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Form 990-PF

Return of Private Foundation

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

▶ Do not enter social security numbers on this form as it may be made public.

OMB No 1545-0052

Department of the Treasury Internal Revenue Service

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

TOMLINSON POUNDATION Nurses and sewer by P O lists untrinse of mails and celebrate selections of the product of the produc		me of foundation		, and ending	A Employer identification	number
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3652 MONTE RRAL City or town, state or province, country, and ZP or foreign postal code SCONDIDO, CA 92029-7911 G Check all that apply: Initial return Annested return Anne	_1	OMLINSON FOUNDATION			33-0383793	
Description (Continue) Description (Conti		•	address)	Room/suite	1 '	
BCONDIDO, CA 92029-7911 6 Check all blat apply: Intel return Annended return A					(858)558-9	200
G Check all that apply: Instal return Instal return Address Stange 1 Foregon organizations, check here 2 Foregon organizations 2 Foregon o			ostal code		C If exemption application is p	ending, check here
Final return			1			abadi basa 🔊 🗖
Address change Addres	G (rmer public charity	1 Foreign organizations	s, cneck nere
H. Check type of organization: X Section 501(c)(3) exemple private foundation Section 4947(a)(1) nonexempt charitable trust Section 4947(a)(1) nonexempt charitable trust Other trustable private foundation If arm market value of all assets at end of year Accounting method: X Cash			=		2 Foreign organizations me	eting the 85% test,
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International Process Int	I Fa	177			1	
Part Analysis of Revenue and Expenses (a) Revenue and Expenses (b) Met investment (c) Adjusted mit (d) Discussion (d) Processes per books (d) Discussion (d) Processes per books (d) Discussion (d) Processes (d) Pr		rom Part II, col. (c), line 16)	ner (specify)		I T	
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1 Contributions, grits, grants, etc., received 43,140. N/A	Pa	(The total of amounts in columns (b), (c), and (d) may not	(a) Revenue and			(d) Disbursements for charitable purposes
Check		necessarily equal the amounts in column (a))		income		
Interest on savings and temporary 8		, <u> </u>	43,140.	•	N/A	
S		Interest on savings and temporary	0			СПАПЕМЕНТ 1
Sa Gross rents Description New York Sa Gross rents Description New York Sa Gross rents Description New York Sa Not game of dessipt from fast of assets not on line 10 287,844.		3 cash investments	0.	0.		STATEMENT I
B Net rental income or (loss) 8 Net gain or design from sale of assets not on line 10 b Gross sales press for all 287,844. 7 Capital gain in income (from Part IV, line 2) 9 Net short-term capital gain 9 Income modifications 10a and allowances b Less Cast of goods sold c Gross profit or (loss) 11 Other income 12 Total Add lines 1 through 11 13 Compensation of inders, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees b Accounting fees c Other professional fees 17 Interest 18 Taxes STMT 2 2,380. 238. 2,142. 18 Taxes STMT 3 9,093. 0. 85. 11 Other employees and displactions 19 Pension plans, employee benefits 19 Depreciation and depletion 10 Depression and depletion 11 Depression and depletion 12 Depression and depletion 13 Depression and depletion 14 Depression and depletion 15 Depression and depletion 16 Depression and depletion 17 Depression and depletion 18 Depression and depletion 19 Depression and depletion 19 Depression and depletion 20 Coupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Depression and depletion 24 Total operating and administrative 25 Contributions, gifts, grants paid 26 Total expenses and disbursements 27 Add lines 24 and 25 27 Subtract line 26 from line 12: 28 Excess of revenue over expenses and disbursements 319,548. 238. 310,302. 310,302.					-	
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Date Contract sales price for all 287,844		62 Not gain or /loca) from sale of assets not on line 10	244.704.			
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a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) N/A	್ಲೆ		319,548.	238	<u>-</u>	310,302.
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c Adjusted net income (if negative, enter -0-)		· ·	-31,030.	244 474	 	
		1		<u> </u>		
	423		instructions.		010.7	Form 990-PF (2014)

