer identification number

94-2541640

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

Special Rules

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ► \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer 'No' on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does 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, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of organization

CALIFORNIA PARENTING INSTITUTE

Employer identification number

94-2541640

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

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	COMMUNITY FDN OF SONOMA CO 120 STONY POINT RD #220 SANTA ROSA, CA 95401	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	SONOMA COUNTY HEALTH SERVICES-MHSA 3322 CHANATE ROAD SANTA ROSA, CA 95404	\$ 160,137.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	CA EMERGENCY MGMT CALEMA 3650 SCHREIVER AVENUE MATHER, CA 95655	\$ 136,462.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	NORTH BAY REGIONAL CENTER 2351 MENDOCINO AVENUE SANTA ROSA, CA 95403	\$ 38,640.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	SONOMA COUNTY DEPT OF HLTH SVC MAA 3313 CHANATE ROAD SANTA ROSA, CA 95404	\$ 935,566.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	SONOMA COUNTY OFFICE OF EDUCATION 5340 SKYLANE BOULEVARD SANTA ROSA, CA 95403	\$ 818,234.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

CALIFORNIA PARENTING INSTITUTE

Employer identification number

94-2541640

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

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	SO CO CHILDREN & FAMILIES COMM 475 AVIATION BLVD SANTA ROSA, CA 95403	\$ 103,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	SONOMA CO SHERIFF'S DEPARTMENT 2796 VENTURA AVENUE SANTA ROSA, CA 95403	\$ 44,227.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	SPEEDWAY CHILDREN'S CHARITIES HWYS 37 & 121 SONOMA, CA 95476	\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	KAISER PERMANENTE 401 BICENTENNIAL WAY SANTA ROSA, CA 95403	\$ 21,384.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	CAPIT PCA P O BOX SANTA ROSA, CA 95401	\$ 66,811.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	JEWISH COMMUNICTY FED. & ENDOWMENT 121 STEUART STREET SAN FRANCISCO, CA 94105	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

CALIFORNIA PARENTING INSTITUTE

Employer identification number

94-2541640

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

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	SONOMA COUNTY PROBATION DEPT 600 ADMINISTRATION DR STE 104J SANTA ROSA, CA 95403	\$ 203,595.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	PAUL H PUSEY FOUNDATION POST OFFICE BOX 111928 NAPLES, FL 34108-0133	\$ 13,700.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	ERNEST AND RUTH FINLEY FOUNDATION 1400 N DUTTON AVENUE SANTA ROSA, CA 95401	\$ 68,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	SONOMA VALLEY VINTNERS 783 BROADWAY SONOMA, CA 95476	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	SONOMA CO CPS 1202 APOLLO WAY SANTA ROSA, CA 95407	\$ 15,860.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	COLLEGE HEALTH IPA - BEACON 5665 PLAZA DRIVE CYPRESS, CA 90630	\$ 6,581.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

CALIFORNIA PARENTING INSTITUTE

Employer identification number

94-2541640

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

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	SONOMA COUNTY BEHAVIORAL HEALTH MC 3324 CHANATE ROAD SANTA ROSA, CA 95404	\$ 768,848.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	AMERICAN RIVER BANK 90 S E STREET #110 SANTA ROSA, CA 95404	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	JOHN JORDAN FOUNDATION POST OFFICE BOX 1949 HEALDSBURG, CA 95448	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	DON YODER FOUNDATION 6600 BENNETT VALLEY ROAD SANTA ROSA, CA 95404	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Employer identification number

94-2541640

Part II

[illegible]

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of organization

CALIFORNIA PARENTING INSTITUTE

Employer identification number

94-2541640

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) \$ _____ N/A

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

2015

CALIFORNIA STATEMENTS

PAGE 1

CLIENT 18050

CALIFORNIA PARENTING INSTITUTE

94-2541640

3/09/17

02:17PM

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

INCOME FROM SPECIAL EVENTS.....	\$	65,484.
PROGRAM SERVICE REVENUE.....		223,802.
TOTAL	\$	<u>289,286.</u>

STATEMENT 2
FORM 199, PART II, LINE 9
CONTRIBUTIONS, GIFTS, GRANTS, AND SIMILAR AMOUNTS PAID

DONEE'S NAME:	SOCIAL ADVOCATES FOR YOUTH	
DONEE'S STREET ADDRESS:	2447 SUMMERFIELD ROAD	
DONEE'S CITY, STATE, ZIP:	SANTA ROSA, CA 95405	
AMOUNT GIVEN:		85,456.

DONEE'S NAME:	PETALUMA PEOPLE SERVICES CTR	
DONEE'S STREET ADDRESS:	1500 PETALUMA BLVD SO	
DONEE'S CITY, STATE, ZIP:	PETALUMA, CA 94952	
AMOUNT GIVEN:		108,151.

TOTAL	\$	<u>193,607.</u>
-------	----	-----------------

STATEMENT 3
FORM 199, PART II, LINE 11
COMPENSATION OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

CURRENT OFFICERS:

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
BRIANA MAUGHAN REYES 3650 STANDISH AVENUE SANTA ROSA, CA 95407	SECRETARY 2.00	\$ 0.	\$ 0.	\$ 0.
JAMES BARNES 3650 STANDISH AVENUE SANTA ROSA, CA 95407	DIRECTOR 2.00	0.	0.	0.
JEANNE MISKEL 3650 STANDISH AVENUE SANTA ROSA, CA 95407	DIRECTOR 2.00	0.	0.	0.
KIM HUNTER 3650 STANDISH AVENUE SANTA ROSA, CA 95407	DIRECTOR 2.00	0.	0.	0.
STEVE FREITAS 3650 STANDISH AVENUE SANTA ROSA, CA 95407	DIRECTOR 2.00	0.	0.	0.

