# EXTENDED TO NOVEMBER 15, 20 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. ▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

For c	alen	dar year 2016 or tax year beginning		, and er	ding		
Name of foundation						A Employer identification	number
THE SUNWEST BANK CHARITABLE FOUNDATION 27-1607730							)
Number and street (or P O box number if mail is not delivered to street address)  Room/suite  B Telephone number							
_2	05	O MAIN STREET, SUITE 30	0			714-730-44	44
		own, state or province, country, and ZIP or foreign p	ostal code		i	C If exemption application is p	pending, check here
		INE, CA 92614	Initial return of a fo	rmar nublic o	horibi	D 1. Foreign organization	a abook bara
G C	песк	all that apply: Initial return	Amended return	armer public c	nanty	i. Foreigh organization	s, check here
		Address change	Name change			2 Foreign organizations me check here and attach co	eeting the 85% test,
H C	heck	type of organization: X Section 501(c)(3) ex					
ï	_		Other taxable private founda	ation		E If private foundation sta under section 507(b)(1	
I Fa		rket value of all assets at end of year   J   Accounti		X Accr	ual	F If the foundation is in a	
		· 1 ——	her (specify)			under section 507(b)(1	
•	\$		mn (d) must be on cash i	basis.)			
Pa	rt.l	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not	(a) Revenue and	(b) Net in		(c) Adjusted net	(d) Disbursements for charitable purposes
		necessarily equal the amounts in column (a)	expenses per books	inco		income	(cash basis only)
	. 1	Contributions, gifts, grants, etc., received	500,000.	7 6 B	·	N/A	
	2	Check If the foundation is not required to attach Sch. B. Interest on savings and temporary		更產品等	405		
	3	cash investments	2,425.		2,425.		STATEMENT 1
	4	Dividends and interest from securities	10,950.	<del>-</del>	0,950.		STATEMENT 2
ľ	_	Gross rents			5 & & w	Lov .	
	_	Net rental income or (loss)	115,197.			\(\frac{1}{2}\).	1 1 1 1
ne.	b	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a 1,520,660.			<b>3 3 3</b>	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
Revenue	-	assets on line 6a		11			
8	8	Net short-term capital gain	TABBERT	(建筑)	W 12 4		****
	9	Income modifications	聖我選 奏者為言	1 語 熟 您	***		1 1 1
	10a	Gross sales less returns and allowances	1東華慶告首高	<b>《海空旅</b>	· · · · · · · · · · · · · · · · · · ·		
	b	Less Cost of goods sold	<b>医蜂草原素</b>		•	, 	. '
	C	Gross profit or (loss)			· · · · · · · · · · · · · · · · · · ·		
	11	Other income	600 570	10	0 570	<del></del>	
	12	Total Add lines 1 through 11	628,572.	12	8,572. 0.	REC	FIVED
_	13	Compensation of officers, directors, trustees, etc Other employee salaries and wages			0.	(6)	DEIVED O O.
0.	14 15	Pension plans, employee benefits				S NUV	2 2 2017 3
es		Legal fees					<u> </u>
&_ ⊗_e S_e		Accounting fees STMT 3	3,000.		3,000.	OG	DEM. UT 0.
کيٰ		Other professional fees STMT 4	43,132.		3,132.		0.
	17	Interest	1,638.		1,638.		0.
SEASUMIED NOV 29 and Administrative Expense	18	Taxes		, , , , , , , , , , , , , , , , , , ,			
흜티	19	Depreciation and depletion					ļ <u> </u>
氢葛	20	Occupancy					
K A	21	Travel, conferences, and meetings	<b> </b>	<del></del>		<b> </b>	<del></del>
	22	Printing and publications	67 640		7,649.	<del> </del>	<u></u>
ণ Operating	23 24	Other expenses STMT 5 Total operating and administrative	67,649.	0	1,047.	<del> </del>	0.
era	24	expenses Add lines 13 through 23	115,419.	11	5,419.	ì	0.
o o	25	Contributions, gifts, grants paid	441,500.		-, <u>-</u> , •	<del>                                     </del>	441,500.
		Total expenses and disbursements.					1
		Add lines 24 and 25	556,919.	11	5,419.		441,500.
	27	Subtract line 26 from line 12:					
	a	Excess of revenue over expenses and disbursements	71,653.				
	b	Net investment income (if negative, enter -0-)		1	3,153.	<u> </u>	
	C	Adjusted net income (if negative, enter -0-)	<u> </u>			N/A	

		0-PE-2016) THE SUNWEST BANK CHARLT	Beginning of year	End o	160//30 Page 2
P	art	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	1,689,668.	1,794,092.	1,794,092.
	2	Savings and temporary cash investments			
	3	Accounts receivable ► 2,784.	2 3 4 3		1,85
	}	Less: allowance for doubtful accounts		2,784.	2,784.
	4	Pledges receivable ►	2年发放了		
	1	Less: allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
	1	disqualified persons	<u>                                     </u>		
	7	Other notes and loans receivable	2. <b>建</b> 家沙里 (14. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15		
		Less; allowance for doubtful accounts			
y)	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
Ą		Investments - U.S. and state government obligations			
	1	Investments - corporate stock			
	1	Investments - corporate bonds			
		Investments - land, buildings, and equipment basis	() 数字、跨峰		4 5 1
		Less accumulated depreciation	The state of the s	<del>apitran i</del> i sudapilira — vu dapi eta - spuppa, er — umuyu kini dugatayi. Ter — eydasyin etab	Total consessor themselves controlly definition definition to the described of
	12	Investments - mortgage loans			
	13	Investments - other STMT 6	561,257.	492,850.	492,850.
	14	Land, buildings, and equipment: basis	數 化数 多 四 /		
		Less accumulated depreciation	And the second s	the statement of transfer to the statement of the stateme	technologic declares estatem substantial declaration and elementarial
	15	Other assets (describe ► STATEMENT 7)	1,303.	2,076.	2,076.
	1	Total assets (to be completed by all filers - see the			
	'	instructions. Also, see page 1, item I)	2,252,228.	2,291,802.	2,291,802.
_	17	Accounts payable and accrued expenses	2,500.	3,000.	16 17 18 18 18 18 18 18 18 18 18 18 18 18 18
	18	Grants payable			
S	19	Deferred revenue			
ij	20	Loans from officers, directors, trustees, and other disqualified persons			
Liabilities	21	Mortgages and other notes payable			
Ë	22	Other liabilities (describe STATEMENT 8)	16,819.	17,417.	
					÷ .
	23	Total liabilities (add lines 17 through 22)	19,319.	20,417.	
		Foundations that follow SFAS 117, check here			* .* .*
		and complete lines 24 through 26 and lines 30 and 31.		!	
ces	24	Unrestricted	2,232,909.	2,271,385.	
<u>a</u>	25	Temporarily restricted			,
Ва	26	Permanently restricted			
or Fund Balances		Foundations that do not follow SFAS 117, check here		_	
Ę		and complete lines 27 through 31			1
	27	Capital stock, trust principal, or current funds			
Net Assets	28	Paid-in or capital surplus, or land, bldg., and equipment fund			
As	29	Retained earnings, accumulated income, endowment, or other funds			
Ret	30	Total net assets or fund balances	2,232,909.	2,271,385.	i
					<b>{</b>
	31	Total liabilities and net assets/fund balances	2,252,228.	2,291,802.	<u> </u>
P	art	III Analysis of Changes in Net Assets or Fund E	Balances		
	=		<del></del>	<del></del>	
1		net assets or fund balances at beginning of year - Part II, column (a), line	30		
	•	st agree with end-of-year figure reported on prior year's return)		1	2,232,909.
		amount from Part I, line 27a		2	71,653.
		r increases not included in line 2 (itemize)			0.
		lines 1, 2, and 3	. <b>.</b>	4	2,304,562.
		eases not included in line 2 (itemize)   CHANGE IN UNRE		5	33,177.
<u>6</u>	Tota	net assets or fund balances at end of year (line 4 minus line 5) - Part II, c	olumn (b), line 30	6	2,271,385.
					Form <b>990-PF</b> (2016)

