

EXTENDED TO NOVEMBER 15, 2017

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

OMB No 1545-0687

2016

Open to Public Inspection for
501(c)(3) Organizations OnlyDepartment of the Treasury
Internal Revenue Service

For calendar year 2016 or other tax year beginning _____, and ending _____

► 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).

A Check box if
address changedPrint
or
TypeName of organization (Check box if name changed and see instructions.)
BARBARA AND GERSON BAKAR FOUNDATION
DBA THE ACHIEVE FOUNDATIOND Employer identification number
(Employees' trust, see
instructions)**20-5691977**

B Exempt under section

E Unrelated business activity codes
(See instructions) 501(c)(3)
 408(e) 220(e)
 408A 530(a)
 529(a)Number, street, and room or suite no. If a P.O. box, see instructions.
201 FILBERT STREET, NO. 400
City or town, state or province, country, and ZIP or foreign postal code
SAN FRANCISCO, CA 94133**900003**C Book value of all assets
at end of year

F Group exemption number (See instructions.)

101538303.G Check organization type ► 501(c) corporation 501(c) trust 401(a) trust Other trustH Describe the organization's primary unrelated business activity. ► **INVESTMENT IN PARTNERSHIPS**I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ► Yes No
If "Yes," enter the name and identifying number of the parent corporation. ►J The books are in care of ► **BARBARA BASS BAKAR**Telephone number ► **(415) 576-8100****Part I Unrelated Trade or Business Income**

(A) Income (B) Expenses (C) Net

1a	Gross receipts or sales	c Balance	►	1c			
b	Less returns and allowances			2			
2	Cost of goods sold (Schedule A, line 7)			3			
3	Gross profit. Subtract line 2 from line 1c			4a			
4a	Capital gain net income (attach Schedule D)			4b			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)			4c			
c	Capital loss deduction for trusts			5	-35,292.	<i>RECEIVED</i>	
5	Income (loss) from partnerships and S corporations (attach statement)			6		<i>RECEIVED</i>	
6	Rent income (Schedule C)			7		<i>NOV 17 2017</i>	
7	Unrelated debt-financed income (Schedule E)			8			
8	Interest, annuities, royalties, and rents from controlled organizations (Sch. F)			9			
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)			10		<i>OGDEN UT</i>	
10	Exploited exempt activity income (Schedule I)			11			
11	Advertising income (Schedule J)			12			
12	Other income (See instructions; attach schedule)			13	-35,292.		-35,292.
13	Total. Combine lines 3 through 12						

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)	STATEMENT 12 STATEMENT 11
21	Depreciation (attach Form 4562)	21
22	Less depreciation claimed on Schedule A and elsewhere on return	22a
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 -35,292.
31	Net operating loss deduction (limited to the amount on line 30)	SEE STATEMENT 13
32	Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	32 -35,292.
33	Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)	33 1,000.
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 -35,292.

623701 01-18-17 LHA For Paperwork Reduction Act Notice, see instructions.

Form 990-T (2016)

BARBARA AND GERSON BAKAR FOUNDATION
DBA THE ACHIEVE FOUNDATION

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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

36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from:

Tax rate schedule or Schedule D (Form 1041)

37 Proxy tax. See instructions

38 Alternative minimum tax

39 Tax on Non-Compliant Facility Income. See instructions

40 Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies

Part IV Tax and Payments

41a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)

41a

b Other credits (see instructions)

41b

c General business credit. Attach Form 3800

41c

d Credit for prior year minimum tax (attach Form 8801 or 8827)

41d

e Total credits. Add lines 41a through 41d

41e

42 Subtract line 41e from line 40

42

43 Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)

43

44 Total tax. Add lines 42 and 43

44

45a Payments: A 2015 overpayment credited to 2016

45a 15,000.

b 2016 estimated tax payments

45b

c Tax deposited with Form 8868

45c

d Foreign organizations: Tax paid or withheld at source (see instructions)

45d

e Backup withholding (see instructions)

45e

f Credit for small employer health insurance premiums (Attach Form 8941)

45f

g Other credits and payments: Form 2439

Form 4136 Other Total ► 45g

46 Total payments. Add lines 45a through 45g

46

47 Estimated tax penalty (see instructions). Check if Form 2220 is attached ►

47

48 Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed

48

49 Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid

49

50 Enter the amount of line 49 you want Credited to 2017 estimated tax ► 15,000. | Refunded ► 50

50

Part V Statements Regarding Certain Activities and Other Information (see instructions)

51 At any time during the 2016 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 ►

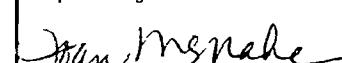
Yes No
X

52 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.

X

53 Enter the amount of tax-exempt interest received or accrued during the tax year ► \$

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.		
		Date 11/10/2017	Title PRESIDENT
Signature of officer	Date	Title	May the IRS discuss this return with the preparer shown below (see instructions)? <input type="checkbox"/> Yes <input type="checkbox"/> No

Paid Preparer Use Only	Print/Type preparer's name JOAN S. MCMAHON	Preparer's signature 	Date 11/7/17	Check <input type="checkbox"/> if self-employed	PTIN P00966494
	Firm's name ► DELOITTE TAX LLP			Firm's EIN ► 86-1065772	
	555 MISSION STREET Firm's address ► SAN FRANCISCO, CA 94105			Phone no. (415) 783-4000	

Form 990-T (2016)

623711 01-18-17

BARBARA AND GERSON BAKAR FOUNDATION DBA

20-5691977

FORM 990-T

CURRENT YEAR CASH CONTRIBUTIONS

STATEMENT 11

DESCRIPTION

AMOUNT

CONTRIBUTIONS

1,667,205.