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STATEMENT 3 (CONTINUED)**FORM 199, PART II, LINE 11****COMPENSATION OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES****CURRENT OFFICERS:**

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
NIAL FOLEY 3650 STANDISH AVENUE SANTA ROSA, CA 95407	DIRECTOR 2.00	\$ 0.	\$ 0.	\$ 0.
ROBIN BOWEN 3650 STANDISH AVENUE SANTA ROSA, CA 95407	EXECUTIVE DIR. 40.00	96,989.	0.	0.
NANCY DOUGHERTY 3650 STANDISH AVENUE SANTA ROSA, CA 95407	VICE PRESIDENT 2.00	0.	0.	0.
JOHN EVANS 3650 STANDISH AVENUE SANTA ROSA, CA 95407	DIRECTOR 2.00	0.	0.	0.
AMY SCHULZE 3650 STANDISH AVENUE SANTA ROSA, CA 95407	PRESIDENT 2.00	0.	0.	0.
LAURA MCARTHUR 3650 STANDISH AVENUE SANTA ROSA, CA 95407	DIRECTOR 2.00	0.	0.	0.
DEBORAH HAAS 3650 STANDISH AVENUE SANTA ROSA, CA 95407	TREASURER 2.00	0.	0.	0.
TOTAL		\$ 96,989.	\$ 0.	\$ 0.

STATEMENT 4**FORM 199, PART II, LINE 17****OTHER EXPENSES**

COMMUNICATIONS.....	\$ 23,106.
COMMUNITY OUTREACH.....	22,637.
COMPUTER SUPPORT.....	49,497.
EQUIPMENT LEASE & MAINTENANCE.....	36,345.
INSURANCE.....	46,680.
OTHER EMPLOYEE BENEFIT.....	212,379.
OTHER FEES.....	195,747.
OTHER OPERATING EXPENSE.....	60,718.
POSTAGE AND SHIPPING.....	3,745.
PRINTING AND PUBLICATIONS.....	14,610.
RENTAL EXPENSES.....	95,854.
SCBC EXPENSE.....	22,824.
SPECIAL EVENT EXPENSES.....	20,644.
SUPPLIES AND EQUIPMENT.....	156,009.

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**STATEMENT 4 (CONTINUED)
FORM 199, PART II, LINE 17
OTHER EXPENSES**

TRAVEL.....	\$ 55,236.
TOTAL	<u>\$ 1,016,031.</u>

**STATEMENT 5
FORM 199, SCHEDULE L, LINE 12
OTHER ASSETS**

PREPAID EXPENSES AND DEFERRED CHARGES.....	15,153.
TOTAL	<u>\$ 15,153.</u>

**STATEMENT 6
FORM 199, SCHEDULE L, LINE 18
OTHER LIABILITIES**

SECURITY DEPOSITS.....	10,032.
TOTAL	<u>\$ 10,032.</u>

DUPLICATE

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2015 CALIFORNIA BOOK SUMMARY DEPRECIATION SCHEDULE

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NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179/ SDA	PRIOR 179/ SDA/ DEPR.	METHOD	LIFE	CURRENT DEPR.
RENTAL ACTIVITY - COMMERCIAL - STANDISH AVENUE, SANTA R										
BUILDINGS										
1	BUILDING	6/15/00		1,501,916			823,644	S/L	30	50,064
3	RENOVATION PROJECT	6/30/09		37,542			11,262	S/L	20	1,877
4	RENOVATION PROJECT	6/30/08		1,122,249			392,784	S/L	20	56,112
5	OTHER - RENOVATION PROJEC	6/30/09		35,866			35,866	S/L	20	0
	TOTAL BUILDINGS			2,697,573		0	1,263,556			108,053
FURNITURE AND FIXTURES										
6	RENOVATION PROJECT	6/30/08		128,608			90,027	S/L	10	12,861
	TOTAL FURNITURE AND FIXTURE			128,608		0	90,027			12,861
LAND										
2	LAND	6/15/00		643,679						0
	TOTAL LAND			643,679		0	0			0
	TOTAL DEPRECIATION			3,469,860		0	1,353,583			120,914
	GRAND TOTAL DEPRECIATION			3,469,860		0	1,353,583			120,914

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2015 CA UNRELATED BUSINESS SUMMARY DEPR. SCHEDULE

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NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179/ SDA	PRIOR 179/ SDA/ DEPR.	METHOD	LIFE	CURRENT DEPR.
FORM 109										
LAND										
2	LAND	6/15/00		643,679						0
TOTAL LAND				643,679		0	0			0
TOTAL DEPRECIATION				643,679		0	0			0
GRAND TOTAL DEPRECIATION				643,679		0	0			0

DUPLICATE

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2015 CALIFORNIA BOOK DEPRECIATION SCHEDULE