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Pertiv	Japitai Gains a	nd Losses for Tax on In	ivestment	IIICOIIIE					
	(a) List and descri 2-story brick war	be the kind(s) of property sold (e.g ehouse; or common stock, 200 shs	., real estate, s. MLC Co.)		`P-	ow acquired Purchase Donation	(c) Date a (mo., da	ay, yr.)	(d) Date sold (mo., day, yr.)
1a MIDWE	ST ADVISOR	RS (SEE ATTACHME	NT)			P	01/0		12/31/16
b MIDWE	7 111D1/1001 110 1 1 0 1 1 0 1 1 0 1 1 0 1			P	01/1		12/31/16		
c M3 PA	RTNERS LP					P	01/0		12/31/16
d M3 PA	d M3 PARTNERS LP P C					01/1	<u>5/15</u>	12/31/16	
_e					Щ				L
(e) Gross sales price  (f) Depreciation allowed (or allowable)  (g) Cost or other basis plus expense of sale						ain or (loss (f) minus	(g)		
a 1	,351,774.			L,317,94					33,825.
b	99,086.			87,51	4.				11,572.
C	17,766.								<u> 17,766.</u>
d	52,034.								<u>52,034.</u>
е									
Complete o	only for assets showing	g gain in column (h) and owned by	the foundation	on 12/31/69		(	I) Gains (C	ol. (h) gaın	minus
	4.40.40.4.400	(j) Adjusted basis	(k) Exc	cess of col. (ı)		CC	ıl. (k), but r	ot less tha (from col. (	n -0-) <b>or</b> /b\\
(i) F.M.V.	as of 12/31/69	as of 12/31/69	over	col. (j), if any			LUSSES	(110111 001. (	·'' <i>))</i>
a						•			33,825.
b									11,572.
C				<u></u> _		· · · · · · · · · · · · · · · · · · ·			17,766.
d							·-		52,034.
e									
		C If gain, also ento	r in Part I line	7	7				
2 Capital gain	net income or (net ca	oital loss)   If gain, also ente	i in Part I, line I- in Part I, line	7	<u>}</u>	2			115,197.
3 Net short-te	rm capital dain or (los	s) as defined in sections 1222(5) ai	nd (6):						
	enter in Part I, line 8,		(-).		<i>]</i> [				
If (loss), ent	er -0- in Part I, line 8				<u></u>	3		N/A	<u> </u>
PartV.	Qualification U	nder Section 4940(e) for	Reduced	Tax on Net	Inve	estment In	come		
(For optional us	se by domestic private	foundations subject to the section	4940(a) tax on	net investment in	come	.)			
, ,									
If section 4940	(d)(2) applies, leave th	is part blank.							
Was the founda	ation liable for the sect								
		ion 4942 tax on the distributable an	nount of any ve	ar in the base per	riod?				Yes X No
		ion 4942 tax on the distributable an			riod?				Yes X No
	ndation does not qual	fy under section 4940(e). Do not co	omplete this pa	rt.					Yes X No
1 Enter the ap	ndation does not qual opropriate amount in e	fy under section 4940(e). Do not co each column for each year; see the i	omplete this pa	rt.	ntries			Distrik	
1 Enter the ap	ndation does not qual opropriate amount in e (a) ase period years	fy under section 4940(e). Do not co ach column for each year; see the i	omplete this pa nstructions be	rt.	ntries (c)		s		(d) bution ratio
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1a Exempt operating foundations described in section 4940(d)(2), check here ▶ ■ and enter *Wo on line 1. Dials of ruling of determination tetret: (attack opy of letter if facessary-see instructions) b Domestic foundations that meet the section 4940(e) requirements in Part V, check here ▶ ☑ and enter 1% of Part I, line 27b. c) Part I, line 27b. d) Add lines 1 and (domestic section 4947(e)(f) insuls and tabable foundations only. (Others enter -0-) 2		990-PF (2016) THE SUNWEST BANK CHARITABLE FOR THE SUNWEST BANK	<u>OUNDATION</u> 10(a), 4940(b), 4940(e), or	<u>27-</u> 1948 -	160773 - see ins	30 tructic	Page 4
b Domestic Gundations that meet the Section 4940(e) requirements in Part V, check here      X   and enter 1%	1a E	Exempt operating foundations described in section 4940(d)(2), check here 🕨 🔲 and e	enter "N/A" on line 1.				
b Domestic Gundations that meet the Section 4940(e) requirements in Part V, check here      X   and enter 1%							
of Part I, Ime 27b All other ofensets foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, Ime 12, col. (b).  2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 3 3 132.  3 subtile A (momety tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- 5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- 5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- 5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- 5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- 5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- 5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- 5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- 6 Based pathologistic programments and 2015 overpayment income to line 6 feet a subtract line 4 from line 3. If zero or less, enter -0- 6 Based pathologistic programments. And lines 6a through 6d 6 Enter any penalty for underpayment of estimated tax. Check here lift from 220 is attached 7 Total credits and payments. Add lines 6a through 6d 8 Enter any penalty for underpayment of estimated tax. Check here lift from 220 is attached 9 Tax view. If the lotal rines 5 and 5 is more than the 10 files of lines 5 and 8, enter the amount overpaid 1 Overpayment. If line 7 is more than the 10st of lines 5 and 8, enter the amount overpaid 1 Overpayment. If line 7 is more than the 10st of lines 5 and 8, enter the amount overpaid 1 Overpayment. If line 7 is more than the 10st of lines 5 and 8, enter the amount overpaid 1 Overpayment. If line 7 is more than the 10st of lines 5 and 8, enter the lines 6 and 8, enter the lines 6 and 8, enter the lines 6 and 8, ente				1			132.
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10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid  11 Enter the amount of line 10 to be: Gredited to 2017 restimated tax ▶  1,000. Refunded ▶  11 2,733.  12 During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?  1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?  1b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)?  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.  1c Did the foundation lie Form 1120-POL for this year?  1d Enter the amount (if any) that on political expenditures (section 4955) imposed during the year:  1 to the foundation in Form 1120-POL for this year?  1 to 2	8 8	Enter any <b>penalty</b> for underpayment of estimated tax. Check here if Form 2220 is atta	ached	8			
11 Enter the amount of time 10 to be; Credited to 2017 estimated tax ▶ 1,000 . Refunded ▶ 11 2,739.  Part VII-A   Statements Regarding Activities  1 During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?  1 bild it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)?  1 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.  2 Did the foundation lie Form 1120-PDI for this year?  3 In 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.  3 Did the foundation. ▶ \$ O. (2) On foundation managers. ▶ \$ O.  4 Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ \$ O.  5 His "Yes," attach a detailed description of the activities.  6 Did the foundation engaged in any activities that have not previously been reported to the IRS?  If "Yes," attach a detailed description of the activities.  8 If "Yes," attach a detailed description of the activities.  9 If "Yes," attach a conformed copy of the changes  4 Did the foundation have unrelated business gross income of \$1,000 or more during the year?  If "Yes," attach the statement required by General Instruction T  Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:  9 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, or  9 By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instr	9 1	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	<b>&gt;</b>	9			
Part VIII-A Statements Regarding Activities  1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any pollucal earnpaign?  b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)?  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-POIL for this year?  d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:  (1) On the foundation have an political expenditures (section 4955) imposed during the year:  (1) On the foundation in the promise of any materials published or distributed by the foundation of the activities.  3 Has the foundation engaged in any activities that have not previously been reported to the IRS?  If "Yes," attach a detailed description of the activities.  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 Ax  4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?  If "Yes," attach the statement required by General Instruction T  5 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:  ■ By language in the governing instrument, or  ■ By language in the governing instrument?  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 Enter the states to which the foundation reports or with which it is registered (see instructions) P  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 r		· · · · · · · · · · · · · · · · · · ·	, <b>&gt;</b>	10			
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaigin?  b Did it spend more than \$100 during the year (either directly) or indirectly) for political purposes (see instructions for the definition)?  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-PDL for this year?  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. ▶ \$ 0  e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ \$ 0  Has the foundation engaged in any activities that have not previously been reported to the IRS?  If "Yes," attach a detailed description of the activities.  J Has the foundation made any changes, not previously reported to the IRS?  If "Yes," attach a detailed description of the activities.  J Has the foundation have unrelated business gross income of \$1,000 or more during the year?  If "Yes," attach a detailed description of the activities.  J Has the foundation have unrelated business gross income of \$1,000 or more during the year?  If "Yes," attach the statement required by General Instruction T  Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:  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?  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  T X  Ba Enter the states to which the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of sach state as required by General Instruc			1,000. Refunded	11		<u>2,7</u>	<u>739.</u>
any political campaign?  b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)?  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-P0L for this year?  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. ▶ \$ 0.  e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ \$ 0.  1 Has the foundation engaged in any activities that have not previously been reported to the IRS?  If "Yes," attach a detailed description of the activities.  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? "Yes," attach a conformed copy of the changes  4 Did the foundation have unrelated business gross income of \$1,000 or more during the year?  If "Yes," as the field a tax return on Form 990-T for this year?  If "Yes," attach the statement required by General Instruction T  A table the requirements of section 598(e) (relating to sections 4941 through 4945) satisfied either:  By language in the governing instrument?  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  The first the states to which the foundation reports or with which it is registered (see instructions) ▶ 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  9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) f							
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)?  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?  d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:  (1) On the foundation. \( \bigcite \) \( \sim \) \( \text{OL} \) \(			slation or did it participate or intervend	e in		Yes	+
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.  © Did the foundation in Form 1120-PGL for this year?  © Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:  (1) On the foundation ► \$		• •			1:	3	
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	<u>10</u> [	Did any persons become substantial contributors during the tax year? If "Yes," attach a sched	ule listing their names and addresses	TMT			