-orr	n 99	0-PF (2014) TOMLINSON FOUNDATION			0383/93 Page 2
Pa	art	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	(b) Book Value	(c) Fair Market Value
1			(a) Book Value	(b) Book value	(c) Fair Warket Value
		Cash - non-interest-bearing	00 257	F.C. C.C.1	E C C C C 1
		Savings and temporary cash investments	88,357.	56,661.	56,661.
	3	Accounts receivable -			
		Less: allowance for doubtful accounts ▶			
	4	Pledges receivable			
	_	Less: allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
ŀ	7	disqualified persons Other notes and loans receivable			
- 1	′	Less: allowance for doubtful accounts			
,,	Ω	Inventories for sale or use			
ssets		Prepaid expenses and deferred charges			
AS		Investments - U.S. and state government obligations			
-		Investments - corporate stock			
		Investments - corporate bonds		**	
		Investments - land, buildings, and equipment basis		<u></u>	
	''	Less accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other			
		Land, buildings, and equipment: basis			
	17	Less accumulated depreciation			
	15	Other assets (describe ►			
		Total assets (to be completed by all filers - see the			
		instructions. Also, see page 1, item I)	88,357.	56,661.	56,661.
	17	Accounts payable and accrued expenses			
	18	Grants payable			
ပ္ပ	19	Deferred revenue			
E E	20	Loans from officers, directors, trustees, and other disqualified persons			
Liabilities	21	Mortgages and other notes payable			
ا د	22	Other liabilities (describe)			
	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow SFAS 117, check here			
		and complete lines 24 through 26 and lines 30 and 31.			
ဗွ် မြ	24	Unrestricted	88,357.	56,661.	
<u>a</u>	25	Temporarily restricted			
Net Assets or Fund Balances	26	Permanently restricted			
5		Foundations that do not follow SFAS 117, check here			
Ē		and complete lines 27 through 31.			
ts	27	Capital stock, trust principal, or current funds			
SSe	28	Paid-in or capital surplus, or land, bldg., and equipment fund			
Ž	29	Retained earnings, accumulated income, endowment, or other funds			
Š	30	Total net assets or fund balances	88,357.	56,661.	
			00 255	56 661	
	31	Total liabilities and net assets/fund balances	88,357.	56,661.	
P	art	III Analysis of Changes in Net Assets or Fund Ba	alances		
	Toto	I not accords on fund halanges at harmonic of year. Dort II. solume (a) line	20		
		I net assets or fund balances at beginning of year - Part II, column (a), line is	JU .		88,357.
	•	st agree with end-of-year figure reported on prior year's return) r amount from Part I, line 27a		1 2	-31,696.
				2 3	-31,696.
		r increases not included in line 2 (itemize) lines 1, 2, and 3			56,661.
		eases not included in line 2 (itemize)		5	0.
		Last assets or fund halances at end of year (line 4 minus line 5) - Part II. co	Jumn (h) Jine 30	6	56.661.

423511 11-24-14 Form **990-PF** (2014)

