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

OMB No 1545-0052

2014

Department of the Treasury Internal Regenue Service

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Open to Public Inspection

Fo	r cale	ndar	year 2014, or ta	x year beginni	ng	, 2014	, and ending		, , , , , , , , , , , , , , , , , , , ,		
			ARDS FAMILY	FOUNDATI	ON			A	Employer Identification nur 94-3302319		
			ONA RD VALLEY, CA	94028				В	Telephone number (see inst	ructions)	
								С	If exemption application is	pending, check here	, -
G	Che	ck all	I that apply.	Initial return		Initial return of a form Amended return	ner public charity	D	1 Foreign organizations, chec	ck here	•
				Address char	nge	Name change			2 Foreign organizations meet		neck
Н	Che		pe of organization			(c)(3) exempt private f		_	here and attach computation		- Ц
_	Fair r		ction 4947(a)(1) t value of all assets a			counting method: X C	orivate foundation ash Accrual	E	If private foundation status under section 507(b)(1)(A)		-
•	(from		II, column (c), line 16			Other (specify)		F	If the foundation is in a 60		. \square
D:	► \$ art I	ΙΔι	nalysis of Re	venue and	(Part I	column (d) must be or		Ļ	under section 507(b)(1)(B)		<u> </u>
15.4	<u> </u>	E) co sa	xpenses (The libitions) (The libition) (C), a libition (C), a	total of amounts and (d) may not nounts in colum	neces-	(a) Revenue and expenses per books	(b) Net investmer income	nt	(c) Adjusted net income	(d) Disbursem for charitab purposes (cash basis c	ble s
_		1	Contributions, gifts, grants	, etc, received (attach sch	edule).	100,000.		» 🛉		* * * * * * * * *	*
		2	Ck ► if the foun	idn is not required to atta	ch Sch B	< * * * * * * * * * * * * * * * * * * *				7 8 7 7 7	
		3 4	Interest on savings and ter Dividends and interest from			12,000.	12,00	00.	12,000.	~ .	
		-	Gross rents								
	_	_	Net rental income or (loss)			* * * * * * * * * * * * * * * * * * * *	/ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	*		1.00	3. · · · ·
	R E V		Net gain or (loss) from sal Gross sales price for				1 . 1 . 1	} 56 }	7 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	* * * * * * * * * * * * * * * * * * * *	- 1 × 1 × 1
	<u> </u>	7	assets on line 6a Capital gain net inco	me (from Part IV. III	ne 2)	4, 49.47 , , , , , , , , , , , , , , , , , , ,	* * / / · · · · · · · · · · · · · · · ·				
	Ė N	8	Net short-term capita				* * * * * *		, in.	1 3 2015	1:1
	U E	9	Income modifications	S		11 11 11	. '				i I
	-	10 a	Gross sales less returns and allowances								d:= -
		ь	Less Cost of goods sold			25.4.3.4		* *	***		
		c	Gross profit or (loss) (atta	ch schedule)			* * * * * * * * * * * * * * * * * * * *	<i>,</i>		. ^ 4	\$ 6 8 .
		11	Other income (attach	n schedule)						. 4	. , , , ,
		12	Total. Add lines 1	through 11		112,000.	12,00	00.	12,000.		1 2 4
		13	Compensation of offi		tees, etc	0.	•				
		14	Other employee sala	•		·				<u> </u>	
		15	Pension plans, empl Legal fees (attach so	-						 	
∂	A D		Accounting fees (attach	255	ST 1	750.	75	50.	-	 	
2 2 3	M I	-	Other prof fees (atta	•		730.			-		
, o	N	17	Interest								_
4 €	S T R	18	Taxes (attach schedule)(sc	oc 11100 dy	STM 2	1,487.	1,48	37.	,		
AT IN	Ä	19	Depreciation (attach sch) and depletion								
Z N	Ā	20	Occupancy								
٦.	Ε _	21	Travel, conferences, Printing and publication	-						 	
	E X P	22 23	Other expenses (atta						-	 	
クラ	EN		S	EE STATEM	ENT 3	170.	17	70			
7	Š	24	Total operating and			2 407	2.40	17			
AND TOP OF	S	25	expenses. Add lines Contributions, gifts, grants	ת גרו ַ	VX T	2,407. 80,400.	2,40	<i>J 1</i>		80	,400.
(L)		26	Total expenses and				0.11				
_		27	Add lines 24 and 25 Subtract line 26 from	_		82,807.	2,40	<i>J</i> 7	. 0.	 80 ,	<u>,400.</u>
			Excess of revenue				1				
			and disbursements		•	29,193.	0.5	2		1	
		1	O Net investment inco C Adjusted net incom	-			9,59	23	12,000.	 	
		, ,	- majustea net incom	ie (ii nogolive, cillei	~· /	i	ī		; 12,000.		