3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

Form 4720, to determine if the foundation had excess business holdings in 2016)

had not been removed from jeopardy before the first day of the tax year beginning in 2016?

b If "Yes," did it have excess business holdings in 2016 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 (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

Form **990-PF** (2016)

3ь

4a

Yes X No

N/A

during the year?

orm 990-PF (2016) THE SUNWEST BANK CHARITA			<u> 27-16077</u>	30 Page 6
Part VII-B Statements Regarding Activities for Which F	orm 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	1 4945(e))?	Y	es X No	
(2) Influence the outcome of any specific public election (see section 4955); o	r to carry on, directly or indire	ectly,		
any voter registration drive?			es X No	
(3) Provide a grant to an individual for travel, study, or other similar purposes'	7		es X No	
(4) Provide a grant to an organization other than a charitable, etc., organization				
4945(d)(4)(A)? (see instructions)			es X No	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or f			
the prevention of cruelty to children or animals?	or outdown and purposed, or r		es X No	
<b>b</b> If any answer is "Yes" to 5a(1)-(5), did <b>any</b> of the transactions fail to qualify und	der the excentions described i			
section 53.4945 or in a current notice regarding disaster assistance (see instru		minogulations	N/A	5b
Organizations relying on a current notice regarding disaster assistance check h	•			, ,
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fi		ıned	<i>-</i> '	
expenditure responsibility for the grant?		//A □ Y	es No	
If "Yes," attach the statement required by Regulations section 53.494		1/43	35 L NO	j   \
6a Did the foundation, during the year, receive any funds, directly or indirectly, to				
a personal benefit contract?	pay premiums on	□ v.	es X No	5"
•	araanal hanafit aantraat?	1	1	CL 32
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?		-	6b X
If "Yes" to 6b, file Form 8870.	1.11. 1	Г	(TE)	_
7a At any time during the tax year, was the foundation a party to a prohibited tax s		Y(	יין טאובבטיפי	
b If "Yes," did the foundation receive any proceeds or have any net income attributed in the foundation of the same and th				7b
Information About Officers, Directors, Trustors   Paid Employees, and Contractors	ees, Foundation Ma	inagers, Higni	y	
List all officers, directors, trustees, foundation managers and their	componention			
List all officers, directors, distees, foundation managers and their	· · · · · · · · · · · · · · · · · · ·	(c) Compensation	(d) Contributions to	(a) Evpapas
(a) Name and address	(b) Title, and average hours per week devoted	(If not paid,	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other
	to position	enter -0-)	compensation	allowances
ERIC HOVDE	CHARIMAN			
2050 MAIN STREET, SUITE 300	1 00			
IRVINE, CA 92614	1.00	0.	0.	0.
CARSON LAPPETITO	TRUSTEE			
2050 MAIN STREET, SUITE 300	4 00		_	_
IRVINE, CA 92614	1.00	0.	0.	0.
KENT SMITH	TRUSTEE			
2050 MAIN STREET, SUITE 300			_	
IRVINE, CA 92614	1.00	0.	0.	<u> </u>
	EXECUTIVE DIR	ECTOR .		
2050 MAIN STREET, SUITE 300				
IRVINE, CA 92614	1.00	0.	0.	<u> </u>
2 Compensation of five highest-paid employees (other than those inc		enter "NONE."	(4) 0	
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other
( <b>2</b> )	devoted to position	(b) componedien	compensation	allowances
NONE				
	`			
				_
Total number of other employees paid over \$50,000			<b></b>	0
			Form	990-PF (2016)

Form 990-PF (2016) THE SUNWEST BANK CHARITABLE FOUNDATION	27-16	507730 Page 7
Information About Officers, Directors, Trustees, Foundation Managers, H Paid Employees, and Contractors (continued)	ighly	
3 Five highest-paid independent contractors for professional services. If none, enter "NONE."		
(a) Name and address of each person paid more than \$50,000 (b) Type of	of service	(c) Compensation
NONE		
		<del></del>
		<del></del>
Total number of others receiving over \$50,000 for professional services		▶ 0
Partix-A Summary of Direct Charitable Activities	<del></del>	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	ie l	Expenses
	<del></del>	<del>`</del>
1N/A		
2		
3		
4	<del></del>	
4		
RantiX B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.		Amount
1 <u>N/A</u>		
2		
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3	<b>&gt;</b>	0.
	<del></del>	Form <b>990-PF</b> (2016)