Part IV Capital Ga	ins and Lo	sses for Tax on In	vestment	Income				
		ind(s) of property sold (e.g. or common stock, 200 shs			(b) How as P - Puro D - Don	cquired hase ation	c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a 3,500 SHS WI	ELLS FA	RGO & CO				D (06/22/95	02/18/14
b 1,500 SHS WI	ELLS FA	RGO & CO				D (06/22/95	05/23/14
c 1,000 SHS W	ELLS FA	RGO & CO		·		D (06/22/95	10/06/14
d								
е			·					
(e) Gross sales price	,,,	Depreciation allowed (or allowable)		st or other basis expense of sale			(h) Gain or (lo (e) plus (f) minu	s (g)
a 161,14				25,16				135,980.
b 74,88				10,78				64,099.
<u>c</u> 51,8:	15.			7,19	0.			44,625.
<u>d</u>								
Complete only for exacts of		aclume (h) and owned by:	the foundation	00.10/21/60			0 (0-1 (1-)	
Complete only for assets s		column (h) and owned by	1				Gains (Col. (h) ga (k), but not less tl	
(i) F.M.V. as of 12/31/69		(j) Adjusted basis as of 12/31/69		cess of col. (1) col. (j), if any		30	Losses (from co	l. (h))
			0101	00.1 ()), 0.75				135,980.
b				· · · · · · · · · · · · · · · · · · ·				64,099.
C	<u> </u>							44,625.
d								44,023.
e								
		C If now also onto	run Doet I luna	7	7			
2 Capital gain net income or	net capital loss	If gain, also enter If (loss), enter -0	- in Part I, line	<i>i</i> 7) ₂			244,704.
	,	•		•) 			
3 Net short-term capital gain If gain, also enter in Part I,			iu (o).		7			
If (loss), enter -0- in Part I,] 3		N/	A
Part V Qualification	on Under S	Section 4940(e) for	Reduced	Tax on Net	Investr	nent Inc	ome	
(For optional use by domestic If section 4940(d)(2) applies, I Was the foundation liable for ti	eave this part b	lank.						Yes X No
If "Yes," the foundation does n	ot qualify under		mplete this pa	ırt.				
(a)			iisii uolionis ve	Tore making any en				(d) Iribution ratio
Base period year Calendar year (or tax year b	S eannaina in)	(b) Adjusted qualifying dis	tributions	Net value of no	(c) ncharitable	-use assets	Dist	ribùtión ratio divided by col. (c))
2013	egining in)		2,256.		11	1,886		2.701464
2012			5,440.			3,116		4.517060
2011			2,051.			9,530		6.502140
2010			7,052.	-		0,200		2.819140
2009			9,045.			8,659		.639806
2 Total of line 1, column (d)							2	17.179610
3 Average distribution ratio f	or the 5-year ba	se period - divide the total	on line 2 by 5,	or by the number	of years			
the foundation has been in	existence if less	s than 5 years					3	3.435922
4 Enter the net value of nonc	haritable-use as	ssets for 2014 from Part X,	line 5				4	84,525.
5 Multiply line 4 by line 3							5	290,421.
6 Enter 1% of net investment	t income (1% o	f Part I, line 27b)					6	2,445.
	t income (1% o	f Part I, line 27b)						
6 Enter 1% of net investment7 Add lines 5 and 6	t income (1% o	f Part I, line 27b)					7	2,445. 292,866.
	·							
7 Add lines 5 and 68 Enter qualifying distribution	ns from Part XII		: 1b, and comp	olete that part usın	g a 1% tax	rate.	7	292,866.

	n 990-PF (2014) TOMLINSON FOUNDATION 33- art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948	03837 - see ins	93 stru	ction	Page 4
	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.				
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)				
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here X and enter 1%		2	2,4	45.
	of Part I, line 27b				
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).				
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)				0.
3	Add lines 1 and 2		2	2,4	<u>45.</u>
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)				0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		2	2,4	<u>45.</u>
6	Credits/Payments:				
а	2014 estimated tax payments and 2013 overpayment credited to 2014 6a 6,000.				
b	Exempt foreign organizations - tax withheld at source	1			
C	Tax paid with application for extension of time to file (Form 8868)				
d	Backup withholding erroneously withheld				
	Total credits and payments. Add lines 6a through 6d		6	<u>5,0</u>	<u>00.</u>
	Enter any penalty for underpayment of estimated tax. Check here X if Form 2220 is attached	ļ <u> </u>			
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed				
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	ļ	3	<u>3,5</u>	<u>55.</u>
	Enter the amount of line 10 to be: Credited to 2015 estimated tax ▶ 3,555. Refunded ▶ 11				0.
	art VII-A Statements Regarding Activities			V 1	NI.
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in	<u> </u>		Yes	No
	any political campaign?	_	1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)?	<u> </u>	1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or		ľ		
	distributed by the foundation in connection with the activities				
	Did the foundation file Form 1120-POL for this year?	<u> </u>	1c		X
d	1 Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:				
	(1) On the foundation. ► \$ (2) On foundation managers. ► \$ 0.				
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation				
•	managers. > \$,		v
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	-	2		X
,	If "Yes," attach a detailed description of the activities Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or				
J	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3		v
40	a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4a		X
		. / 🖫 一			
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		4b 5		X
•	If "Yes," attach the statement required by General Instruction T				-22
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:				
·	By language in the governing instrument, or				
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law				
	remain in the governing instrument?		6	x	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV		7	X	
8a	a Enter the states to which the foundation reports or with which it is registered (see instructions)				ĺ
	CA				
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)				
	of each state as required by General Instruction G? If "No," attach explanation	1	ВЬ	х	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar				
	year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes," complete Part XIV		9		_X_
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		10		X
		Form §) 90-	PF (2014)

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had not been removed from jeopardy before the first day of the tax year beginning in 2014?