94-3302319

Dark	51	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End	of year
Part	. ##	(See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	112,990.	142,183	
	à	Savings and temporary cash investments			
	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			
	Ŭ	disqualified persons (attach schedule) (see instructions).			
	7	Other notes and loans receivable (attach sch) 647, 998.			
Ą		Less allowance for doubtful accounts	647,998.	647,998	
A S E T	8	Inventories for sale or use			
Ē	9	Prepaid expenses and deferred charges			
s	10 a	Investments – U.S and state government obligations (attach schedule)			
	Ŀ	Investments — corporate stock (attach schedule)			
	c	: Investments — corporate bonds (attach schedule)			
	11	Investments — land, buildings, and equipment: basis	*		·
		Less accumulated depreciation (attach schedule)			
	12	Investments – mortgage loans			
	13	Investments - other (attach schedule)			
	14	Land, buildings, and equipment basis ►	* * *		* * * * * * * * * * * * * * * * * * * *
		Less: accumulated depreciation (attach schedule)			
	15	Other assets (describe ►			
	16	Total assets (to be completed by all filers — see the instructions Also, see page 1, item I)	760,988.	790,181	. 0.
	17	Accounts payable and accrued expenses			│
Å	18	Grants payable			_
A B	19	Deferred revenue			」 *
Ė	20	Loans from officers, directors, trustees, & other disqualified persons.			
Ţ	21	Mortgages and other notes payable (attach schedule)			」
i	22	Other liabilities (describe			* *,
E S	23	Total liabilities (add lines 17 through 22)	0.	0	
	23	Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31.			;
N F	24	Unrestricted	760,988.	790,181	
E U T N	25	Temporarily restricted			
D	26	Permanently restricted			
A S B S A E L T A		Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.			
E L	27	Capital stock, trust principal, or current funds			
SN	28	Paid-in or capital surplus, or land, bldg, and equipment fund			,
o E	29	Retained earnings, accumulated income, endowment, or other funds			
RS	30	Total net assets or fund balances (see instructions)	760,988.	790,181	.]
	31	Total liabilities and net assets/fund balances (see instructions)	760,988.	790,181	
Parl	t III	Analysis of Changes in Net Assets or Fund Balance	es		-
1	Tota end-	I net assets or fund balances at beginning of year — Part II, colu of-year figure reported on prior year's return)	mn (a), line 30 (must aç	gree with 1	760,988.
2	Ente	r amount from Part I, line 27a		2	29,193.
3	Other	increases not included in line 2 (itemize)		3	
4	Add	lines 1, 2, and 3		4	790,181.
		ases not included in line 2 (itemize)	_	5	
6	Tota	I net assets or fund balances at end of year (line 4 minus line 5)	- Part II, column (b), I	ine 30 6	790,181.

Par		osses for Tax on Investmer				
		the kind(s) of property sold (e.g., re, or common stock, 200 shares Mi		(b) How acquired P — Purchase D — Donation	(C) Date acquired (month, day, year)	(d) Date sold (month, day, year)
1 a	N/A					
b						
С						
d						
е				<u> </u>		
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other ba plus expense of sa	sis ile	(h) Gain or (e) plus (f) n	(loss) nnus (g)
a						
b						
c					, , ,	
d						
е						
	(i) Fair Market Value as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of column over column (j), if a	1 (I)	(I) Gains (Col gain minus column (nan -0-) or Losses (f	k), but not less
а						
b					·	
c						
d						<u>.</u>
е					1	
2	Capital gain net income or (ne	et capital loss) — If gain, also If (loss), en	enter in Part I, line 7 ter -0- in Part I, line 7	2		
3		(loss) as defined in sections 1222(5				
	If gain, also enter in Part I, line Part I, line 8	e 8, column (c) (see instructions)	f (loss), enter -U-	- 3		
Par		r Section 4940(e) for Reduce	ed Tax on Net Investm	nent Income	,	
(For	optional use by domestic private f	oundations subject to the section 4940	(a) tax on net investment inc	come)		
,	•					
If sec	ction 4940(d)(2) applies, leave t	this part blank				
Was	the foundation liable for the se	ction 4942 tax on the distributable a	amount of any year in the b	pase period?	XYes	No
lf 'Υ∈	s,' the foundation does not qua	alify under section 4940(e) Do not o	complete this part	N/A		
1	Enter the appropriate amount in	each column for each year, see the in	structions before making any	entries		
	(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use as	sets (co	(d) Distributio Iumn (b) divided	
	2013					
	2012					
	2011					
	2010					
	2009				_	
2	Total of line 1, column (d)			2		
3	Average distribution ratio for to number of years the foundation	he 5-year base period — divide the in has been in existence if less than	total on line 2 by 5, or by to 5 years	the 3		
4	Enter the net value of nonchar	ritable-use assets for 2014 from Pa	rt X, line 5	4		
5	Multiply line 4 by line 3			5		
6	Enter 1% of net investment in	come (1% of Part I, line 27b)		6		
7	Add lines 5 and 6			7		
8	Enter qualifying distributions f			8	<u> </u>	
	If line 8 is equal to or greater that Part VI instructions	an line 7, check the box in Part VI, line	e 1b, and complete that part	using a 1% tax	rate See the	