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NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
RENTAL ACTIVITY - COMMERCIAL - STANDISH AVENUE, SANTA R																
BUILDINGS																
1	BUILDING	6/15/00		1,501,916							1,501,916	823,644	S/L	30		50,064
3	RENOVATION PROJECT	6/30/09		37,542							37,542	11,262	S/L	20		1,877
4	RENOVATION PROJECT	6/30/08		1,122,249							1,122,249	392,784	S/L	20		56,112
5	OTHER - RENOVATION PROJEC	6/30/09		35,866							35,866	35,866	S/L	20		0
	TOTAL BUILDINGS			2,697,573		0	0	0	0	0	2,697,573	1,263,556				108,053
FURNITURE AND FIXTURES																
6	RENOVATION PROJECT	6/30/08		128,608							128,608	90,027	S/L	10		12,861
	TOTAL FURNITURE AND FIXTURE			128,608		0	0	0	0	0	128,608	90,027				12,861
LAND																
2	LAND	6/15/00		643,679							643,679					0
	TOTAL LAND			643,679		0	0	0	0	0	643,679	0				0
	TOTAL DEPRECIATION			3,469,860		0	0	0	0	0	3,469,860	1,353,583				120,914
	GRAND TOTAL DEPRECIATION			3,469,860		0	0	0	0	0	3,469,860	1,353,583				120,914

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2015 CALIFORNIA UNRELATED BUSINESS DEPRECIATION SCHEDULE

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NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
FORM 109																
LAND																
2	LAND	6/15/00		643,679							643,679					0
	TOTAL LAND			643,679		0	0	0	0	0	643,679	0				0
	TOTAL DEPRECIATION			643,679		0	0	0	0	0	643,679	0				0
	GRAND TOTAL DEPRECIATION			643,679		0	0	0	0	0	643,679	0				0

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NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
RENTAL ACTIVITY - COMMERCIAL - STANDISH AVENUE, SANTA R																
BUILDINGS																
1	BUILDING	6/15/00		1,501,916							1,501,916	873,708	S/L	30		50,064
3	RENOVATION PROJECT	6/30/09		37,542							37,542	13,139	S/L	20		1,877
4	RENOVATION PROJECT	6/30/08		1,122,249							1,122,249	448,896	S/L	20		56,112
5	OTHER - RENOVATION PROJEC	6/30/09		35,866							35,866	35,866	S/L	20		0
	TOTAL BUILDINGS			2,697,573		0	0	0	0	0	2,697,573	1,371,609				108,053
FURNITURE AND FIXTURES																
6	RENOVATION PROJECT	6/30/08		128,608							128,608	102,888	S/L	10		12,861
	TOTAL FURNITURE AND FIXTURE			128,608		0	0	0	0	0	128,608	102,888				12,861
LAND																
2	LAND	6/15/00		643,679							643,679					0
	TOTAL LAND			643,679		0	0	0	0	0	643,679	0				0
	TOTAL DEPRECIATION			3,469,860		0	0	0	0	0	3,469,860	1,474,497				120,914
	GRAND TOTAL DEPRECIATION			3,469,860		0	0	0	0	0	3,469,860	1,474,497				120,914

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2016 CALIFORNIA UNRELATED BUSINESS DEPRECIATION SCHEDULE

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NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
FORM 109																
LAND																
2	LAND	6/15/00		643,679							643,679					0
	TOTAL LAND			643,679		0	0	0	0	0	643,679	0				0
	TOTAL DEPRECIATION			643,679		0	0	0	0	0	643,679	0				0
	GRAND TOTAL DEPRECIATION			643,679		0	0	0	0	0	643,679	0				0

DUPLICATE

2015

California Exempt Organization
Business Income Tax Return

109

Calendar Year 2015 or fiscal year beginning (mm/dd/yyyy) 7/01/2015, and ending (mm/dd/yyyy) 6/30/2016.

Corporation/Organization name

CALIFORNIA PARENTING INSTITUTE

Additional information. See instructions.

California corporation number

0895542

FEIN

94-2541640

Street address (suite/room no.)

3650 STANDISH AVENUE

City (If the corporation has a foreign address, see instructions.)

SANTA ROSA

Foreign country name

Foreign province/state/county

State

CA

ZIP code

95407

Foreign postal code

A First Return Filed? ☐ Yes ☒ NoB Is this an education IRA within the meaning of R&TC Section 23712? ☐ Yes ☒ NoC Is the organization under audit by the IRS or has the IRS audited in a prior year? ☐ Yes ☒ No

D Final Return?

☐ Dissolved ☐ Surrendered (Withdrawn) ☐ Merged/Reorganized

Enter date (mm/dd/yyyy)

E Amended Return ☐ Yes ☒ NoF Accounting Method Used: (1) ☐ Cash (2) ☒ Accrual (3) ☐ Other

G Nature of trade or business

H Is the organization a non-exempt charitable trust as described in IRC Section 4947(a)(1)? ☐ Yes ☒ NoI Is this organization claiming any former; Enterprise Zone (EZ), Los Angeles Revitalization Zone (LARZ), Local Agency Military Base Recovery Area (LAMBRA), Targeted Tax Area (TTA), or Manufacturing Enhancement Area (MEA) tax benefits? ☐ Yes ☒ NoJ Is this organization a qualified pension, profit-sharing, or stock bonus plan as described in IRC Section 401(a)? ☐ Yes ☒ No

K Unrelated Business Activity (UBA) Code.