orm 990-PF (2014) TOMLINSON FOUNDATION			33-03837	93	Page 6
Part VII-B Statements Regarding Activities for Which I	Form 4720 May Be F	Required (contin	ued)		
5a During the year did the foundation pay or incur any amount to:(1) Carry on propaganda, or otherwise attempt to influence legislation (section)			s X No		
(2) Influence the outcome of any specific public election (see section 4955); of any voter registration drive? (2) Provide a great to an advantage for the control of the contro		Ye	s X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes		Y6	es X No		
(4) Provide a grant to an organization other than a charitable, etc., organizatio 4945(d)(4)(A)? (see instructions)			s X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary, the prevention of cruelty to children or animals?		Ye	es X No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify unit		n Regulations	37 / 3	ا .۔	
section 53.4945 or in a current notice regarding disaster assistance (see instru	•		N/A	5b	
Organizations relying on a current notice regarding disaster assistance check h				ł	
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption f expenditure responsibility for the grant?	N	//A Ye	es No		
If "Yes," attach the statement required by Regulations section 53 494					
6a Did the foundation, during the year, receive any funds, directly or indirectly, to a personal benefit contract?	pay premiums on	Ye	es X No		
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p If "Yes" to 6b, file Form 8870	personal benefit contract?		_	6b	X
7a At any time during the tax year, was the foundation a party to a prohibited tax s	shelter transaction?	Y6	s 🗶 No		
b If "Yes," did the foundation receive any proceeds or have any net income attribu				7b	
Part VIII Information About Officers, Directors, Trust Paid Employees, and Contractors		nagers, Highly	/ 		
1 List all officers, directors, trustees, foundation managers and their	,	1.0	(4)	1	
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	ac ac	e) Expense count, other illowances
THOMAS W. TOMLINSON	PRESIDENT				
3652 MONTE REAL				į	
ESCONDIDO, CA 920297911	5.00	0.	0.		0.
MARY A. TOMLINSON	SECRETARY			1	
3652 MONTE REAL	_				
ESCONDIDO, CA 920297911	0.05	0.	0.	ļ	<u> </u>
LYNORA S. BROWN	VICE PRESIDEN	T			
3652 MONTE REAL					
ESCONDIDO, CA 920297911	0.05	0.	0.		0.
2 Compensation of five highest-paid employees (other than those inc	luded on line 1). If none,	enter "NONE."			
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deterred compensation	ac ac	e) Expense count, other illowances
NONE					
				1	
 -]			1	
· · · · · · · · · · · · · · · · · · ·	1				
Total number of other ampleyees paid over \$50,000					

Form **990-PF** (2014)

Form **990-PF** (2014)

Total. Add lines 1 through 3

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations, s	ee instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	0.
b	Average of monthly cash balances	1b	0. 85,812.
C	Fair market value of all other assets	1c	
-	Total (add lines 1a, b, and c)	1d	85,812.
	Reduction claimed for blockage or other factors reported on lines 1a and		
•	1c (attach detailed explanation) 1e 0 •		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	85,812.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	1,287.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	84,525.
6	Minimum investment return. Enter 5% of line 5	6	4,226.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and foreign organizations check here and do not complete this part.)	d certain	
1	Minimum investment return from Part X, line 6	1	4,226.
2a	Tax on investment income for 2014 from Part VI, line 5		
b	Income tax for 2014. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	2,445.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	1,781.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	1,781.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	1,781.
P	Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		210 200
а	, , , , ,	1a	310,302.
b		1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
а		3a	
b	,	3b	242 222
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	310,302.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		A 44=
	income. Enter 1% of Part I, line 27b	5	2,445.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	307,857.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation (4940(e) reduction of tax in those years.	qualifies for	the section

Part XIII Undistributed Income (see instructions)