Page 8

P	Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndations, s	see 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	<u>1a</u>	<u>551,692.</u>
b	Average of monthly cash balances	1b	1,008,007.
C	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	1,559,699.
е	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	1,559,699.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	23,395.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	_5	1,536,304.
6_	Minimum investment return Enter 5% of line 5	6	76,815.
P	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations a foreign organizations check here and do not complete this part.)	nd certain	
1	Minimum investment return from Part X, line 6	1	76,815.
2a	Tax on investment income for 2016 from Part VI, line 5		
b	Income tax for 2016. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	132.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	76,683.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	76,683.
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	76,683.
B	artXIII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	441,500.
b	Program-related investments - total from Part IX-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:		
a		3a	
b		3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	441,500.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income. Enter 1% of Part I, line 27b	5	132.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	441,368.
	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 2015	(c) 2015	(d) 2016
1 Distributable amount for 2016 from Part XI,				
line 7	<u> </u>	· · · · · · · · · · · · · · · · · · ·		76,683.
2 Undistributed income, if any, as of the end of 2016				
a Enter amount for 2015 only			0.	
b Total for prior years:		•		
Evans distributions correspond if any to 2015:		0.		
a From 2011 719, 753.				
b From 2012 288, 400.				-
c From 2013 281, 596.				
d From 2014 165, 563.				
e From 2015 366, 828.		,		
f Total of lines 3a through e	1,822,140.			
Qualifying distributions for 2016 from	1,022,140.			
Part XII, line 4: ► \$441,500.				
a Applied to 2015, but not more than line 2a			0.	
<b>b</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 2016 distributable amount		, <u> </u>		76,683.
e Remaining amount distributed out of corpus	364,817.			10,003.
5 Excess distributions carryover applied to 2016	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	2,186,957.			
<b>b</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.		<u> </u>
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2015. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2016. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2017				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 2011 not applied on line 5 or line 7	710 752			
9 Excess distributions carryover to 2017	719,753.	<u> </u>		
Subtract lines 7 and 8 from line 6a	1,467,204.			! !
10 Analysis of line 9.	1,401,204.			
a Excess from 2012				
b Excess from 2013 281,596.				
c Excess from 2014 165, 563.				
d Excess from 2015 366,828.				I
e Excess from 2016 364,817.				

623581 11-23-16

Form 990-PF (2016) THE SUNV	VEST BANK C	HARITABLE :	FOUNDATION _		<u>607730 Page 10</u>
PartXIV Private Operating Fo			II-A, question 9)	N/A	
1 a If the foundation has received a ruling or					
foundation, and the ruling is effective for			▶ ∟	4040()(0)	1040(1)(5)
<b>b</b> Check box to indicate whether the foundate		ig touridation described		4942(j)(3) or4	942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year (a) 2016	<b>(b)</b> 2015	Prior 3 years	(d) 2013	- (a) Total
income from Part I or the minimum	(a) 20 10	(0) 2015	(c) 2014	(u) 2013	(e) Total
investment return from Part X for					
each year listed					
<b>b</b> 85% of line 2a					
c Qualifying distributions from Part XII,					
line 4 for each year listed			<del></del>		<del></del>
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities			<del></del>	<del> </del>	<del> </del>
e Qualifying distributions made directly					
for active conduct of exempt activities.					
Subtract line 2d from line 2c 3 Complete 3a, b, or c for the				<u> </u>	
alternative test relied upon:					
a "Assets" alternative test - enter:					Ĭ
(1) Value of all assets			<del></del>		
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)	, <u>, , , , , , , , , , , , , , , , , , </u>				
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:					
(1) 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		<u>L</u>		<u> </u>	
Part XV Supplementary Infor	mation (Comple	te this part only	if the foundation	had \$5,000 or m	ore in assets
at any time during the	ne year-see insti	ructions.)			. <u>.                                   </u>
1 Information Regarding Foundation	n Managers:				
a List any managers of the foundation who year (but only if they have contributed m			ntributions received by the	foundation before the clo	ose of any tax
NONE					
b List any managers of the foundation who other entity) of which the foundation has			ı (or an equally large portı	on of the ownership of a p	partnership or
NONE					
2 Information Regarding Contribution	on, Grant, Gift, Loan,	Scholarship, etc., F	Programs:		
			e organizations and does i	not accept unsolicited req	uests for funds. If
the foundation makes gifts, grants, etc. (	see instructions) to indiv	iduals or organizations	under other conditions, c	omplete items 2a, b, c, an	d d.
a The name, address, and telephone numb	er or e-mail address of	the person to whom app	olications should be addre	ssed:	
SEE STATEMENT 10					
<b>b</b> The form in which applications should be	e submitted and informa	tion and materials they	should include:	-	
c Any submission deadlines:					
d Any restrictions or limitations on awards	, such as by geographic	ai areas, charitable field	s, kinas of institutions, or	omer factors:	

Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to Amount status of contribution any foundation manager Name and address (home or business) or substantial contributor recipient a Paid during the year NONE 501(c)(3) CHILDRENS HOME SOCIETY OF IDAHO COMMUNITY SERVICES-CHILDREN 740 WARM SPRINGS AVE BOISE ID 83712-6420 4,000. NONE 501(C)(3) MEDICAL SERVICES CIRCLE THE CITY 300 W CLARENDON SUITE 2100 PHOENIX AZ 85013 10,000. EDUCATION FOUNDATION OF WEST ADA NONE 501(C)(3) EDUCATION SCHOOL DISTRICT 1303 E CENTRAL DR 10,000. MERIDIAN, ID 83642 NONE 501(C)(3) FAMILY SUPPORT NETWORK COMMUNITY 1015 S PLACENTIA AVE SERVICES-CHILDREN FULLERTON, CA 92831 25 000. FLAGSTAFF FAMILY FOOD CENTER NONE 501(C)(3) CIMMUNITY P.O. BOX P SERVICES-HUNGER RELIEF FLAGSTAFF AZ 86004 10 000. SEE CONTINUATION SHEET(S) ➤ 3a 441,500, Total b Approved for future payment NONE Total

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Part XVI-A	Analysis of Income-Producing Act	ivities

nter gross amounts unless otherwise indicated.	Unrelated b	Unrelated business income		by section 512, 513, or 514	(e)
<b>3</b>	(a) Business	(b)	(C) Exclu-	(d)	Related or exempt
1 Program service revenue:	code	Amount	sion code	Amount	function income
a					
b					
c	_				
d	_		<del></del> -		
e	_		<del>                                     </del>		
f	_				
g Fees and contracts from government agencies			<del> </del>		
2 Membership dues and assessments			<del> </del>		
3 Interest on savings and temporary cash investments		_ <del>_</del>			2,425.
4 Dividends and interest from securities	<u></u>				10,950.
5 Net rental income or (loss) from real estate:	8 2 .	<u></u>	_   :	A STATE OF THE STA	
a Debt-financed property					
b Not debt-financed property					<del></del>
6 Net rental income or (loss) from personal	)				
property					<del></del>
7 Other investment income	ļ				
8 Gain or (loss) from sales of assets other					445 405
than inventory	-		<del>  -  </del>		115,197.
9 Net income or (loss) from special events					<del></del>
10 Gross profit or (loss) from sales of inventory	<del> </del>	-			
11 Other revenue:					
a b	- <del>                                    </del>		<del>                                     </del>		
<u> </u>	1 1		+		
c			+ +		
d			1 1		· · · · · · · · · · · · · · · · · · ·
12 Subtotal. Add columns (b), (d), and (e)		0	. 7.	0.	128,572.
13 Total. Add line 12, columns (b), (d), and (e)	<u> </u>		<u></u>	13	128,572
(See worksheet in line 13 instructions to verify calculations.	)				
Part XVI-B Relationship of Activities		plishment of	Exempt I	Purposes	
Line No Explain below how each activity for which in the foundation's exempt purposes (other the			-A contribut	ed importantly to the accom	plishment of