Par	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instruction	s)		
1 a	a Exempt operating foundations described in section 4940(d)(2), check here			
	Date of ruling or determination letter. (attach copy of letter if necessary – see instrs)			
b	b Domestic foundations that meet the section 4940(e) requirements in Part V,		1	92.
	check here. ► and enter 1% of Part I, line 27b			
C	c All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, column (b)			
2				
_	foundations only Others enter -0-)			<u>0.</u>
3	Add lines 1 and 2		1	92.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)			0.
2	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-			92.
6	Credits/Payments: a 2014 estimated tax pmts and 2013 overpayment credited to 2014 6 a		*]
	a 2014 estimated tax pmts and 2013 overpayment credited to 2014 b Exempt foreign organizations — tax withheld at source 6 a 6 b			
	c Tax paid with application for extension of time to file (Form 8868)			
	d Backup withholding erroneously withheld 6d			- 1
	Total credits and payments Add lines 6a through 6d			0.
8	Enter any penalty for underpayment of estimated tax. Check here X If Form 2220 is attached 8			 -
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		$\overline{_{1}}$	92.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	(=	
11		7	_	
Par	rt VII-A Statements Regarding Activities			
1 a	a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No
. •	participate or intervene in any political campaign?	1 a		X
Ŀ	b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes		1	
	(see Instructions for the definition)?	1 b		<u>X</u>
	If the answer is 'Yes' to 1a or 1b , attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities	, .* *		
	c Did the foundation file Form 1120-POL for this year?	1 c		X
C	d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation ►\$ 0 (2) On foundation managers ►\$	i no out no out		* 18.13 1 *
-	(1) On the foundation ►\$ 0. (2) On foundation managers ►\$ 0. e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on		\$ 3 ·	
•	foundation managers >\$ 0.	* *	(* (*	. [
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.	,	4.8	5
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles		. '	*
	of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the changes	3		_X_
	a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
	b If 'Yes,' has it filed a tax return on Form 990-T for this year?	4 b	N/	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		X
_	If 'Yes,' attach the statement required by General Instruction T		4	`
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either		-3	.
	By language in the governing instrument, or		1	
	 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
	Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, column (c), and Part XV	7	Х	
8 a	a Enter the states to which the foundation reports or with which it is registered (see instructions)			
	N/A		1	
	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 ² If 'No,' attach explanation	8 b	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	Х	
10	Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names and addresses	10		X
BAA	A Fo	rm 990 -	PF (20	014)

		_		
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes', attach schedule (see instructions)	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If 'Yes,' attach statement (see instructions)	12		х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address • N/A			
14	The books are in care of ► GLORIA S EDWARDS Telephone no ► 650-8	<u>51-7</u>	720_	
	Located at ► 317 RAMONA RD PORTOLA VALLEY CA ZIP + 4 ► 94028			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 — Check here	N/A	•	
	and enter the amount of tax-exempt interest received or accrued during the year			N/A
16	At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16	Yes	No X
	See the instructions for exceptions and filing requirements for FinCEN Form 114, (formerly TD F 90-22.1) If 'Yes,' enter the name of the foreign country			
Pai	rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the 'Yes' column, unless an exception applies.		Yes	No
1 8	a During the year did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? Yes X No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	١ ،		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No	100		
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? Yes X No			*
	(6) Agree to pay money or property to a government official? (Exception. Check 'No' if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days) Yes X No	***		*
	b If any answer is 'Yes' to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1 b	N	/A
	Organizations relying on a current notice regarding disaster assistance check here	*		ι ·
	c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts,			
	that were not corrected before the first day of the tax year beginning in 2014?	1 c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))		**	
	a At the end of tax year 2014, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2014? Yes X No		*	
	If 'Yes,' list the years ► 20 , 20 , 20			.
	b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to			ايا
	all years listed, answer 'No' and attach statement – see instructions)	2 b	N	/A
	c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
	► 20 , 20 , 20 , 20			, ,
3	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? Yes X No			-
	b If 'Yes,' did it have excess business holdings in 2014 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or			
	by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to		 	ļ
	determine if the foundation had excess business holdings in 2014)	3 b	L_N	/A
4	a Did the foundation invest during the year any amount in a manner that would jeopardize its			
	charitable purposes?	4 a	L	X
	b Did the foundation make any investment in a prior year (but after December 31, 1969) that could			
	reopardize its charitable purpose that had not been removed from reopardy before the first day of			
	the tax year beginning in 2014?	4 b	0.00	X
BA	4	orm 9 9	U-PF	(2014)

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Part VII-B Statements Regarding Activiti		14720 May Be Req	uired (continued))	
5 a During the year did the foundation pay or incu	r any amount to			_	
(1) Carry on propaganda, or otherwise attempt	ot to influence legislation	n (section 4945(e))?	Yes	X] No	,
(2) Influence the outcome of any specific pub on, directly or indirectly, any voter registra	lic election (see section ition drive?	4955); or to carry	Yes	X No	
(3) Provide a grant to an individual for travel,		*	Yes	X No	
(4) Provide a grant to an organization other the in section 4945(d)(4)(A)? (see instructions	5)		Yes	X No	
(5) Provide for any purpose other than religio educational purposes, or for the prevention	us, charitable, scientific n of cruelty to children	e, literary, or or animals?	Yes	X No	
b If any answer is 'Yes' to 5a(1)-(5), did any of described in Regulations section 53 4945 or in (see instructions)?	the transactions fail to o a current notice regard	qualify under the excep ding disaster assistance	tions :	5 b	N/A
Organizations relying on a current notice rega	rding disaster assistant	ce check here	▶ [
c If the answer is 'Yes' to question 5a(4), does tax because it maintained expenditure respon	sibility for the grant?		N/A Yes [No	
If 'Yes,' attach the statement required by Reg	ulations section 53 4945	5-5(d)		* * * *	1 1 1
6 a Did the foundation, during the year, receive ar on a personal benefit contract?			∐Yes	X No	
b Did the foundation, during the year, pay prem	iums, directly or indirec	tly, on a personal bene	fit contract?	6 b	X
If 'Yes' to 6b, file Form 8870			🗀 [4 * ' "
7 a At any time during the tax year, was the found				X No	* > * * * * 3
b If 'Yes,' did the foundation receive any procee				N/A 7b	
Part VIII Information About Officers, D and Contractors	irectors, Trustees,	Foundation Manag	gers, Highly Paid	Employee	?S,
1 List all officers, directors, trustees, foundation	n managers and their	compensation (see inst	ructions).		
(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 benefi plans and deferre compensation	t othera	se account, allowances
ROSSER B EDWARDS JR 1232 BERNAL DR BURLINGAME, CA 94010	PRES 0	0.	0	•	0.
2 Compensation of five highest-paid employees (o	ther than those included	on line 1 — see instructio	ns) If none enter 'NOI	 NF'	
(a) Name and address of each employee	(b) Title, and average	(c) Compensation	(d)Contributions to		se account,
paid more than \$50,000	hours per week devoted to position	(c) compensation	employee benefi plans and deferre compensation	t othera	allowances
NONE					
Total number of other employees paid over \$50,00				P	0
BAA	TEE ADOME O	C/17/14		Earm 00	0.DE (2014)

	and Contractors (continued)		
3	Five highest-paid independent contractors for professional services (see instruction	ons). If none, enter 'NONE.'	
	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NON	IE		
		}	
			