`				
,	(a) Corpus	(b) Years prior to 2013	(c) 2013	(d) 2014
1 Distributable amount for 2014 from Part XI,	Corpus	Tears prior to 2015	2010	
line 7				1,781.
2 Undistributed income, if any, as of the end of 2014				
a Enter amount for 2013 only			0.	
b Total for prior years:		·		
, ,		0.		
3 Excess distributions carryover, if any, to 2014:				
a From 2009 294,822.				
b From 2010 368,538.				
c From 2011 324,555.				
d From 2012 376,334.				
e From 2013 302,256.				
f Total of lines 3a through e	1,666,505.		;	
4 Qualifying distributions for 2014 from		-		
Part XII, line 4: ► \$ 310,302.				
a Applied to 2013, but not more than line 2a		1	0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2014 distributable amount				1,781.
e Remaining amount distributed out of corpus	308,521.			
5 Excess distributions carryover applied to 2014	0.			0.
(If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	1,975,026.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years'				
undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable		•		
amount - see instructions		0.		
e Undistributed income for 2013. Subtract line		<u></u>		
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2014. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2015				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)	0.			
8 Excess distributions carryover from 2009				
not applied on line 5 or line 7	294,822.			
9 Excess distributions carryover to 2015				
Subtract lines 7 and 8 from line 6a	1,680,204.			
10 Analysis of line 9:				
a Excess from 2010 368,538.				
b Excess from 2011 324,555.				
c Excess from 2012 376,334.				
d Excess from 2013 302,256.				
e Excess from 2014 308.521.				
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Part XVI-A	Analysis o	f Income-Producing	g Activities

	Uprolated	THE IDAGE IDAGE	1 =	. 510 510 511	
Enter gross amounts unless otherwise indicated.	(a) Business	ousiness income (b) Amount	(c) Exclu- sion	y section 512, 513, or 514 (d) Amount	(e) Related or exempt function income
1 Program service revenue:	code	Alliount	code	Amount	Tunction income
a	 				
b	ļ		+ + -		
c	i 1				
d					
e					
f			<u> </u>		
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments			14	8.	
4 Dividends and interest from securities			<u> </u>		
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal					
property					
7 Other investment income					
8 Gain or (loss) from sales of assets other					
than inventory			18	244,704.	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a					
b		_			<u></u>
C	1				<u> </u>
d	b				
e					
12 Subtotal. Add columns (b), (d), and (e)		0		244,712.	0.
13 Total. Add line 12, columns (b), (d), and (e)				13	A 1 1 = 1 A
(See worksheet in line 13 instructions to verify calculations.)					
Part XVI-B Relationship of Activities	to the Accor	anlishment of E	vomnt Di	irpococ	
Telationship of Activities	LO LITE ACCOIT	ipiisiiiieiit or L	.xempt rt	irposes	
Line No Explain below how each activity for which inco	ome is reported in o	column (e) of Part XVI-	A contributed	importantly to the accomp	lishment of
the foundation's exempt purposes (other than				, ,	
				<u></u>	
					, -, -, -, -, -, -, -, -, -, -, -, -,
					· · · · · · · · · · · · · · · · · · ·
				·	
		- 4° - 4 - 4.			
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		+			
					
l e e e e e e e e e e e e e e e e e e e					

	Exempt Organi	izations								
1 Did the or	ganization directly or indir	ectly engage in any	of the followin	g with any other organiz	ation de	scribed in secti	on 501(c) of		Yes	No
	other than section 501(c)			-						
	from the reporting founda				•					
(1) Cash				3				1a(1)		X
(2) Other	assets							1a(2)		X
b Other tran								10(2)		
=	of assets to a noncharitat	hla avamnt organizat	tion					1b(1)		Х
	nases of assets from a nor							1b(2)		X
			n yanızatıon					1b(2)		X
	il of facilities, equipment, o	Ji Ulliei assets								X
	bursement arrangements							1b(4)		X
	s or loan guarantees	mharabin ar fiindrau	nina naliaitatia					1b(5)		X
• •	rmance of services or me							1b(6) 1c		$\frac{\mathbf{x}}{\mathbf{x}}$
_	f facilities, equipment, mai ver to any of the above is				Lalwaye	chaw tha fair a	aarkat valuo of the goods		otc	
	s given by the reporting fo								, icio,	
	i) the value of the goods, (ed 1633 than fall market v	value III	any transaction	or snaring arrangement	, 311017 111		
<u>_</u>	(b) Amount involved			e exempt organization		(d) Description	of transfers, transactions, ar	nd sharing an	angeme	nts
(4) (110 110	(b) Amount myored	(b) Hame of	N/A	o compressignmentalism		(G) Description	or transicio, transactions, ar	io ona ing ai	angome	
			IN / PA		-+					
										
										
					_		,			
										
										
										