L Is this a Hospital? ☐ Yes ☒ No
If "Yes," attach federal Schedule H (Form 990)

Taxable Corporation	1	Unrelated business taxable income from Side 2, Part II, line 30.	1	-18,568.
	2	Multiply line 1 by the average apportionment percentage _____ % from the Schedule R, Apportionment Formula Worksheet, Part A, line 2 or Part B, line 5. See instructions.	2	
	3	Enter the lesser amount from line 1 or line 2. If the unrelated business activity is wholly in California and Schedule R was not completed, enter the amount from line 1.	3	-18,568.
Taxable Trust	4	Unrelated business taxable income from Side 2, Part II, line 30.	4	
Tax Computation	5	Unrelated business taxable income from line 3 or line 4.	5	
	6	Pierce's disease, EZ, LARZ, LAMBRA, or TTA NOL carryover deduction.	6	
	7	Net Operating Loss deduction. See General Information N.	7	
	8	Add line 6 and line 7.	8	
	9	Net unrelated business taxable income. Subtract line 8 from line 5.	9	
	10	Tax _____ % x line 9. See General Information J.	10	
	11a	New employment credit, amount generated. a) _____ 11b) Amount claimed.	11b	
	11c	Tax credits from Schedule B. See instructions.	11c	
	11d	Total Credits. Add line 11b and 11c.	11d	
Total Tax	12	Balance. Subtract line 11d from line 10. If line 11d is greater than line 10, enter -0-.	12	0.
	13	Alternative minimum tax. See General Information O.	13	
	14	Total tax. Add line 12 and line 13.	14	
Payments	15	Overpayment from a prior year allowed as a credit.	15	
	16	2015 estimated tax payments. See instructions.	16	
	17	Withholding (Form 592-B and/or 593.) See instructions.	17	
	18	Amount paid with extension (form FTB 3539)	18	
	19	Total payments and credits. Add line 15 through line 18.	19	
Use Tax/ Tax Due/ Overpayment	20	Use tax. See instructions.	20	
	21	Payments balance. If line 19 is more than line 20, subtract line 20 from line 19.	21	
	22	Use tax balance. If line 20 is more than line 19, subtract line 19 from line 20.	22	
	23	Tax due. Subtract line 21 from line 14. Pay entire amount with return. See instructions.	23	
	24	Overpayment. Subtract line 14 from line 21. See instructions.	24	
	25	Enter amount of line 24 to be applied to 2016 estimated tax.	25	

Refund or Amount Due	26 Refund. If line 25 is less than line 24, then subtract line 25 from line 24.	26	
	a Fill in the account information to have the refund directly deposited. Routing number	26a	
	b Type: Checking <input type="checkbox"/> Savings <input type="checkbox"/> c Account Number.	26c	
	27 Penalties and interest. See General Information M.	27	
	28 <input type="checkbox"/> Check if estimate penalty computed using Exception B or C and attach form FTB 5806.		
	29 Total amount due. Add line 22, line 23, line 25, and line 27, then subtract line 24.	29	

Unrelated Business Taxable Income**Part I Unrelated Trade or Business Income**

1 a Gross receipts or gross sales	b Less returns and allowances	c Balance	1 c	
2 Cost of goods sold and/or operations (Schedule A, line 7)			2	
3 Gross profit. Subtract line 2 from line 1c.			3	
4 a Capital gain net income. See Specific Line Instructions – Trusts attach Schedule D (541)			4 a	
b Net gain (loss) from Part II, Schedule D-1.			4 b	
c Capital loss deduction for trusts.			4 c	
5 Income (or loss) from partnerships, limited liability companies, or S corporations. See specific line instructions. Attach Schedule K-1 (565, 568, or 100S) or similar schedule.			5	
6 Rental income (Schedule C).			6	
7 Unrelated debt-financed income (Schedule D)			7	-18,568.
8 Investment income of an R&TC Section 23701g, 23701i, or 23701n organization (Schedule E)			8	
9 Interest, Annuities, Royalties and Rents from controlled organizations (Schedule F)			9	
10 Exploited exempt activity income (Schedule G)			10	
11 Advertising income (Schedule H, Part III, Column A)			11	
12 Other income. Attach schedule.			12	
13 Total unrelated trade or business income. Add line 3 through line 12.			13	-18,568.

Part II Deductions Not Taken Elsewhere (Except for contributions, deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees from Schedule I.		14	
15 Salaries and wages.		15	
16 Repairs.		16	
17 Bad debts.		17	
18 Interest. Attach schedule.		18	
19 Taxes. Attach schedule.		19	
20 Contributions. See instructions and attach schedule.		20	
21 a Depreciation (Corporations and Associations – Schedule J) (Trusts – form FTB 3885F)	21 a		
b Less: depreciation claimed on Schedule A. See instructions.	21 b		
22 Depletion. Attach schedule.		22	
23 a Contributions to deferred compensation plans.		23 a	
b Employee benefit programs. See instructions.		23 b	
24 Other deductions. Attach schedule.		24	
25 Total deductions. Add line 14 through line 24.		25	
26 Unrelated business taxable income before allowable excess advertising costs. Subtract line 25 from line 13.		26	-18,568.
27 Excess advertising costs (Schedule H, Part III, Column B).		27	
28 Unrelated business taxable income before specific deduction. Subtract line 27 from line 26.		28	-18,568.
29 Specific deduction. See instructions.		29	
30 Unrelated business taxable income. Subtract line 29 from line 28. If line 28 is a loss, enter line 28.		30	-18,568.

Sign Here	To learn about your privacy rights, how we may use your information, and the consequences for not providing the requested information, go to ftb.ca.gov and search for privacy notice . To request this notice by mail, call 800.852.5711.		
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.		
	Signature of officer	Title EXEC. DIRECTOR	Date
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours, if self-employed) and address		Telephone
	GORANSON AND ASSOCIATES, INC.		707-585-6108
	717 COLLEGE AVENUE, FIRST FLOOR		PTIN
	SANTA ROSA, CA 95404		P00049464
	May the FTB discuss this return with the preparer shown above? See instructions.		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Method of inventory valuation (specify) _____

1	Inventory at beginning of year	1	
2	Purchases	2	
3	Cost of labor	3	
4a	Additional IRC Section 263A costs. Attach schedule	4a	
4b	Other costs. Attach schedule	4b	
5	Total. Add line 1 through line 4b	5	
6	Inventory at end of year	6	
7	Cost of goods sold and/or operations. Subtract line 6 from line 5. Enter here and on Side 2, Part I, line 2 ...	7	

Do the rules of IRC Section 263A (with respect to property produced or acquired for resale) apply to this organization? ☐ Yes ☒ No

Schedule B Tax Credits. Do not claim the New Employment Credit on Schedule B.