			
Tota	number of others receiving over \$50,000 for professional services	•	0
=			<u>~</u>
Har	Summary of Direct Charitable Activities		
List th	ne foundation's four largest direct charitable activities during the tax year. Include relevant statistical informations and other beneficiaries served, conferences convened, research papers produced, etc.	tion such as the number of	Expenses
1	NONE		
2			
_			
3			
4			
7			
Rai	Summary of Program-Related Investments (see instructions)		
Desc	cribe the two largest program-related investments made by the foundation during the tax year	ar on lines 1 and 2	Amount
1			
	<u>N/A</u>		
2			
Δ11.	other program-related investments. See instructions		
3	oner programmenated investments. See instructions		
3		-	
		-	
Tota	I. Add lines 1 through 3	···	0.
BAA			Form 990-PF (2014)

	see instructions.)		
1 Fair i	market value of assets not used (or held for use) directly in carrying out charitable, etc, purposes: age monthly fair market value of securities	1 a	
b Avera	age of monthly cash balances	1 b	
c Fair i	market value of all other assets (see instructions)	1 c	
d Total	(add lines 1a, b, and c)	1 d	0.
e Redu	iction claimed for blockage or other factors reported on lines 1a and 1c	数数	
(atta	ch detailed explanation)		
2 Acqu	isition indebtedness applicable to line 1 assets	2	
3 Subt	ract line 2 from line 1d	3	
	deemed held for charitable activities. Enter 1-1/2% of line 3 greater amount, see instructions)	4	
5 Net v	value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	0.
	mum investment return. Enter 5% of line 5	6	0.
(PartiXII)	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private oper	rating found	dations
	and certain foreign organizations check here <a> X and do not complete this part.)		
	num investment return from Part X, line 6 N/A	1	
2a Tax	on investment income for 2014 from Part VI, line 5		
b Incor	me tax for 2014 (This does not include the tax from Part VI)		
c Add	lines 2a and 2b	2 c	
3 Distr	ibutable amount before adjustments Subtract line 2c from line 1	3	
4 Reco	overies of amounts treated as qualifying distributions	4	
5 Add	lines 3 and 4	5	
-	uction from distributable amount (see instructions)	6	·
7 Disti	ributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	- · · · · · · · · · · · · · · · · · · ·
Pant XII	Qualifying Distributions (see instructions)		
1 Amo	unts paid (including administrative expenses) to accomplish charitable, etc. purposes:		
a Expe	enses, contributions, gifts, etc – total from Part I, column (d), line 26.	1 a	80,400.
	ram-related investments – total from Part IX-B	1 b	
2 Amo	unts paid to acquire assets used (or held for use) directly in carrying out charitable, etc, purposes	2	
3 Amo	unts set aside for specific charitable projects that satisfy the.		
a Suita	ability test (prior IRS approval required)	3 a	
	n distribution test (attach the required schedule)	3 b	
4 Qua	lifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	80,400.
	idations that qualify under section 4940(e) for the reduced rate of tax on net investment income er 1% of Part I, line 27b (see instructions)	5	
6 Adju	sted qualifying distributions. Subtract line 5 from line 4	6	80,400.
Note	The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the f qualifies for the section 4940(e) reduction of tax in those years		
BAA		Fo	orm 990-PF (2014)

		N/A	/->	1.
	(a) Corpus	(b) Years prior to 2013	(c) 2013	(d) 2014
1 Distributable amount for 2014 from Part XI, line 7				
2 Undistributed income, if any, as of the end of 2014:				
a Enter amount for 2013 only				
b Total for prior years 20 , 20 , 20				
3 Excess distributions carryover, if any, to 2014: a From 2009				
b From 2010				
c From 2011				
d From 2012	[*
e From 2013				
f Total of lines 3a through e				
4 Qualifying distributions for 2014 from Part		· · · · · · · · · · · · · · · · · · ·		* * *
XII, line 4: ► \$, ,	, «	,	
a Applied to 2013, but not more than line 2a		* * * * * * * * * * * * * * * * * * * *		
b Applied to undistributed income of prior years (Election required – see instructions)	***		*	* * * * * * * * * * * * * * * * * * *
c Treated as distributions out of corpus		\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	*	2
(Election required – see instructions)	4 %		* ·	
d Applied to 2014 distributable amount	* * * * * * * * * * * * * * * * * * *	*		
e Remaining amount distributed out of corpus		* * * * * * * * * * * * * * * * * * * *	, «	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
5 Excess distributions carryover applied to 2014 (If an amount appears in column (d), the	y''	, , , , , , ,		4 2 4 4 7 4 4 8 4 4 7 9
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	\$8.480.		* * * * * * * * * * * * * * * * * * * *	7 9 3 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9
b Prior years' undistributed income Subtract line 4b from line 2b	* * * * * * * * * * * * * * * * * * *			
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	2			> \$ & &
d Subtract line 6c from line 6b Taxable amount — see instructions	* *		* * *	
e Undistributed income for 2013. Subtract line 4a from line 2a. Taxable amount — see instructions				
f Undistributed income for 2014 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2015.				
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)				
8 Excess distributions carryover from 2009 not applied on line 5 or line 7 (see instructions).				
9 Excess distributions carryover to 2015. Subtract lines 7 and 8 from line 6a				
10 Analysis of line 9.				
a Excess from 2010		-		
b Excess from 2011	1	Į.	[
c Excess from 2012	1			
d Excess from 2013	1			
e Excess from 2014	1			