LIHE NO		•	•	` '	•	taility to the accomplish	Henr of
	the foundation's	exempt purposes (of	her than by providing	funds for such purpos	Ges)		
3	INTEREST	RECEIVED (	ON ACOUNTS	USED FOR	FUTURE CHAR	ITABLE DONA	TIONS
4	DIVIDENDS	RECEIVED	ON SECURI	TIES HELD	FOR FUTURE	CHARITABLE	DONATIONS
8	RECOGNIZE	D GAIN ON	SECURITIE	S SOLD FOR	CHARITABLE	DONATIONS.	
		_				· · _ · _ · _ · _ · _ · _ · _ · _ ·	
						<del></del>	
						<del></del>	
					· · · · · · · · · · · · · · · · · · ·		
			<del></del>				
		<del></del>					
	†						
	<del></del>						<del></del>
	<del></del>						

1 24	ILVAII	Exempt Organ	-	did italicactions a	id helationships with Notichar	· tabi	•	
1	Did the or	<del></del>		wing with any other organization	described in section 501(c) of	Τ	Yes	No
•		-		527, relating to political organization			- 00	140
•			ation to a noncharitable exempt		eations.	1.		, ,
a	(1) Cash		ation to a nonchantable exempt	organization of.		1a(1)		X
	(2) Other					1a(2)		X
h	Other tran					1.0(2)		
U		s of assets to a noncharita	hle evernt organization			1b(1)		X
			ncharitable exempt organization	า		1b(2)		X
	` '	al of facilities, equipment,	• =	•		1b(3)	·	X
		bursement arrangements				1b(4)		X
		s or loan guarantees				1b(5)		X
		=	mbership or fundraising solicit	ations		1b(6)		X
c			uling lists, other assets, or paid			10		X
	-	•			ays show the fair market value of the goods, o		sets.	
-		·		· · · · · · · · · · · · · · · · · · ·	e in any transaction or sharing arrangement, st		,	
		• • •	other assets, or services receiv					
(a)L	ine no	(b) Amount involved		able exempt organization	(d) Description of transfers, transactions, and s	haring ar	rangeme	nts
<del>``</del>		<del>'</del>	N/A					
							-	
					<del> </del>			
					<del> </del>			
			<del> </del>		<del> </del>			
		<del></del>	<del> </del>		<del></del>			
	-				<del>                                     </del>			
	ın sectior	n 501(c) of the Code (othe complete the following sch	er than section 501(c)(3)) or in secule.			Yes	X	] No
		(a) Name of or	ganization	(b) Type of organization	(c) Description of relationsh	IID		
		N/A						
				+				
	gn and b		mplete-Declaration of preparer (other		TRUSTEE  Title	the IRS on with the wn below	e prepar	er
		Print/Type preparer's n	ame Preparer	's signature	Date Check if PTIN			
_		W. DAVID H	IELM,	12.6X	self- employed			
	nid	PARTNER	<u> </u>	MY VI		796		
	eparer		RINEK, TRIN <del>E, D</del>	AY & CO., LLP	Firm's EIN ► 95-26	482	89	
US	se Only		)C01 T00T	DIAM GITTER 200				
				BLVD SUITE 300	Dh 000 40	. c . A	110	
		I RF	NCHO CUCAMONG	H, CA 71/30	Phone no. 909-46			(2016)

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

Department of the Treasury Internal Revenue Service

Name of the organization

## **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.irs.gov/form990 .

OMB No 1545-0047

THE SINWEST BANK CHARTTABLE FOUNDATION

**Employer identification number** 

<u> </u>	HE SUNWEST BANK CHARITABLE FOUNDATION	27-1607730
Organization type (check	cone)	
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 <b>General Rule</b> or a <b>Special Rule.</b> (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special R	ule See instructions
General Rule		
	ion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totalin ny one contributor Complete Parts I and II. See instructions for determining a contributo	
Special Rules		
sections 509(a)( any one contribu	tion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% suppor 1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a utor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amou EZ, line 1 Complete Parts I and II.	a, or 16b, and that received from
year, total contri	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from ibutions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or edu of cruelty to children or animals Complete Parts I, II, and III	
year, contributio is checked, ente purpose Don't o	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from sins exclusively for religious, charitable, etc., purposes, but no such contributions totaled rer here the total contributions that were received during the year for an exclusively religious complete any of the parts unless the <b>General Rule</b> applies to this organization because it able, etc., contributions totaling \$5,000 or more during the year	nore than \$1,000 If this box is, charitable, etc ,
but it must answer "No"	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its I et 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) (2016)

Name of organization

Employer identification number

## THE SUNWEST BANK CHARITABLE FOUNDATION

27-1607730

Pertl	Contributors (See instructions). Use duplicate copies of Part I if ac	dditional space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	SUNWEST BANK  2050 MAIN STREET, SUITE 300  IRVINE, CA 92614	\$500,000.	Person X 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 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 Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Onncash (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)

Employer identification number

## THE SUNWEST BANK CHARITABLE FOUNDATION

27-1607730

	loncash Property (See instructions) Use duplicate copies of P.	art ii ii dedicionar opado is ricodod		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received	
		*		
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received	
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received	
		\$		
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received	
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received	
-   - -		\$		
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received	

Schedule E	B (Form 990, 990·EZ, or 990·PF) (2016)		Page			
Name of org			Employer identification number			
एमस ९१	UNWEST BANK CHARITABLE F	ארן דיי גע מאדוריי ארן דיי גע מאדוריי	27-1607730			
Partill		butions to organizations described in sect	ion 501(c)(7), (8), or (10) that total more than \$1,000 for			
	completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,000 or less for	the year (Enter this info once)			
(a) No.	Use duplicate copies of Part III if additional	space is needed.				
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
		(e) Transfer of gift				
	Transferee's name, address, and	471D /	Relationship of transferor to transferee			
	Transieree's name, address, and	1217 + 4	neladonship of transferor to transferee			
			<del></del>			
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
Part I						
<del></del>						
		(e) Transfer of gift				
	Transferencia nama addresa an	4 71D . A	Relationship of transferor to transferee			
ĺ	Transferee's name, address, and	UZIF+4	relationship of transferor to transferee			
ì						
'						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
		(e) Transfer of gift				
	Transferee's name, address, and	d <b>7</b> IP + 4	Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
<del></del>						
		(e) Transfer of gift				
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee			

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

623454 10-18-16

THE SUNWEST BANK CHARITABLE FOUNDATION 27-1607730

3 . Grants and Contributions Paid During the				
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	A-ma4
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount
FRISTERS	NONE	501(C)(3)	COMMUNITY SERVICES	
17815 SKY PARK CIRCLE SUITE H IRVINE CA 92614				15.0
GRANITE EDUCATION FOUNDATION 2500 S STATE ST D-108	none	501(C)(3)	EDUCATION	
IRVINE, CA 92614				5.0
IDAHO FOODBANK	иоие	501(C)(3)	CIMMUNITY SERVICES	
3529 SOUTH K AVE BOISE, ID 83705				7,5
ORANGE COUNTY CONSERVATION CORPS	none	501(C)(3)	COMMUNITY SERVICES	
1853 N RAYMOND AVE ANAHEIM, CA 92801				10.0
MIRACLES FOR KIDS 3002 DOW AVE., SUITE 126	NONE	501(C)(3)	COMMUNITY SERVICES	
TUSTIN, CA 92780		<del> </del>		10.0
SUPPORT THE ENLISTED PROJECT P.O. BOX 26747	NONE	501(C)(3)	COMMUNITY SERVICES	
SAN DIEGO CA 92196				10,0
TEEN LEADERSHIP FOUNDATION	NONE	501(C)(3)	COMMUNITY SERVICES	
P.O. BOX 7342 NEWPORT BEACH, CA 92658				15,0
NATIONAL MUTIPLE SCLEROSIS SOCIETY	NONE	501(C)(3)	MEDICAL	
12121 SCRIPPS SUMMIT D SUITE 190 SAN DIEGO, CA 92131	NONE	501(0)(3)	HED TEXT	20,0
AFFORDABLE HOUSING CLEARING HOUSE 23861 EL TORO RD SUITE 401	NONE	501(C)(3)	COMMUNITY SERVICES	
LAKE FOREST, CA 92630			<del> </del>	5.0
ORANGE COUNTY RESCUE MISSION	NONE	501(C)(3)	COMMUNITY SERVICES	
ONE HOPE DRIVE TUSTIN, CA 92782				50,0
Total from continuation sheets				382.5