1	Enter credit name _____ code no. ●	1	
2	Enter credit name _____ code no. ●	2	
3	Enter credit name _____ code no. ●	3	
4	Total. Add line 1 through line 3. If claiming more than 3 credits, enter the total of all claimed credits, except New Employment Credit, on line 4. Enter here and on Side 1, line 11c	4	

Schedule K Add-On Taxes or Recapture of Tax. See instructions.

1	Interest computation under the look-back method for completed long-term contracts. Attach form FTB 3834	1	
2	Interest on tax attributable to installment: a Sales of certain timeshares or residential lots	2a	
	b Method for non-dealer installment obligations	2b	
3	IRC Section 197(f)(9)(B)(ii) election to recognize gain on the disposition of intangibles	3	
4	Credit recapture. Credit name _____	4	
5	Total. Combine the amounts on line 1 through line 4. See instructions	5	

Schedule R Apportionment Formula Worksheet. Use only for unrelated trade or business amounts.

Part A. Standard Method – Single-Sales Factor Formula. Complete this part only if the corporation uses the single-sales factor formula.

	(a) Total within and outside California	(b) Total within California	(c) Percent within California [(b) ÷ (a)] x 100
1 Total Sales	●	●	
2 Apportionment percentage. Divide total sales column (b) by total sales column (a) and multiply the result by 100. Enter the result here and on Form 109, Side 1, line 2.			●

Part B. Three Factor Formula. Complete this part only if the corporation uses the three-factor formula.

	(a) Total within and outside California	(b) Total within California	(c) Percent within California [(b) ÷ (a)] x 100
1 Property factor: See instructions	●	●	●
2 Payroll factor: Wages and other compensation of employees	●	●	●
3 Sales factor: Gross sales and/or receipts less returns and allowances	●	●	●
4 Total percentage: Add the percentages in column (c)			
5 Average apportionment percentage: Divide the factor on line 4 by 3 and enter the result here and on Form 109, Side 1, line 2. See instructions for exceptions.			

Schedule C Rental Income from Real Property and Personal Property Leased with Real Property

For rental income from debt-financed property, use Schedule D, R&TC Section 23701g, Section 23701i, and Section 23701n organizations. See instructions for exceptions.

1	Description of property	2	Rent received or accrued	3	Percentage of rent attributable to personal property
					%
					%
					%
4	Complete if any item in column 3 is more than 50%, or for any item if the rent is determined on the basis of profit or income		5 Complete if any item in column 3 is more than 10%, but not more than 50%		
(a)	Deductions directly connected (attach schedule)	(b)	Income includible, column 2 less column 4(a)	(a)	Gross income reportable, column 2 x column 3
				(b)	Deductions directly connected with personal property (att sch)
				(c)	Net income includible, column 5(a) less column 5(b)

Add columns 4(b) and column 5(c). Enter here and on Side 2, Part I, line 6.

Schedule D Unrelated Debt-Financed Income

1 Description of debt-financed property		2 Gross income from or allocable to debt-financed property	3 Deductions directly connected with or allocable to debt-financed property		
			(a) Straight-line depreciation (attach schedule)	(b) Other deductions (attach schedule) ST 1	
COMMERCIAL - STANDISH AVENUE, SANTA ROSA		136,672.	59,386.	95,854.	
4 Amount of average acquisition indebtedness on or allocable to debt-financed property (attach schedule)	5 Average adjusted basis of or allocable to debt-financed property (attach schedule)	6 Debt basis percentage, column 4 ÷ column 5	7 Gross income reportable, column 2 x column 6	8 Allocable deductions, total of columns 3(a) and 3(b) x column 6	9 Net income (or loss) includible, column 7 less column 8
		100.000 %	136,672.	155,240.	-18,568.
Total. Enter here and on Side 2, Part I, line 7.					-18,568.

Schedule E Investment Income of an R&TC Section 23701g, 23701i, or 23701n Organization

1 Description	2 Amount	3 Deductions directly connected (attach schedule)	4 Net investment income, column 2 less column 3	5 Set-asides (attach schedule)	6 Balance of investment income, column 4 less column 5
Total. Enter here and on Side 2, Part I, line 8.					
Enter gross income from members (dues, fees, charges, or similar amounts)					

Schedule F Interest, Annuities, Royalties and Rents from Controlled Organizations

		Exempt Controlled Organizations			
1 Name of controlled organizations	2 Employer Identification Number	3 Net unrelated income (loss)	4 Total of specified payments made	5 Part of column (4) that is included in the controlling organization's gross income	6 Deductions directly connected with income in column (5)
1					
2					
3					
Nonexempt Controlled Organizations		8 Net unrelated income (loss)	9 Total of specified payments made	10 Part of column (9) that is included in the controlling organization's gross income	11 Deductions directly connected with income in column (10)
7 Taxable Income					
1					
2					
3					
4 Add columns 5 and 10					
5 Add columns 6 and 11					
6 Subtract line 5 from line 4. Enter here and on Side 2, Part 1, line 9.					