orm 990-PF (2014) THE EDWARDS FAMI			\ /// A \	94-3302319	Page I
Part XIV Private Operating Foundat					
1 a If the foundation has received a ruling or dete is effective for 2014, enter the date of the	rmination letter that it ruling	is a private operatin	g toundation, and th	e ruling	10/10/98
b Check box to indicate whether the foundat	ion is a private oper	atıng foundatıon de	scribed in section	X 4942(j)(3) or	4942(J)(5)
2a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum investment return from Part X for	(a) 2014	(b) 2013	(c) 2012	(d) 2011	(e) Total
each year listed	0.				0
b 85% of line 2a					0
c Qualifying distributions from Part XII, line 4 for each year listed	80,400.	92,900.	78,200.	79,200.	330,700
d Amounts included in line 2c not used directly for active conduct of exempt activities					0
e Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c	80,400.	92,900.	78,200.	79,200.	330,700
3 Complete 3a, b, or c for the alternative test relied upon:					
a 'Assets' alternative test - enter					
(1) Value of all assets	790,181.				790,181
(2) Value of assets qualifying under section 4942(j)(3)(B)(i).					0
b 'Endowment' alternative test — enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c 'Support' alternative test - enter					
 Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) 					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(III)					
(3) Largest amount of support from an exempt organization					•
(4) Gross investment income					
Part XV Supplementary Information	(Complete this p	oart only if the f	oundation had	\$5,000 or more	in
assets at any time during th		tructions.)		· · ·	
Information Regarding Foundation Managera List any managers of the foundation who have close of any tax year (but only if they have NONE	e contributed more that	n 2% of the total con กลท \$5,000) (See s	ntributions received section 507(d)(2))	by the foundation befo	ore the
b List any managers of the foundation who own a partnership or other entity) of which the NONE	10% or more of the s foundation has a 10	tock of a corporation % or greater intere	o (or an equally large st	portion of the owners	ship of
2 Information Regarding Contribution, Gran Check here ► X if the foundation only marequests for funds If the foundation make complete items 2a, b, c, and d	kes contributions to p s gifts, grants, etc (s	reselected charitable see instructions) to	organizations and of individuals or orga	nizations under othe	
a The name, address, and telephone number of					
b The form in which applications should be	submitted and inforn	nation and material	s they should inclu	αe.	
c Any submission deadlines:					
d Any restrictions or limitations on awards,	such as by geograph	ical areas, charitab	ole fields, kinds of i	nstitutions, or other	factors

Recipient If request a unifolded a large relationship to all foundation manager of address frome or business) Annount Purpose of grant or contribution	3 (Grants and Contributions Paid During the Ye	ar or Approved for Futi	ure Paymen	t	
Total Total Approved for future payment		Recipient	If recipient is an individual, show any relationship to any foundation manager or	Foundation status of	Purpose of grant or contribution	Amount
Total Description Total Total Description Total Total Description Total Total		Name and address (home or business)	substantial contributor	recipient		
b Approved for future payment	a F	Paid during the year	substantial contributor	recipient	CONTROLL	
b Approved for future payment						
b Approved for future payment		Total		<u> </u>	► 3a	80.400.
· • • • • • • • • • • • • • • • • • • •	b				► 3b	