TOTAL CURRENT YEAR CASH CONTRIBUTIONS

1,667,205.

FORM 990-T

CONTRIBUTIONS SUMMARY

STATEMENT 12

QUALIFIED CONTRIBUTIONS SUBJECT TO 100% LIMIT

CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS

FOR TAX YEAR 2011
FOR TAX YEAR 2012
FOR TAX YEAR 2013
FOR TAX YEAR 2014
FOR TAX YEAR 2015

TOTAL CARRYOVER

TOTAL CURRENT YEAR 10% CONTRIBUTIONS	1,667,205
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TOTAL CONTRIBUTIONS AVAILABLE	1,667,205
TAXABLE INCOME LIMITATION AS ADJUSTED	0

EXCESS 10% CONTRIBUTIONS	1,667,205
EXCESS 100% CONTRIBUTIONS	0
TOTAL EXCESS CONTRIBUTIONS	1,667,205

ALLOWABLE CONTRIBUTIONS DEDUCTION	0
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TOTAL CONTRIBUTION DEDUCTION	0
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BARBARA AND GERSON BAKAR FOUNDATION DBA

20-5691977

FORM 990-T

NET OPERATING LOSS DEDUCTION

STATEMENT 13

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/15	8,229.	0.	8,229.	8,229.
NOL CARRYOVER AVAILABLE THIS YEAR			8,229.	8,229.

FORM 990-T

INCOME (LOSS) FROM PARTNERSHIPS

STATEMENT 14

PARTNERSHIP NAME	GROSS INCOME	DEDUCTIONS	NET INCOME OR (LOSS)
FRIEDMAN FLEISCHER & LOWE CAPITAL PARTNERS III, LP	-777.	0.	-777.
THE VARDE FUND XII (B) (FEEDER) L.P	-2,425.	0.	-2,425.
FFL CAPITAL PARTNERS IV, LP	-12,760.	0.	-12,760.
QUANTUM ENERGY PARTNERS VI, LP	-20,513.	0.	-20,513.
HMI CAPITAL PARTNERS, LP	1,183.	0.	1,183.
TOTAL TO FORM 990-T, PAGE 1, LINE 5	-35,292.	0.	-35,292.

Name.

BARBARA AND GERSON BAKAR FOUNDATION
DBA THE ACHIEVE FOUNDATION

Employer identification number
20-5691977

Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.

1b Totals for all transactions reported on Form(s) 8949 with **Box A** checked

2 Totals for all transactions reported on Form(s) 8949 with **Box B** checked

3 Totals for all transactions reported on Form(s) 8949 with **Box C** checked

4 Short-term capital gain from installment sales from Form 6252, line 26 or 37

5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824

6 Unused capital loss carryover (attach computation)

7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h

SEE STATEMENT 15

4
5
6 (5,103.)
7 -5,103.

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.

8b Totals for all transactions reported on Form(s) 8949 with **Box D** checked

9 Totals for all transactions reported on Form(s) 8949 with **Box E** checked

10 Totals for all transactions reported on Form(s) 8949 with **Box F** checked

11 Enter gain from Form 4797, line 7 or 9

12 Long-term capital gain from installment sales from Form 6252, line 26 or 37

13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824

14 Capital gain distributions

15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h

11
12
13
14
15

Part III Summary of Parts I and II

16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)

16
17

17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)
18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns. If the corporation has qualified timber gain, also complete Part IV

17
18 0.

Note: If losses exceed gains, see **Capital losses** in the instructions.

**BARBARA AND GERSON BAKAR FOUNDATION
DBA THE ACHIEVE FOUNDATION**

Schedule D (Form 1120) 2016

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Part IV Alternative Tax for Corporations with Qualified Timber Gain. Complete Part IV only if the corporation has qualified timber gain under section 1201(b). Skip this part if you are filing Form 1120-RIC. See instructions.

19 Enter qualified timber gain (as defined in section 1201(b)(2))	19	
20 Enter taxable income from Form 1120, page 1, line 30, or the applicable line of your tax return	20	
21 Enter the smallest of: (a) the amount on line 19; (b) the amount on line 20; or (c) the amount on Part III, line 17	21	
22 Multiply line 21 by 23.8% (0.238)	22	
23 Subtract line 17 from line 20. If zero or less, enter -0-	23	
24 Enter the tax on line 23, figured using the Tax Rate Schedule (or applicable tax rate) appropriate for the return with which Schedule D (Form 1120) is being filed	24	
25 Add lines 21 and 23	25	
26 Subtract line 25 from line 20. If zero or less, enter -0-	26	
27 Multiply line 26 by 35% (0.35)	27	
28 Add lines 22, 24, and 27	28	
29 Enter the tax on line 20, figured using the Tax Rate Schedule (or applicable tax rate) appropriate for the return with which Schedule D (Form 1120) is being filed	29	
30 Enter the smaller of line 28 or line 29. Also enter this amount on Form 1120, Schedule J, line 2, or the applicable line of your tax return	30	

Schedule D (Form 1120) 2016

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