Schedule G Exploited Exempt Activity Income, other than Advertising Income

1 Description of exploited activity (attach schedule if more than one unrelated activity is exploiting the same exempt activity)	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income from unrelated trade or business, column 2 less column 3	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expense, column 6 less column 5 but not more than column 4	8 Net income includible, column 4 less column 7 but not less than zero
Total. Enter here and on Side 2, Part I, line 10.							

Part I Income from Periodicals Reported on a Consolidated Basis

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising income or excess advertising costs. If column 2 is greater than column 3, complete columns 5, 6, and 7. If column 3 is greater than column 2, enter the excess in Part III, column B(b). Do not complete columns 5, 6, and 7.	5 Circulation income	6 Readership costs	7 If column 5 is greater than column 6, enter the income shown in column 4, in Part III, column A(b). If column 6 is greater than column 5, subtract the sum of column 6 and column 3 from the sum of column 5 and column 2. Enter amount in Part III, column A(b). If the amount is less than zero, enter -0-.
Totals.....						

Part III Column A – Net Advertising Income		Part III Column B – Excess Advertising Costs	
(a) Enter 'consolidated periodical' and/or names of non-consolidated periodicals	(b) Enter total amount from Part I, column 4 or 7, and amount listed in Part II, columns 4 or 7	(a) Enter 'consolidated periodical' and/or names of non-consolidated periodicals	(b) Enter total amount from Part I, column 4, and amounts listed in Part II, column 4
Enter total here and on Side 2, Part I, line 11.		Enter total here and on Side 2, Part II, line 27.	

1 Name of Officer	2 SSN or ITIN	3 Title	4 Percent of time devoted to business	5 Compensation attributable to unrelated business	6 Expense account allowances
			%		
			%		
			%		
			%		
			%		
Total. Enter here and on Side 2, Part II, line 14.					

1	Group and guideline class or description of property	2	Date acquired (dd/mm/yyyy)	3	Cost or other basis	4	Depreciation allowed or allowable in prior years	5	Method of computing depreciation	6	Life or rate	7	Depreciation for this year
1	Total additional first-year depreciation (do not include in items below).....												
2	Other depreciation:	SEE ATTACHED DEPRECIATION SCHEDULE											
	Buildings.....												
	Furniture and fixtures.....												
	Transportation equipment...												
	Machinery and other equipment.....												
	Other (specify) _____												
3	Other depreciation.....												
4	Total.....											59,386.	
5	Amount of depreciation claimed elsewhere on return.....											59,386.	
6	Balance. Subtract line 5 from line 4. Enter here and on Side 2, Part II, line 21a.....												

2015**Net Operating Loss (NOL) Computation and
NOL and Disaster Loss Limitations – Corporations****3805Q**

Attach to Form 100, Form 100W, Form 100S, or Form 109.

Corporation name CALIFORNIA PARENTING INSTITUTE	California corporation number 0895542
During the taxable year the corporation incurred the NOL, the corporation was a(n): <input checked="" type="radio"/> <input type="checkbox"/> C Corporation	FEIN
<input checked="" type="radio"/> <input type="checkbox"/> S Corporation <input checked="" type="radio"/> <input checked="" type="checkbox"/> Exempt organization <input checked="" type="radio"/> <input type="checkbox"/> Limited liability company (electing to be taxed as a corporation)	94-2541640

If the corporation previously filed California tax returns under another corporate name, enter the corporation name and California corporation number:

☒

If the corporation is included in a combined report of a unitary group, see instructions, General Information C, Combined Reporting.

Part I Current year NOL. If the corporation does not have a current year NOL, go to Part II.

1 Net loss from Form 100, line 18; Form 100W, line 18; Form 100S, line 15; or Form 109, line 2. Enter as a positive number.	1	18,568.
2 2015 disaster loss included in line 1. Enter as a positive number.	2	
3 Subtract line 2 from line 1. If zero or less, enter -0- and see instructions.	3	18,568.
4a Enter the amount of the loss incurred by a new business included in line 3.	4a	
b Enter the amount of the loss incurred by an eligible small business included in line 3.	4b	18,568.
c Add line 4a and line 4b.	4c	18,568.
5 General NOL. Subtract line 4c from line 3.	5	
6 Current year NOL. Add line 2, line 4c, and line 5. See instructions.	6	18,568.

If the corporation is using the current year NOL to carryback to offset net income for taxable years 2013 and/or 2014, complete Part III, NOL carryback, on Side 2 **before** completing Part I, lines 7-9 below.

7 2015 NOL carryback used to offset 2013 net income. Enter the amount from Part III, line 3, column (e).	7	
8 2015 NOL carryback used to offset 2014 net income. Enter the amount from Part III, line 3, column (g).	8	
9 2015 NOL carryover to 2016. Add line 7 and line 8, then subtract the result from line 6. See instructions.	9	18,568.

Election to waive carryback☒ ☒ Check the box if the corporation elects to relinquish the entire carryback period with respect to 2015 NOL under IRC Section 172(b)(3). By making the election, the corporation is electing to carry an NOL forward instead of carrying it back in the previous two years. Once the election is made, it's **irrevocable**. See instructions.Continue with Part II, NOL carryover and disaster loss carryover limitations. **Do not** complete Part III, NOL carryback.**Part II NOL carryover and disaster loss carryover limitations.** See Instructions.