Part XVI-A Analysis of Income-Producing Activities

Enter gros	s amounts unless otherwise indicated	Unrelated	d business income	Excluded by	section 512, 513, or 514	(-)
		(a) Business code	(b) Amount	(c) Exclu- sion	(d) Amount	(e) Related or exempt function income (See instructions)
1 Prog	ram service revenue:	code		code		(See instructions)
a						
b						
c						
d						
е						
f						-
_	and contracts from government agencies					
	bership dues and assessments					
3 Intere	st on savings and temporary cash investments			1	12,000.	
•	dends and interest from securities			1		
	rental income or (loss) from real estate	3				
	-financed property					
	debt-financed property					<u> </u>
	ental income or (loss) from personal property					
	er investment income					
	or (loss) from sales of assets other than inventory					
	income or (loss) from special events					
	s profit or (loss) from sales of inventory					
11 Othe	er revenue:	* ' ' \$ \$	* * * * *		, 5	x x x
a						
b						·
c				- - -		
d						
е						
	total Add columns (b), (d), and (e)	* \$		7 i 4 s	12,000.	-
13 Tota	II. Add line 12, columns (b), (d), and (e)				12,000. 13	12,000.
13 Tota						12,000.
13 Tota (See work	II. Add line 12, columns (b), (d), and (e)	ions)	shment of Exemp		13	12,000.
13 Tota (See work	II. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculat Relationship of Activities to the	e Accompli		ot Purpos	13 es	
13 Tota (See work Part XV Line No.	al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculate Relationship of Activities to the	e Accompli		ot Purpos	13 es	
13 Tota (See work Part XV Line No.	II. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculat Relationship of Activities to the	e Accompli		ot Purpos	13 es	
13 Tota (See work Part XV Line No.	II. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculat Relationship of Activities to the	e Accompli		ot Purpos	13 es	
13 Tota (See work Part XV Line No.	II. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculat Relationship of Activities to the	e Accompli		ot Purpos	13 es	
13 Tota (See work Part XV Line No.	II. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculat Relationship of Activities to the	e Accompli		ot Purpos	13 es	
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13 Tota (See work Part XV Line No.	II. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculat Relationship of Activities to the	e Accompli		ot Purpos	13 es	
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13 Tota (See work Part XV Line No.	II. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculat Relationship of Activities to the	e Accompli		ot Purpos	13 es	
13 Tota (See work Part XV Line No.	II. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculat Relationship of Activities to the	e Accompli		ot Purpos	13 es	
13 Tota (See work Part XV Line No.	II. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculat Relationship of Activities to the	e Accompli		ot Purpos	13 es	
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13 Tota (See work Part XV Line No.	II. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculat Relationship of Activities to the	e Accompli		ot Purpos	13 es	
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13 Tota (See work Part XV Line No.	II. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculat Relationship of Activities to the	e Accompli		ot Purpos	13 es	
13 Tota (See work Part XV Line No.	II. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculat Relationship of Activities to the	e Accompli		ot Purpos	13 es	
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13 Tota (See work Part XV Line No.	II. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculat Relationship of Activities to the	e Accompli		ot Purpos	13 es	
13 Tota (See work Part XV Line No.	II. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculat Relationship of Activities to the	e Accompli		ot Purpos	13 es	
13 Tota (See work Part XV Line No.	II. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculat Relationship of Activities to the	e Accompli		ot Purpos	13 es	

· · · · · · · · · · · · · · · · · · ·	, , , , , , , , , , , , , , , , , , , ,			
Part XVII	Information Regarding	Transfers To and Transaction	ons and Relationships With Noncharitat	ole
	Exempt Organizations			

															T		
des	scribed	ganization dir in section 50 political orga	1(c) of	the Co	ctly eng de (oth	gage in er than	any of section	the follo 1501(c)(wing wit 3) organ	n any of izations	ther organiz) or in sect	zation ion 52	7,			Yes	No
a Tra	ansfers	from the repo	orting fo	oundati	on to a	nonch	arıtable	exempt	organiza	ition of:						- 14	£
	Cash														1 a (1)		_ X
٠,	Other														1 a (2)		X
		sactions.						_									لثيب
		of assets to													1 b (1)		X
• ,		ases of asset					npt orga	11112411011							1 b (2) 1 b (3)	-	<u>X</u>
\- /		l of facilities, jursement arr			r other a	asseis									1 b (3)		X
٠,		or loan quar	•	CIIIG											1 b (5)	_	X
		mance of ser		r mem	bership	or fun	draising	solicitat	tions						1 b (6)		X
		facilities, eq								ees					1 c		X
	_																
d If the an	the ansv goods, v transa	ver to any of other assets, action or shar	the abo or servi	ove is ' ces give angeme	Yes,' co en by the ent, sho	omplet e repor ow in c	e the fol ting four olumn ((ilowing s idation If d) the va	schedule f the foun alue of th	Colum dation re e goods	n (b) should eceived less s, other ass	d alwa than f ets, o	ys show tl aır market r services	he fair r value in receive	market val : :d	ue of	
(a) Line	no. (I	b) Amount invol	ved	(c)	Name of	noncharı	table exen	npt organiz	ation	(d)	Description o	f transfe	ers, transact	ions, and	sharing arrai	ngement	ts
N/A					_												
																	
															 		
	_					-											
															·		
	-																
																	
-		_															
		_															
de	scribed	dation directly in section 50 cmplete the f)1(c) of	the Co	ode (oth	with, or ier thai	related n section	to, one o n 501(c)(r more ta (3)) or in	x-exemp section	ot organization 1527?	ons			Yes	s X	No
		Name of orga					(b) Type	e of orga	nızatıon			(c)	Descriptio	n of rel	ationship		
N/A																	
_																	
											<u> </u>						
Sign	Under per correct, a	nalties of perjury, nd complete Dec	l declare laration o	that I hav of prepare	ve examin r (other th	ed this re ian taxpa	eturn, inclu yer) is bas	iding accom ied on all in	npanying so nformation o	hedules a of which pi	nd statements, eparer has any	and to t knowle	he best of my dge	y knowledi	May the	IRS disc	uss
Here								1		▶,	PRES				this retui preparer	shown I	below
	Signatu	re of officer or tru	ıstee	_				Date			itle				_ (see inst X	Yes	No
		Print/Type prepar	rer's name	e		1	Preparer's	signature			Date		Check	X if	PTIN		
Paid		JERRY L	LARSI	EΝ			JERRY	LLA	RSEN		3/29/	/15	self-empl	_	P0005	7432	
Prepai		Firm's name			'S TA								irm's EIN	94-1	727090		
Use O		Firm's address			LEWE		_								_ : : : : :		
	,			YWAR		945	-					F	Phone no	(510) 276-	0169)
BAA	<u>_</u>				<u> </u>									•	Form 99		