Name and address (home or business)  show any (eshionship) to any	3. Grants and Contributions Paid During the Y	<del>, </del>	<del>,</del>		<del></del>
Name and address (nome of outsides)  Or substantial contributor  1964 FOODS, INC  450 TRADECO ROAD  ROUNE, CA 92620  ROUNE, CA 92640-2226  ROUNE SOI(C)(3)  ROUNE SOI(C)(3)  ROMAUNITY SERVICES  10.0  ROUNE THERET, SUITE 113  ROPECT DIGNITY  NONE SOI(C)(3)  ROMAUNITY SERVICES  ROUNE THE SERVICES  ROUNE SOI(C)(3)  ROMAUNITY SERVICES  ROMAUNITY SERVICES  ROUNE SOI(C)(3)  ROMAUNITY SERVICES  ROUNE SOI(C)(3)  ROMAUNITY SERVICES  ROMAUNITY SE		If recipient is an individual, show any relationship to		Purpose of grant or contribution	Amount
### ### ### ### ### ### ### ### ### ##	Name and address (home or business)	or substantial contributor			
### ### ### ### ### ### ### ### ### ##	DOLL DOORS THE	1001	E01/G)/2)	CONTRACTOR GERMANA	
ROUNE CA 92620  ROJECT ACCESS 900 BIRCH STREET, SUITE 113 EMPORT BEACH, CA 92660-2226  ROJECT DIGNITY 2020 CHAPMAN AVE. NO.257 ARDEN GROVE CA 92640-1746  SIVING CHILDREN HOPE 1332 COMMONWEALTH UNENA PARK. CA 90621  LLAGSTAFF SHELTER SERVICES .O. BOX 1808  PLAGSTAFF, AZ 86004  AUGA'S HOUSE 1030 COMMUNITY SERVICES  NONE  501(C)(3)  COMMUNITY SERVICES  NONE  501(C)(3)  COMMUNITY SERVICES  AUGA 1808  1.0. BOX 1905  3.0. BOX 19	·	NONE	B01(C)(3)	COMMONITI SERVICES	•
ROJECT ACCESS 900 BIRCH STREET, SUITE 113 EMPORT BEACH, CA 92650-2226 10,0  ROJECT DIGNITY 2020 CHAPMAN AVE. NO,257 ARADEN GROVE. CA 92640-1746 501(C)(3)  COMMUNITY SERVICES  LIVING CHILDREN HOPE 3032 COMMONWEALTH 3032 COMMONWEALTH 3032 COMMONWEALTH 3040 SERVICES 20,0 BOX 1808 21AGSTAFF SHELTER SERVICES 20,0 BOX 1808 21AGSTAFF, AZ 85004 501(C)(3)  COMMUNITY SERVICES 20,0 BOX 1808 21AGSTAFF, AZ 85004 501(C)(3)  COMMUNITY SERVICES 20,0 BOX 1808 20,0 BOX 1808 20,0 BOX 1808 20,0 BOX 1905 20,0 BOX 1905 20,0 BOX 1905 20,0 BOX 1905 20,1 BOX 1905 20,2 BOX 1905 20,3 BOX 1905 20,1 BOX 1905 20,2 BOX 1905 20,3 BOX 1905 20,3 BOX 1905 20,4 BOX 1905 20,5 BOX 1905 20,6 BOX 1905 20,6 BOX 1905 20,7 BOX 1905 20,7 BOX 1905 20,8 BOX 1905 20,8 BOX 1905 20,9 BOX 1905 20,1 BOX 1905 20,2 BOX 1905 20,1 BOX 1905 20,2 BOX 1905 20,2 BOX 1905 20,2 BOX 1905 20,3 BOX 1905 20,3 BOX 1905 20,5 BOX 1905 20,				1	20 0
1900 BIRCH STREET, SUITE 113   10.0					
INFORM   DEAPCH, CA 92660-2226   10.0	PROJECT ACCESS	NONE	501(C)(3)	COMMUNITY SERVICES	
ROJECT DIGNITY 2020 CHAPMAN AVE. NO, 257 ARABEN GROVE, CA 92640-1746  SIVING CHILDREN HOPE 332 COMMONWEALTH 332 COMMONWEALTH 3400 APPRIL AVE. A 90621  CLASSTAFF SHELTER SERVICES 20.0. BOX 1808 7LAGSTAFF, AZ 86004  AURA'S HOUSE 199 CORPORATE DR ADDERA RANCH, CA 92694  FO. BOX 1905  AERCY HOUSE LIVING CENTERS 20.0. BOX 1905 ANALY ANALY AS 1906 ANALY AS 1906 ANALY ANALY AS 1906 ANALY AS 190	3900 BIRCH STREET, SUITE 113				
2020 CHAPMAN AVE. NO,257 ARABEN GROVE, CA 92640-1746  STVING CHILDREN HOPE NONE STVING CHILDREN HOPE STVING CHILDRE	NEWPORT BEACH, CA 92660-2226				10.00
2020 CHAPMAN AVE. NO,257 ARABEN GROVE, CA 92640-1746  STVING CHILDREN HOPE NONE STVING CHILDREN HOPE STVING CHILDRE	PROJECT DIGNITY	NONE	501(C)(3)	COMMUNITY SERVICES	
ARADEM GROVE, CA 92640-1746  SIVING CHILDREN HOPE  SIJAJ COMMUNITY SERVICES  SIJAJ COMMUNITY SERVICES  SIJAJ COMMUNITY SERVICES  SIJAJ COMMUNITY SERVICES  NONE  SIJAGSTAFF SHELTER SERVICES  NONE  SIJAGSTAFF, AZ 86004  SOURCE SOUR SERVICES  NONE  SOURCE SOUR SOUR SOUR SOUR SOUR SOUR SERVICES  SOUR SOUR SOUR SOUR SOUR SOUR SERVICES  SOUR SOUR SOUR SOUR SERVICES  NONE  SOUR SOUR SOUR SOUR SERVICES  NONE  SOUR SOUR SOUR SERVICES  NONE  SOUR SOUR SOUR SERVICES  NONE  SOUR SOUR SOUR SERVICES  SOUR SERVICES  SOUR SOUR SERVICES	12020 CHAPMAN AVE. NO.257				
1332 COMMONWEALTH	GARDEN GROVE, CA 92640-1746				5.00
1332 COMMONWEALTH					
NONE SOL(C)(3) COMMUNITY SERVICES  NONE SOL(C)(3) COMMUNITY SERVICES  PLAGSTAFF SHELTER SERVICES  NONE SOL(C)(3) COMMUNITY SERVICES  PLAGSTAFF, AZ 86004  SOL(C)(3) COMMUNITY SERVICES  PROPORTION OF SOL(C)(3) COMMUNITY SERVICES	GIVING CHILDREN HOPE	NONE	501(C)(3)	COMMUNITY SERVICES	
PLAGSTAFF SHELTER SERVICES PLAGSTAFF SHELTER SERVICES PLAGSTAFF, AZ 86004  PLAGSTAFF, AZ 86004  PLAGSTAFF, AZ 86004  SOURCE  AURA'S HOUSE POSCRPORATE DR  ADDERA RANCH, CA 92694  PLAGERA RANCH, CA 92694  PLAGERA RANCH, CA 92694  PLAGERA RANCH, CA 92702  PLAGERA RANCH, CA	8332 COMMONWEALTH				
PLAGSTAFF, AZ 86004  SLAURA'S HOUSE 199 CORPORATE DR LADERA RANCH, CA 92694  ARRCY HOUSE LIVING CENTERS 10.0, BOX 1905 SANTA ANA, CA 92702  THE JESSE TREE OF IDAHO 1121 W MILLER ST 1001SE, ID 83702  15.001  THE MOMENTUM GROUP DBA CREATE COMMON 1001S FEDERAL WAY #100 1001SE, ID 83705  ASSISTANCE LEAGUE OF BOISE IDAHO NONE  501(C)(3)  COMMUNITY SERVICES  15.001  COMMUNITY SERVICES  25.001  COMMUNITY SERVICES  COMMUNITY SERVICES  25.001  COMMUNITY SERVICES	BUENA PARK, CA 90621		<del> </del>		5,00