1 Net income — Enter the amount from Form 100, line 18; Form 100W, line 18; Form 100S, line 15 less line 16; or Form 109, line 2; (but not less than -0-).	<input checked="" type="radio"/>	(g) Available balance	
--	----------------------------------	--------------------------	--

Prior Year NOLs

(a) Year of loss	(b) Code — See instructions	(c) Type of NOL — See below*	(d) Initial loss	(e) Carryover from 2014	(f) Amount used in 2015	(g) Available balance	(h) Carryover to 2016 col. (e) — col. (f)
2 <input checked="" type="radio"/> 2006		ESB	21,396.	<input checked="" type="radio"/> 10,465.	0.	0.	<input checked="" type="radio"/> 10,465.
<input checked="" type="radio"/> 2007		ESB	2,303.	<input checked="" type="radio"/> 2,303.	0.	0.	<input checked="" type="radio"/> 2,303.
<input checked="" type="radio"/> 2008		ESB	633.	<input checked="" type="radio"/> 633.	0.	0.	<input checked="" type="radio"/> 633.
<input checked="" type="radio"/> 2009		ESB	43,796.	<input checked="" type="radio"/> 43,796.	0.	0.	<input checked="" type="radio"/> 43,796.

Current Year NOLs

							col. (d) — col. (f) See instructions.
3 2015		DIS					
4 2015		ESB	18,568.				18,568.
2015							
2015							
2015							

*Type of NOL: General (GEN), New Business (NB), Eligible Small Business (ESB), or Disaster (DIS).

2015**Net Operating Loss (NOL) Computation and
NOL and Disaster Loss Limitations – Corporations****3805Q**

Attach to Form 100, Form 100W, Form 100S, or Form 109.

CONTINUATION SHEET PAGE 2

Corporation name

California corporation number

CALIFORNIA PARENTING INSTITUTE**0895542**During the taxable year the corporation incurred the NOL, the corporation was a(n): ☒ C Corporation☒ S Corporation ☒ Exempt organization ☐ Limited liability company (electing to be taxed as a corporation)

FEIN

94-2541640

If the corporation previously filed California tax returns under another corporate name, enter the corporation name and California corporation number:

☒

If the corporation is included in a combined report of a unitary group, see instructions, General Information C, Combined Reporting.

Part I Current year NOL. If the corporation does not have a current year NOL, go to Part II.

- 1 Net loss from Form 100, line 18; Form 100W, line 18; Form 100S, line 15; or Form 109, line 2.
Enter as a positive number. **1**
- 2 2015 disaster loss included in line 1. Enter as a positive number. **2**
- 3 Subtract line 2 from line 1. If zero or less, enter -0- and see instructions. **3**
- 4a Enter the amount of the loss incurred by a new business included in line 3. **4a**
- b Enter the amount of the loss incurred by an eligible small business included in line 3. **4b**
- c Add line 4a and line 4b. **4c**
- 5 General NOL. Subtract line 4c from line 3. **5**
- 6 Current year NOL. Add line 2, line 4c, and line 5. See instructions. ☒ **6**
- If the corporation is using the current year NOL to carryback to offset net income for taxable years 2013 and/or 2014, complete Part III, NOL carryback, on Side 2 **before** completing Part I, lines 7-9 below.
- 7 2015 NOL carryback used to offset 2013 net income. Enter the amount from Part III, line 3, column (e). ☒ **7**
- 8 2015 NOL carryback used to offset 2014 net income. Enter the amount from Part III, line 3, column (g). ☒ **8**
- 9 2015 NOL carryover to 2016. Add line 7 and line 8, then subtract the result from line 6. See instructions. ☒ **9**

Election to waive carryback☒ Check the box if the corporation elects to relinquish the entire carryback period with respect to 2015 NOL under IRC Section 172(b)(3). By making the election, the corporation is electing to carry an NOL forward instead of carrying it back in the previous two years. Once the election is made, it's **irrevocable**. See instructions.Continue with Part II, NOL carryover and disaster loss carryover limitations. **Do not** complete Part III, NOL carryback.**Part II NOL carryover and disaster loss carryover limitations.** See Instructions.

		(g) Available balance	
1	Net income — Enter the amount from Form 100, line 18; Form 100W, line 18; Form 100S, line 15 less line 16; or Form 109, line 2; (but not less than -0-). <input checked="" type="radio"/>		

Prior Year NOLs

(a) Year of loss	(b) Code — See instructions	(c) Type of NOL — See below*	(d) Initial loss	(e) Carryover from 2014	(f) Amount used in 2015	(g) Available balance	(h) Carryover to 2016 col. (e) — col. (f)
2 <input checked="" type="radio"/> 2010		ESB	1,495.	<input checked="" type="radio"/> 1,495.	0.	0.	<input checked="" type="radio"/> 1,495.
<input checked="" type="radio"/> 2011		ESB	11,151.	<input checked="" type="radio"/> 11,151.	0.	0.	<input checked="" type="radio"/> 11,151.
<input checked="" type="radio"/> 2014		ESB	25,006.	<input checked="" type="radio"/> 25,006.	0.	0.	<input checked="" type="radio"/> 25,006.
<input checked="" type="radio"/>				<input checked="" type="radio"/>			<input checked="" type="radio"/>

Current Year NOLs

							col. (d) — col. (f) See instructions.
3 2015		DIS					
4 2015							
2015							
2015							
2015							

*Type of NOL: General (GEN), New Business (NB), Eligible Small Business (ESB), or Disaster (DIS).

Part III NOL carryback

1 2013 Net income — Enter the amount from 2013 Form 100, line 23; Form 100W, line 23; Form 100S, line 21; or taxable income from Form 109, line 9; (but not less than -0-).....								
2 2014 Net income — Enter the amount from 2014 Form 100, line 22; Form 100W, line 22; Form 100S, line 20; or taxable income from Form 109, line 9; (but not less than -0-).....								
(a) Year of loss	(b) Code — See instructions	(c) Type of NOL — See below*	(d) Initial Loss	2013		2014		(i) Carryover to 2016 col. (d) minus [col. (e) plus col. (g)]
				(e) Carryback used — See instructions	(f) After carryback col. (d) minus col. (e)	(g) Carryback used — See instructions	(h) After carryback col. (f) minus col. (g)	
3 2015								
2015								
2015								
2015								
2015								

*Type of NOL: General (GEN), New Business (NB), Eligible Small Business (ESB), or NOL attributable to a qualified disaster loss (DIS).