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

2014

Marie of the organization		, ,
THE EDWARDS FAMILY FOUNDATI	ON	94-3302319
Organization type (check one).		
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organiza	ation
	4947(a)(1) nonexempt charitable trust r	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 t	treated as a private foundation
	501(c)(3) taxable private foundation	
Check if your organization is covered by the	e General Rule or a Special Rule	
Note. Only a section 501(c)(7), (8), or (10)	organization can check boxes for both the Gene	eral Rule and a Special Rule See instructions
General Rule		
X For an organization filing Form 990, 990	0-EZ, or 990-PF that received, during the year, of	contributions totaling \$5,000 or more (in money or
property) from any one contributor. Con	mplete Parts I and II See instructions for determ	nining a contributor's total contributions
Special Rules		
☐ under sections 509(a)(1) and 170(b)(1)(A)(n 501(c)(3) filing Form 990 or 990-EZ that met th (vi), that checked Schedule A (Form 990 or 990-EZ)	. Part II. line 13. 16a. or 16b. and that
received from any one contributor, durin	ng the year, total contributions of the greater of n 990-EZ, line 1 Complete Parts I and II.	(1) \$5,000 or (2) 2% of the amount on (i)
Form 330, Fait Vin, line in, or (ii) Form	11 330-E2, line 1 Complete 1 and 11.	
For an organization described in section	n 501(c)(7), (8), or (10) filing Form 990 or 990-E nore than \$1,000 <i>exclusively</i> for religious, charita	Z that received from any one contributor,
during the year, total contributions of mourooses, or for the prevention of cruel	nore than \$1,000 <i>exclusively</i> for religious, charita Ity to children or animals. Complete Parts I, II, a	able, scientific, literary, or educational and III
Par. Possos , and an approximation of the part of the		
For an organization described in section	n 501(c)(7), (8), or (10) filing Form 990 or 990-E	Z that received from any one contributor,
during the year, contributions exclusive	ely for religious, charitable, etc., purposes, but no	o such contributions totaled more than
\$1,000 If this box is checked, enter her	re the total contributions that were received duri ete any of the parts unless the General Rule ap	ing the year for an <i>exclusively</i> religious, plies to this organization because
it received nonexclusively religious, cha	aritable, etc., contributions totaling \$5,000 or mo	re during the year
• -		
Caution: An organization that is not covere	ed by the General Rule and/or the Special Rules V, line 2, of its Form 990, or check the box on lin	does not file Schedule B (Form 990, 990-EZ, or
Part I, line 2, to certify that it does not mee	et the filing requirements of Schedule B (Form 9	190, 990-EZ, or 990-PF)
BAA For Paperwork Reduction Act Notice	e, see the Instructions for Form 990, 990EZ,	Schedule B (Form 990, 990-EZ, or 990-PF) (2014)
or 990-PF.		, , ,

Schedule B	Form 990	990-F7	or 990-PE	(2014)
Scheanie D ((FUIIII 990,	ププロ・ L.	01 990-66	(2014)

1 of

1 of Part 1

Name of organization THE EDWARDS FAMILY FOUNDATION Employer identification number

94-3302319

Partil Cont	tributors (s	ee instructions)	Use duplicate of	copies of Part	l if additional	space is needed
-------------	---------------------	------------------	------------------	----------------	-----------------	-----------------

		т-	
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ROSSER B EDWARDS 317 RAMONA ROAD PORTOLA VALLEY, CA 94403-2514	\$ <u>100,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	-	Payroll Noncash Complete Part II for
(a) Number		\$ - - - -	Payroll Noncash Complete Part II for noncash contributions (d)
(a) Number		(c) Total contributions	Payroll Noncash (Complete Part II for noncash contributions) (d) Type of contribution Person Payroll Noncash (Complete Part II for
Number	Name, address, and ZIP + 4	\$ (c) Total contributions \$ (c) Total	Payroll Noncash (Complete Part II for noncash contributions) (d) Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions)

1 to

1 of Part II

Name of organization
THE EDWARDS FAMILY FOUNDATION

Employer identification number

THE EDWARDS FAMILY FOUNDATION 94-3302319

Partill

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

Raigner,	Noncash Property (see instructions) Use duplicate copies of Part II if additional sp	pace is needed	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	N/A		
	-		
		\$	
4 > 4		4.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	<u> </u>	\$ 	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No	(6)	(6)	(4)
(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
	<u> </u>	-	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
•			
-]	
		 \$	
BAA		dule B (Form 990, 990-EZ,	

Schedule B (Form 990, 990-EZ, or 990-PF) (2014)	Page	1 to	1	of Part III
Name of organization		Employer idei	ntıficatıor	n number
THE EDWARDS FAMILY FOUNDATION		94-3302	2319	
Partill Exclusively religious, charitable, etc., contributions to or	ganizations described i	n section	501(0	c)(7), (8)
or (10) that total more than \$1,000 for the year from any one con	tributor. Complete columns (a)	through (e) ai	nd	
the following line entry For organizations completing Part III, enter the	total of exclusively religious,	charitable, e	etc,	
1 1 1 (At AOA	O	~ ^		

	Use duplicate copies of Part III if additional s	Enter this information once Sespace is needed	ee instructions)
(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	s, and ZIP + 4	Relationship of transferor to transferee
(2)	(b)	(c)	(4)
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
 -			
		(e) Transfer of gift	
	Transferee's name, address	s, and ZIP + 4	Relationship of transferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
No. from Part I	Purpose of gift	Use of gift	Description of how gift is held
	Transferee's name, addres	(e) Transfer of gift s and 7IP + 4	Relationship of transferor to transferee
	Transferee 5 flame, addres		
(a)	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(a) No. from Part I	r urpose or girt	Use of gift	Description of now gift is field
			
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Relationship of transferor to transferee
		·	
		-	<u>+</u>
			<u> </u>