							······································			
				.		······································	· · · · · · · · · · · · · · · · · · ·			
				· · · · · · · · · · · · · · · · · · ·	-+					
2a Is the four	ndation directly or indirect	tly affiliated with or i	related to one	or more tax-exempt ord	ianizatio	ns described				
	501(c) of the Code (other	•		· -	amzano	713 003011000		Yes	X	No
	omplete the following sch)(0)) or iii 300i	1011 021						
	(a) Name of org		.,	(b) Type of organization	n l		(c) Description of relation	nship		
	N/A	<u></u>		(c) type of organization	-		(0)			
	II/A									
										
					+					
					\dashv					
Under	penalties of perjury, I declare	that I have examined thi	is return, includir	I ng accompanying schedules a	and state	ements, and to the	best of my knowledge			
Sign and b	elief, it istrue, correct, and cor	nplite Declaration of pr	eparer (other tha	n taxpayer) is based on all in	formation	of which preparer	has any knowledge	May the IRS of eturn with th	e prepar	er
Here	Ven 4	J. Yorkin	_	5-11-1	5	PRESI	באסר "	hown below		ו'ר
📜	nature of officer or trustee			Date	<u>.</u>	Title	L	LAL TES		J No
	Print/Type preparer's na		Preparer's s		Dat		Check If PTII	v -		
	, and typo property 3 fie		100000	1100	الم	_1.1.	self- employed	-		
Paid	MARY H. MC	CDOVDWA	6 MILLA	AL K COVIDA	da .	<i>5</i> 15/15	•	<u>0</u> 0735	101	
Preparer	Firm's name > LIN		OWNIET	LLP	1		Firm's EIN ► 33-			
Use Only	riiii s name LLIN	NGWI & DK	CAMBELL	,, nne ()	\cup		THIM SEIN P 33-1	00000	90	
Job Offiny	Firm's address A 2	25 EVECTO	TVE CO	UARE, SUITE	7 11	50	+			
		JOLLA, C			لمل ن	. 50	Phone no. 858	55202	٥٥	
	LA	. OCLUA, C	A 7403	1				5569 <u>4</u> Form 99 0		(2014)
								ruilli 330	J-F F	(2014)

TOMLINSON FOUNDATION

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient show any relationship to any foundation manager or substantial contributor Foundation Purpose of grant or Amount status of contribution Name and address (home or business) recipient CONCORDIA UNIVERSITY NONE SCHOOL GENERAL 15 000. ELDERHELP OF SAN DIEGO NONE PUBLIC GENERAL 1,000. ESCONDIDO EAST ROTARY CLUB NONE PUBLIC GENERAL 500. ESCONDIDO EAST ROTARY FOUNDATION NONE PUBLIC GENERAL 2,000. FELLOWSHIP CENTER NONE PUBLIC GENERAL 5,000. NONE GRACE LUTHERAN CHURCH & SCHOOL CHURCH GENERAL 1,000. KIWANIS CLUB OF ESCONDIDO NONE PUBLIC GENERAL 300. L.A.M.P NONE PUBLIC GENERAL 5,000. NONE NORTH COUNTY INTERFAITH COMMUNITY CHURCH GENERAL 25,000. PUBLIC GENERAL RONALD REAGAN PRESIDENTIAL FOUNDATION NONE 1,000. Total from continuation sheets 179 075

Part XV Supplementary Information				
3 Grants and Contributions Paid During the				
. Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	Contribution	-
SALVATION ARMY	NONE	PUBLIC	GENERAL	5,000.
SAN DIEGO BRAIN INJURY FOUNDATION	NONE	PUBLIC	GENERAL	
				10,000.
T.E.R.I. INC	NONE	PUBLIC	GENERAL	
				55,000.
VILLA ESPERANZA	NONE	PUBLIC	GENERAL	
				25,000.
WALES CENTER COMMUNITY CHURCH	NONE	CHURCH	GENERAL	
			ODNEKAL	2,500.
MOIBIDED WARRION DROVERS	NO.NT	D		
WOUNDED WARRIOR PROJECT	NONE	PUBLIC	GENERAL	500.
YMCA	NONE	PUBLIC	GENERAL	25,000,
ZOOLOGICAL SOCIETY OF SAN DIEGO	NONE	PUBLIC	GENERAL	275,
				2/3.
				_
Total from continuation sheets				
				1

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, or 990-PF) and its instructions is at www.lrs.gov/form990.