Part IV 2015 NOL deduction

- 1 Total the amounts in Part II, line 2, column (f)..... ☒ 1 _____ 0.
- 2 Enter the total amount from line 1 that represents disaster loss carryover deduction here and on Form 100, line 21; Form 100W, line 21; or Form 100S, line 19. Form 109 filers enter -0-..... ☐ 2 _____ 0.
- 3 Subtract line 2 from line 1. Enter the result here and on Form 100, line 19; Form 100W, line 19; Form 100S, line 17; or Form 109, line 7..... ☒ 3 _____ 0.

2015

CALIFORNIA STATEMENTS

PAGE 1

CLIENT 18050

CALIFORNIA PARENTING INSTITUTE

94-2541640

3/09/17

02:17PM

STATEMENT 1
FORM 109, SCHEDULE D, LINE 3B
OTHER DEDUCTIONS

COMMERCIAL - STANDISH AVENUE, SANTA ROSA

LEGAL AND PROFESSIONAL FEES.....	\$	14,616.
INTEREST.....		42,777.
PERSONNEL COSTS.....		5,480.
EMPLOYEE BENEFITS.....		38.
OCCUPANCY.....		32,628.
COMPUTER SUPPORT.....		315.
TOTAL	\$	<u>95,854.</u>

DUPLICATE

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>42204</u> <hr/> CALIFORNIA PARENTING INSTITUTE <small>Name of Organization</small> <hr/> 3650 STANDISH AVENUE <small>Address (Number and Street)</small> <hr/> SANTA ROSA, CA 95407 <small>City or Town</small> <small>State</small> <small>ZIP Code</small>	Check if: <input type="checkbox"/> Change of address <input type="checkbox"/> Amended report <hr/> Corporate or Organization No. <u>0895542</u> <hr/> Federal Employer I.D. No. <u>94-2541640</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 7/01/15 ending 6/30/16) list:
 Gross annual revenue \$ 3,878,524. Total assets \$ 6,182,505.

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. SEE STATEMENT 1	<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 707-585-6108

Organization's e-mail address ROBINB@CALPARENTS.ORG

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.

ROBIN BOWEN	EXEC. DIRECTOR	
<small>Signature of authorized officer</small>	<small>Printed Name</small>	<small>Title</small> <small>Date</small>

3/09/17

02:17PM

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

SONOMA COUNTY OFFICE OF EDUCATION
5340 SKYLANE BLVD
SANTA ROSA, CA 95403

STATE OF CALIFORNIA
OFFICE OF EMERGENCY SERVICES
3650 SCHREIVER AVENUE
MATHER, CA 95655

SONOMA COUNTY HEALTH SERVICES - PUBLIC HEALTH
625 FIFTH STREET
SANTA ROSA, CA 95404

SONOMA COUNTY DEPT OF HLTH SVC
FAMILIES AND CHILDREN'S COMMISSION
475 AVIATION BLVD
SANTA ROSA, CA 95403

SONOMA COUNTY SUPERIOR COURT
2796 VENTURA AVENUE
SANTA ROSA, CA 95403

COUNTY OF SONOMA
MENTAL HEALTH DEPARTMENT
3322 CHANATE ROAD
SANTA ROSA, CA 95404

MICHAEL LUCID
707-565-4810

COUNTY OF CONTRA COSTA
MENTAL HEALTH DEPARTMENT
50 DOUGLAS DRIVE, SUITE 310 A
MARTINEZ, CA 94553

LARRY HANOVER
925-646-5259

COUNTY OF SONOMA
OFFICE OF EDUCATION
5340 SKYLANE BOULEVARD
SANTA ROSA, CA 95403

RUTH PETROFF
707-524-2708

MARIN SPECIAL EDUCATION LOCAL PLAN AREA
SHORELINE UNIFIED SCHOOL DISTRICT
1111 LAS GALLINAS AVENUE
POST OFFICE BOX 4925
SAN RAFAEL, CA 94913

STEPHEN ROSENTHAL
415-499-5850

SANTA ROSA CITY SCHOOLS
217 RIDGEWAY AVENUE
SANTA ROSA, CA 95401

DUPLICATE

3/09/17

02:17PM

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

MARY SMITH

PETALUMA CITY SCHOOL DISTRICT
200 DOUGLAS STREET
PETALUMA, CA 94952

PATRICIA RAST

CLOVERDALE UNIFIED SCHOOL DISTRICT
97 SCHOOL STREET
CLOVERDALE, CA 95425

GAIL AUSTIN

COTATI-ROHNERT PARK UNIFIED SCHOOL DISTRICT
7165 BURTON AVENUE
ROHNERT PARK, CA 94928

JOYCE CABRAL

WINDSOR UNIFIED SCHOOL DISTRICT
9291 OLD REDWOOD HWY
WINDSOR, CA 95492

SONOMA VALLEY UNIFIED HIGH SCHOOL DISTRICT
17850 RAILROAD AVENUE
SONOMA, CA 95476

WEST SONOMA COUNTY HIGH SCHOOL DISTRICT
462 JOHNSON STREET
SEBASTOPOL, CA 95472

DUPLICATE