2014	FEDERAL STA	TEMENT	S	PAGE 1
CLIĘNT 6783	THE EDWARDS FAMIL	Y FOUNDATI	ON	94-3302319
3/29/15 STATEMENT 1 FORM 990-PF, PART I, LINE 16B ACCOUNTING FEES				11:36AM
TAX PREPREPORATION	(A) EXPENSES PER BOOK \$ 75 TOTAL \$ 75		MENT ADJUSTED	(D) CHARITABLE PURPOSES \$ 0.
STATEMENT 2 FORM 990-PF, PART I, LINE 18 TAXES				
EXCISE STATE TAX	60	S INCO 7. \$ 0.	MENT ADJUSTED	(D) CHARITABLE PURPOSES \$ 0.
STATEMENT 3 FORM 990-PF, PART I, LINE 23 OTHER EXPENSES				
FEES	(A)	S INVEST	NET (C) MENT ADJUSTED OME NET INCOME 170. 170. \$ 0.	(D) CHARITABLE PURPOSES \$ 0.
STATEMENT 4 FORM 990-PF, PART XV, LINE 3A RECIPIENT PAID DURING THE Y	\ EAR			
NAME AND ADDRESS	DONEE RELATIONSHIP	FOUND- ATION STATUS	PURPOSE OF GRANT	AMOUNT
ROCK CREEK ALLIANCE 1319 N DIVISION SANDPOINT, ID 83864	NONE	PUBLIC	ASSISTANCE	\$ 2,000.
BAYSHORE CHRISTIAN MINISTRIES 1001 BEECH STREET EAST PALO ALTO, CA 94303	NONE	PUBLIC	ASSISTANCE	3,000.

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3/29/15

FEDERAL STATEMENTS

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CLIENT 6783

THE EDWARDS FAMILY FOUNDATION

94-3302319 11:36AM

STATEMENT 4 (CONTINUED) FORM 990-PF, PART XV, LINE 3A RECIPIENT PAID DURING THE YEAR

NAME AND ADDRESS	DONEE RELATIONSHIP	FOUND- ATION STATUS	PURPOSE OF GRANT	 AMOUNT
HOLT INTERNATIONAL CHILDR P O BOX 2880 EUGENE, OR 97402	NONE	PUBLIC	ASSISTANCE	\$ 5,000.
WHEAT RIDGE MINISTRIES ONE PIERCE SUITE 250E ITASCA, IL 60143	NONE	PUBLIC	ASSISTANCE	2,000.
CONCORDIA UNIVERSITY PORT 2811 N E HOLMAN STREET PORTLAND, OR 97211	NONE	PUBLIC	ASSISTANCE	18,000.
FIRST RESORT 1933 DAVIS ST SUITE 215 SAN LEANDRO, CA 94577	NONE	PUBLIC	ASSISTANCE	4,000.
PV SCHOOL FOUNDATION 4575 ALPINE ROAD PORTOLA VALLEY, CA 94028	NONE	PUBLIC	ASSISTANCE	400.
LUTHERAN WORLD RELIEF 700 LIGHT STREET BALTIMORE, MD 21230	NONE	PUBLIC	ASSISTANCE	10,000.
LCMS WORLD MISSION 1333 S KIRKWOOD ROAD ST LOUIS, MO 63177	NONE	PUBLIC	ASSISTANCE	2,000.
BURLINGAME COMMUNITY FOR EDUCA P O BOX 117730 BURLINGAME, CA 94011	NONE	PUBLIC	ASSISTANCE	250.
YELLOWSTONE ASSOCIATION P O BOX 117 YELLOWSTONE, WY 82190	NONE	PUBLIC	ASSISTANCE	1,000.
JACKSON HOLE LAND TRUST 555 EAST BROADWAY SUITE 228 JACKSON, WY 83001	NONE	PUBLIC	ASSISTANCE	1,500.
MT SCOTT PARK LEARNING CENTER 6148 SE HOLGATE PORTLAND, OR 97206	NONE	PUBLIC	ASSISTANCE	2,000.
RYAA FAMILY FOUNDATION 1290 CYPRESS STREET EAST PALO ALTO, CA 94303	NONE	PUBLIC	ASSISTANCE	4,000.

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FEDERAL STATEMENTS

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TOTAL \$

80,400.

CLIENT 6783

THE EDWARDS FAMILY FOUNDATION

94-3302319 11:36AM

STATEMENT 4 (CONTINUED) FORM 990-PF, PART XV, LINE 3A RECIPIENT PAID DURING THE YEAR

		PURPOSE OF	AMOUNT
NONE	PUBLIC	ASSISTANCE	\$ 2,50
NONE	PUBLIC	ASSISTANCE	3,00
NONE	PUBLIC	ASSISTANCE	1,00
NONE	PUBLIC	ASSISTANCE	3,00
NONE	PUBLIC	ASSISTANCE	10,00
NONE	PUBLIC	ASSISTANCE	1,50
NONE	PUBLIC	ASSISTANCE	25
NONE	PUBLIC	ASSISTANCE	2,00
NONE	PUBLIC	ASSISTANCE	25
NONE	PUBLIC	ASSISTANCE	50
NONE PL	PUBLIC	ASSISTTIANCE	25
NONE	PUBLIC	ASSISTANCE	1,00
	NONE NONE NONE NONE NONE NONE NONE NONE	NONE PUBLIC NONE PUBLIC	DONEE RELATIONSHIP STATUS GRANT NONE PUBLIC ASSISTANCE NONE PUBLIC ASSISTANCE