PLAGSTAFF, AZ 86004  SLAURA'S HOUSE 199 CORPORATE DR LADERA RANCH, CA 92694  ARRCY HOUSE LIVING CENTERS 10.0, BOX 1905 SANTA ANA, CA 92702  THE JESSE TREE OF IDAHO 1121 W MILLER ST 1001SE, ID 83702  15.001  THE MOMENTUM GROUP DBA CREATE COMMON 1001S FEDERAL WAY #100 1001SE, ID 83705  ASSISTANCE LEAGUE OF BOISE IDAHO NONE  501(C)(3)  COMMUNITY SERVICES  15.001  COMMUNITY SERVICES  25.001  COMMUNITY SERVICES  COMMUNITY SERVICES  25.001  COMMUNITY SERVICES					
ALAURA'S HOUSE ADDRA RANCH, CA 92694  ARRCY HOUSE LIVING CENTERS ADDRA ANA, CA 92702  THE JESSE TREE OF IDAHO ADDRA BATOL ADDRA BATOL ADDRA RANCH CA 92702  THE JESSE TREE OF IDAHO ADDRA BATOL ADDRA BATOL ADDRA RANCH CA 92702  THE JESSE TREE OF IDAHO ADDRA BATOL ADDRA BATOL ADDRA RANCH CA 92702  THE JESSE TREE OF IDAHO ADDRA BATOL BATO	FLAGSTAFF SHELTER SERVICES	NONE	501(C)(3)	COMMUNITY SERVICES	
LAURA'S HOUSE 1999 CORPORATE DR 1999 CORPORATE DR 1999 CORPORATE DR 1991 CORPORATE DR 1991 CORPORATE DR 1995 COMMUNITY SERVICES 1996 COMMUNITY SERVICES 1997 COMMUNITY SERVICES 1998 COMMUNITY SERVICES 1998 COMMUNITY SERVICES 1998 COMMUNITY SERVICES 1999 CORPORATE DR 1999 CORPORATE D	P.O. BOX 1808				
ADDRA RANCH, CA 92694	FLAGSTAFF, AZ 86004		<del> </del>		5_00
ADDRA RANCH, CA 92694					
AMERCY HOUSE LIVING CENTERS  NONE  501(C)(3)  COMMUNITY SERVICES  5.00  COMMUNITY SERVICES  5.00  COMMUNITY SERVICES  5.00  COMMUNITY SERVICES  1121 W MILLER ST  301SE, ID 83702  THE MOMENTUM GROUP DBA CREATE COMMON NONE  501(C)(3)  COMMUNITY SERVICES  301SE, ID 83705  COMMUNITY SERVICES	LAURA'S HOUSE	NONE	501(C)(3)	COMMUNITY SERVICES	
MERCY HOUSE LIVING CENTERS NONE  501(C)(3)  COMMUNITY SERVICES  5,00  THE JESSE TREE OF IDAHO NONE  501(C)(3)  COMMUNITY SERVICES  1121 W MILLER ST 301SE, ID 83702  THE MOMENTUM GROUP DBA CREATE COMMON NONE  501(C)(3)  COMMUNITY SERVICES  15,00  ASSISTANCE LEAGUE OF BOISE IDAHO NONE  501(C)(3)  COMMUNITY SERVICES  25,00  ASSISTANCE LEAGUE OF BOISE IDAHO NONE  501(C)(3)  COMMUNITY SERVICES  COMMUNITY SERVICES					7.50
P.O. BOX 1905 SANTA ANA, CA 92702  PHE JESSE TREE OF IDAHO NONE  121 W MILLER ST BOISE, ID 83702  PHE MOMENTUM GROUP DBA CREATE COMMON NONE  501(C)(3)  COMMUNITY SERVICES  15,00  2513 S FEDERAL WAY #100 BOISE, ID 83705  ASSISTANCE LEAGUE OF BOISE IDAHO NONE  501(C)(3)  COMMUNITY SERVICES  COMMUNITY SERVICES  500(C)(3)  COMMUNITY SERVICES  COMMUNITY SERVICES	LADERA RANCH, CA 92094				/_50
P.O. BOX 1905 SANTA ANA, CA 92702  PHE JESSE TREE OF IDAHO NONE  121 W MILLER ST BOISE, ID 83702  PHE MOMENTUM GROUP DBA CREATE COMMON NONE  501(C)(3)  COMMUNITY SERVICES  15,00  2513 S FEDERAL WAY #100 BOISE, ID 83705  ASSISTANCE LEAGUE OF BOISE IDAHO NONE  501(C)(3)  COMMUNITY SERVICES  COMMUNITY SERVICES  500(C)(3)  COMMUNITY SERVICES  COMMUNITY SERVICES	WEDCY HOUSE LIVING CENTERS	NONE	501/C)/3)	COMMINITY SERVICES	
THE JESSE TREE OF IDAHO  NONE  501(C)(3)  COMMUNITY SERVICES  15,00  THE MOMENTUM GROUP DBA CREATE COMMON NONE  501(C)(3)  COMMUNITY SERVICES  500D  2513 S FEDERAL WAY #100  301SE, ID 83705  ASSISTANCE LEAGUE OF BOISE IDAHO  NONE  501(C)(3)  COMMUNITY SERVICES  25,00	P.O. BOX 1905	HOME	501(0)(3)	COMMONTIT BERVICES	
ASSISTANCE LEAGUE OF BOISE IDAHO  DIESE TO 83702  15,00  1	SANTA ANA, CA 92702				5,00
ASSISTANCE LEAGUE OF BOISE IDAHO  DIESE TO 83702  15,00  1					
THE MOMENTUM GROUP DBA CREATE COMMON NONE 501(C)(3) COMMUNITY SERVICES  GOOD  2513 S FEDERAL WAY #100  BOISE, ID 83705  ASSISTANCE LEAGUE OF BOISE IDAHO  NONE 501(C)(3) COMMUNITY SERVICES  FO BOX 140104	THE JESSE TREE OF IDAHO	NONE	501(C)(3)	COMMUNITY SERVICES	
THE MOMENTUM GROUP DBA CREATE COMMON NONE 501(C)(3) COMMUNITY SERVICES  GOOD  2513 S FEDERAL WAY #100  30ISE, ID 83705  ASSISTANCE LEAGUE OF BOISE IDAHO  NONE 501(C)(3) COMMUNITY SERVICES  FO BOX 140104	1121 W MILLER ST		1		45
ASSISTANCE LEAGUE OF BOISE IDAHO  NONE  501(C)(3)  COMMUNITY SERVICES  PO BOX 140104	DOISE, ID 03/02				15,00
2513 S FEDERAL WAY #100 BOISE, ID 83705  ASSISTANCE LEAGUE OF BOISE IDAHO PO BOX 140104  25,00  COMMUNITY SERVICES	THE MOMENTUM GROUP DBA CREATE COMMON	NONE	501(C)(3)	COMMUNITY SERVICES	
ASSISTANCE LEAGUE OF BOISE IDAHO PO BOX 140104  25,00  COMMUNITY SERVICES	GOOD		1		
ASSISTANCE LEAGUE OF BOISE IDAHO NONE 501(C)(3) COMMUNITY SERVICES PO BOX 140104	2513 S FEDERAL WAY #100		1		<b>AF</b>
PO BOX 140104	ROISE ID 83705				25,00
PO BOX 140104	ASSISTANCE LEAGUE OF BOISE IDAHO	NONE	501(C)(3)	COMMUNITY SERVICES	
SOISE, ID 83714 5,00	PO BOX 140104			ZOZNACIA ZI DNIKA I CER	
	BOISE, ID 83714			<u> </u>	5,00