OMB No 1545-0047

Name of the organization

Employer identification number

T	OMLINSON FOUNDATION	33-0383793				
Organization type (check	one)·					
Filers of:	Section:					
Form 990 or 990-EZ	501(c)() (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private foundation					
	527 political organization					
Form 990-PF	X 501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
• -	n is covered by the General Rule or a Special Rule. c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	ule See instructions				
General Rule						
	ion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling by one contributor. Complete Parts I and II. See instructions for determining a contributor					
Special Rules						
sections 509(a)(1 any one contribu	ion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% supports and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a sitor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amous EZ, line 1 Complete Parts I and II	, or 16b, and that received from				
year, total contri	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						
but it must answer "No"	that is not covered by the General Rule and/or the Special Rules does not file Schedule on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Feet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)					

LHA 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) (2014)

Name of organization

Employer identification number

TOMLINSON FOUNDATION

33-0383793

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	THOMAS TOMLINSON 3652 MONTE REAL ESCONDIDO, CA 92025	\$ 25,165.	Person Payroll Noncash X (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	THOMAS TOMLINSON 3652 MONTE REAL ESCONDIDO, CA 92025	\$10,785.	Person Payroll Noncash X (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	THOMAS TOMLINSON 3652 MONTE REAL ESCONDIDO, CA 92025	\$	Person Payroll Noncash X (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions)

Name of organization

Employer identification number

TOMLINSON FOUNDATION

33-0383793

Part II	Noncash Property (see instructions). Use duplicate copies of P	art 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
	WELLS FARGO STOCK 3,500 SHS		
1			
		\$\$	02/18/14
(a) No.	(b)	(c)	(d)
from	Description of noncash property given	FMV (or estimate) (see instructions)	Date received
Part I	WELLS FARGO STOCK 1,500 SHS		
2			
		\$ 74,985.	05/23/14
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
Part I		(see instructions)	
3	WELLS FARGO STOCK 1,000 SHS		
		 \$52,100.	10/06/14
		32/2001	
(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)		(c)	
No. from	(b) Description of noncash property given	FMV (or estimate) (see instructions)	(d) Date received
Part I			
		\$Schedule B (Form 9	

Employer identification number

MLINS	SON FOUNDATION Exclusively religious, charitable, etc., cont	ributions to organizations described i	33-0383793 n section 501(c)(7), (8), or (10) that total more than \$1,000 for				
	the year from any one contributor. Complete of completing Part III, enter the total of exclusively religious Use duplicate copies of Part III if addition	columns (a) through (e) and the follow s, charitable, etc , contributions of \$1,000 or I	INO line entry. For organizations				
) No.	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
art I	(b) i di pose di giit	(0) 030 01 911	(a) Beest plant of their gittle tend				
_							
	(e) Transfer of gift						
	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee						
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) No. rom	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
<u>art 1</u>							
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F		(e) Transfer of gift					
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
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) No. rom art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
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-	(e) Transfer of gift						
-	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee				
) No.							
) No. rom art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
-	(e) Transfer of gift						
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee				
1							

FORM 990-PF. INTEREST ON SAVI	NGS AND TEM	PORARY CA	SH IN	VESTMENTS	STATEMENT
SOURCE	(A REVE PER B	NUE N		(B) IVESTMENT ICOME	(C) ADJUSTED NET INCOME
RBC 310-72027		8.		8.	
TOTAL TO PART I, LINE 3	8 .		8.		
FORM 990-PF	ACCOUNTI	NG FEES			STATEMENT :
DESCRIPTION	(A) EXPENSES PER BOOKS		ST-		(D) CHARITABLI E PURPOSES
ACCOUNTING FEES	2,380.		238.		2,142
TO FORM 990-PF, PG 1, LN 16B	2,380.		238.		2,142
FORM 990-PF	TAX	ES			STATEMENT :
DESCRIPTION	(A) EXPENSES PER BOOKS	NET INVE			(D) CHARITABLI E PURPOSES
FEDERAL EXCISE TAX FRANCHISE TAX BOARD FEE REGISTRATION OF CHARITABLE	9,008.		0.		0
TRUST	75.		0.		75
TO FORM 990-PF, PG 1, LN 18	9,093.		0.		85