Supplementary Information  G, Grants and Contributions Paid During the			<u> </u>	
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	
OYS HOPE GIRLS HOPE OF SOUTHERN CA	NONE	501(C)(3)	COMMUNITY SERVICES	
7701 COWAN AVE., SUITE 150G				
RVINE, CA 92614				25,00
THOMAS HOUSE FAMILY SHELTER	NONE	501(C)(3)	COMMUNITY SERVICES	
P.O. BOX 2737				
GARDEN GROVE, CA 92842		<del></del>		7,50
CHALLENGING HEIGHTS	NONE	INTERNATIONAL	COMMUNITY SERVICES	
LINK 2 GA MANTSE PALACE ST. NORTH KANESHIE, GHANA		NGO		100,00
				j
····				
Total from continuation sheets		<u> </u>		

FORM 990-PF INTERES	T ON SAVI	NGS AND	TEMPOR	ARY (	CASH	INV	ESTMENTS	SI	'ATEMENT	1
SOURCE			(A) REVENUE R BOOK			INV	B) ESTMENT COME	N	(C) ADJUSTED ET INCOM	E
SUNWEST BANK			2,4	25.			2,425.			
TOTAL TO PART I, LIN	1E 3		2,4	25.			2,425.			
FORM 990-PF	DIVIDEND	S AND IN	ITEREST	FROM	4 SEC	URI	TIES	SI	'ATEMENT	2
SOURCE	GROSS AMOUNT	CAPI GAI DIVII	NS	RE	(A) /ENUE BOOK		(B) NET INVES MENT INCO		(C) ADJUSTI NET INCO	
DIVIDENDS	10,950	•	0.	1	L0,95	0.	10,95	50.		
TO PART I, LINE 4	10,950	•	0.		10,95	0.	10,95	50.		
FORM 990-PF		ACCOU	JNTING	FEES				SI	ATEMENT	3
DESCRIPTION		(A) EXPENSE PER BOO		(B) VI T II TN	JEST-		(C) ADJUSTEI NET INCOM		(D) CHARITAI PURPOSI	
ACCOUNTING FEES	<del>-</del> -	3,0	000.		3,000					0.
TO FORM 990-PF, PG	1, LN 16B	3,0	000.		3,000	- - -		<u> </u>		0.
FORM 990-PF	C	THER PRO	OFESSIC	NAL 1	FEES	••		SI	ATEMENT	4
DESCRIPTION		(A) EXPENSE PER BOO		B) T IN'	VEST-		(C) ADJUSTEI NET INCOM		(D) CHARITAI PURPOSI	
INVESTMENT MANAGEMENT CONTRACT CONSULTING		25,1 18,0			5,132 8,000					0.
TO FORM 990-PF, PG	1, LN 16C	43,1	132.	4:	3,132					0.

FORM 990-PF	OTHER E	XPENSES			STATEMENT	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVE MENT INC		(C) ADJUSTED NET INCOM		
MIDWEST ADVISOR-PAYMENT IN LIEU OF DIVIDENDS TRAVEL EXPENSES MARKETING BUSINESS REGISTRATION INSURANCE EMPLOYEE VOLUNTEER GRANTS OTHER EXPENSES	19,446. 35,220. 2,288. 75. 2,322. 7,816.	35, 2, 2, 7,	446. 220. 288. 75. 322. 816.			0 0 0 0 0 0 0 0 0 0
TELEPHONE TO FORM 990-PF, PG 1, LN 23	67,649.	·	418. 649.			0.
DESCRIPTION		LUATION ETHOD	BOO	K VALUE	FAIR MARKE	—— Т
M3 PARTNERS, LP		COST		492,850.	492,8	50
TOTAL TO FORM 990-PF, PART II	I, LINE 13			492,850.	492,8	50 a
FORM 990-PF	OTHER	ASSETS			STATEMENT	
DESCRIPTION		NING OF		OF YEAR K VALUE	FAIR MARKE	T
PREPAID TRAVEL INSURANCE		1,303.		2,076.	2,0	76.
TO FORM 990-PF, PART II, LINE	 E 15	1,303.		2,076.	2,0	76.

FORM 990-PF	OTHER LIABILITIES	<del> </del>	STATEMENT	8
DESCRIPTION		BOY AMOUNT	EOY AMOUNT	
DIVIDEND ACCRUALS INTEREST ACCRUALS EMPLOYEE VOLUNTEER GRANTS		1,922. 197. 14,700.	2,3 15,0	73.
TOTAL TO FORM 990-PF, PART	II, LINE 22	16,819.	17,4	17.
FORM 990-PF LIST	OF SUBSTANTIAL CONTRIE PART VII-A, LINE 10	BUTORS	STATEMENT	9
NAME OF CONTRIBUTOR	ADDRESS			
SUNWEST BANK	2050 MAIN STR IRVINE, CA 92	REET SUITE 300		

10

FORM 990-PF

GRANT APPLICATION SUBMISSION INFORMATION PART XV, LINES 2A THROUGH 2D

STATEMENT

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

GLENN SCABET 2050 MAIN STREET, SUITE 300 IRVINE, CA 92614

TELEPHONE NUMBER

NAME OF GRANT PROGRAM

714-730-4456

CRA FUND

### FORM AND CONTENT OF APPLICATIONS

A COMPLETED APPLICATION AND GRANT REQUEST FORM MUST BE SUBMITTED WITH IRS 501(C)(3) DETERMINATION LETTER, W-9 FORM, FINANCIAL STATEMENTS FOR TWO YEARS, AND PROJECT PLAN WITH BUDGET.

### ANY SUBMISSION DEADLINES

NONE

#### RESTRICTIONS AND LIMITATIONS ON AWARDS

SOME GRANTS WILL REQUIRE EXECUTION OF A "GRANT AGREEMENT" THAT STIPULATES THE TERMS OF THE GRANT. ALL RECIPIENTS OUTSIDE OF THE UNITED STATES ARE REQUIRED TO SIGN SUCH AN AGREEMENT, AS WELL AS ANY OTHER DOCUMENTATION REQUIRED BY THE IRS. THE FOUNDATION WILL NOT CONSIDER APPLICATIONS FOR INDIVIDUALS, RELIGIOUS ORGANIZATIONS FOR RELIGIOUS PURPOSES, POLITICAL CAMPAIGNS OR INDIVIDUAL CANDIDATES, SCHOLARSHIPS, OR SPONSORSHIP EVENTS.