rocedure 2014-11, Retroactive Reinstatement

**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 <a href="https://www.irs.gov/form990pf">www.irs.gov/form990pf</a>.

2016

Department of the Treasury

OMB No 1545-0052

			<del>., .,</del>	оре:				
	elendar year 2016 or tax year beginning	, 2016,	and ending	·-				
	foundation			A Employer identification number				
	adore and Doris Lee Family Fo		Room/suite	27 - 2531820  B Telephone number (see instruc	rtions)			
	So Highland Drive	,	704	(702) 369-9595				
City or lov	own, state or province, country, and ZIP or foreign postal code		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
Las	Vegas	NV	89109	C If exemption application is p	ending, check here. 🟲 📗			
	neck all that apply   Initial return	Initial return of a forme	er public chanty	1				
•	Final return	Amended return	,	D 1 Foreign organizations, chec	k nere			
	Address change	Name change		2 Foreign organizations meeti	ng the 85% test, check 🔔			
U Ch		(c)(3) exempt private fou	endation (N.)	here and attach computation				
n Cir	Section 4947(a)(1) nonexempt charitable true			E If private foundation status v	use terminated			
				under section 507(b)(1)(A),				
		ounting method X C	ash	1	<u> </u>			
<b>►</b> \$		Other (specify)		F If the foundation is in a 60-m				
<u> </u>	<u> </u>	column (d) must be on c	asn basis.)	under section 507(b)(1)(B),	Check here			
Part		(a) Revenue and	(b) Net investmen	nt (c) Adjusted net	(d) Disbursements			
	Expenses (The total of amounts in columns (b), (c), and (d) may not neces-	expenses per books	income	income	for charitable purposes			
	sarily equal the amounts in column (a)			1	(cash basis only)			
	(see instructions) )							
	1 Contributions, grits, grants, etc., received (attach schedule)	2,750,000.	•					
	2 Check Latte foundation is not required to attach Sch. B							
	3 Interest on savings and temporary cash investments		_	_ [				
	4 Dividends and interest from securities		$\overline{\wedge}$ $\overline{\cap}$ $\overline{\vee}$	7				
	5 a Gross rents	<del>                                     </del>		<del></del>				
	b Net rental income		<b>~</b>					
R	or (loss)			<del></del>				
È	b Gross sales price for all							
v	assets on line 6a 7 Capital gain net income (from Part IV, line 2)			0.				
E N	8 Net short-term capital gain			0.				
ΰ	9 Income modifications			<del></del>				
Ē	10 a Gross sales less				<del></del>			
	relums and allowances	4						
	b Less Cost of goods sold							
	C Gross profit or (loss) (attach schedule)	D(	STMARK	RECEIVE				
	11 Other income (attach schedule)		Sev Francisco	<del></del>	·			
				( LOOK ONCO)				
	12 Total Add lines 1 through 11	2,750,000	20119	0. (100000000000000000000000000000000000				
	13 Compensation of officers, directors, trustees, etc	3						
	14 Other employee salaries and wages		UINC	CIMPATI				
	15 Pension plans, employee benefits		CEDWIC	ECENTER				
Δ	16a Legal fees (ettach schedule)		3EVAIL					
Ô	<b>b</b> Accounting fees (attach sch)			<del></del>				
<u> </u>	C Other professional fees (attach sch)	ا سارميسيسيد ا		<del></del>				
0 1	17 Interest				·			
P S T R R	18 Taxes (attach schedule)(see insus) Secretary of State file.co.	<sup>ee5</sup> 50.			50.			
RR	19 Depreciation (attach	30.						
A A	schedule) and depletion							
N	20 Occupancy							
GE								
A N P	22 Printing and publications							
Z D P	23 Other expenses (attach schedule)			$\Box$				
E S E		, <u>, , , , , , , , , , , , , , , , , , </u>			···			
S	24 Total operating and administrative							
š	expenses. Add lines 13 through 23	50.			50.			
	25 Contributions gifts, grants paid	570,050.						
	26 Total expenses and disbursements Add lines 24 and 25 · · · · · · · · · · · · · · · · · ·	[ [20 100 ]			FΛ			
	27 Subtract line 26 from line 12	570,100.	-		50.			
	a Excess of revenue over expenses			1				
+	and disbursements	2,179,900.		l,				
į	b Net investment income (if negative, enter -0-)	-/		0.				
	C Adjusted net Income (if negative, enter -0-)			0.				
		L						

Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of year amounts only (See instructions)		Beginning of year	End of	<u> </u>		
		(See instructions )	(a) Book Value	(b) Book Value	(c) Fair Market Value	
•	1	Cash — non-interest-bearing	2,959,492.	4,639,392.	4,639,392.	
	2	Savings and temporary cash investments				
	3	Accounts receivable			-	
	ļ	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 disqualified persons (attach schedule) (see instructions)				
	7	Other notes and loans receivable (attach sch)	- ,	- · ·		
A		Less allowance for doubtful accounts				
S	8	Inventories for sale or use				
A S S E T	9	Prepaid expenses and deferred charges			-	
Š	10:	a Investments – U S and state government obligations (attach schedule)				
	1	b Investments — corporate stock (attach schedule)		494,928.	494,928.	
		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			1	
		Less accumulated depreciation (attach schedule)			**************************************	
		Other assets (describe Total assets (to be completed by all filers —				
	<u> </u>	see the instructions Also, see page 1, item l)	2,959,492.	5,134,320.	5,134,320.	
Ļ	17	Accounts payable and accrued expenses				
À	18	Grants payable				
В	19	Deferred revenue				
Ĺ	20	Loans from officers, directors, trustees, & other disqualified persons				
I T	21	Mortgages and other notes payable (attach schedule)				
I E		Other liabilities (describe	-			
S	23	Total Ilabilities (add lines 17 through 22)			,	
		Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31.			*	
N F E U	24	Unrestricted				
TN	25	Temporarily restricted			<u>'</u>	
D	26	Permanently restricted				
A SBSAEL		Foundations that do not follow SFAS 117, check here . X and complete lines 27 through 31.			•	
E L T A	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	2,959,492.	5,134,320.		
RS	30	Total net assets or fund balances (see instructions)	2,959,492.	5,134,320.	ľ	
	3 1	Total liabilities and net assets/fund balances				
D	480	(see instructions)	2,959,492.	5,134,320.		
		Analysis of Changes in Net Assets or Fund Balanc		<del></del> -		
		net assets or fund balances at beginning of year — Part II, column ( of-year figure reported on prior year's return)			2,959,492. 2,179,900.	
2 Enter amount from Part I, line 27a						
3	Other	increases not included in line 2 (itemize)	<b></b>	3		
4	Add	lines 1, 2, and 3		4	5,139,392.	
5	Decre	ases not included in line 2 (itemize) See Other Decreases S	<u>stmt</u>	5	5,072.	
6	Total	net assets or fund balances at end of year (line 4 minus line 5) - Po	art II, column (b), line 30	6	5,134,320.	

Form 990-PF (2016) Theodore and Doris Lee Family Foundation

27-2531820

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Pai		Losses for Tax on Investment the kind(s) of property sold (e.g., real		(b) How acquir	ed (C) Date acquired	(d) Date sold
	2-story brick wareho	ouse; or common stock, 200 shares M	LC Company)	P — Purchas D — Donatio	e (mo , day, yr )	(mo , day, yr )
		OFA T A Us Core Equity	2 Portfolio	D	12/28/16	12/30/16
t	<u> </u>					
				ļ		
	<u> </u>					
	<u> </u>		<del></del>	<u> </u>		<u> </u>
	(e) Gross sales pnce	(f) Depreciation allowed (or allowable)	(g) Cost or other bas plus expense of sal		(h) Gain or (e) plus (f) m	
	271,857.		27	4,635.		-2,778.
t	)		· - <del> </del>			
	·		<u> </u>			
	1		<del></del>			
	)					
	Complete only for assets showing	ng gain in column (h) and owned by th	e foundation on 12/31/69		(I) Gains (Co	1 (h)
	(i) F.M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any		gain minus col (k), b than -0-) or Losses (fi	
a	1		-			-2,778.
t	)					
		_				
	•					
2	Capital gain net income or (net o	capital loss) If gain, also if (loss), enti	enter in Part I, line 7 er -0- in Part I, line 7		2	-2,778.
3	Net short-term capital gain or (lo	oss) as defined in sections 1222(5) an	d (6)	<u> </u>	=-	2,7,0.
•	, -	•			ļ	
	in Part I line 8	3, column (c) (see instructions) If (loss	s), enter -0-		3	-2,778.
Da.		r Section 4940(e) for Reduce		nent Incor	70	2,770.
		foundations subject to the section 494				
(1 01	optional use by domestic private	roundations subject to the section 454	o(a) tax on not investment	ncome ,		
If sec	ction 4940(d)(2) applies, leave this	s part blank				
٠. ۱۸۷	Har formulations halder for the conti	on 4042 Lie in the destablished appear	ed of some or a standard	accul?	□v	<b>.</b>
		on 4942 lax on the distributable amou		enou?	∐Ƴes	X No
4	<del></del>	y under section 4940(e) Do not comp		av optson	<del></del> -	
	<del></del>	each column for each year; see the ii	<del></del>	ny entries.	······································	
	(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use ass	ets	(d) Distribution (col (b) divided	
	2015	625,000.		0.		0.000000
	2014	0.		0.		0.000000
	2013	1,065,100.		0.		0.000000
	2012	724,348.		0.1		0.000000
	2011	521,308.		0.		0.000000
		321,300.1	<del></del>	<del></del>	<del></del>	0.00000
2	Total of line 1, column (d)				2	0.000000
3	Average distribution ratio for the number of years the foundation	5-year base period — divide the total has been in existence if less than 5 ye	on line 2 by 5, or by the ears		3	0.00000
4	Enter the net value of noncharita	able-use assets for 2016 from Part X,	line 5	]_	4	0.
5	Multiply line 4 by line 3				5	0.
6	Enter 1% of net investment inco	me (1% of Part I, line 27b)			6	0.
7	Add lines 5 and 6			[	7	0.
8	Enter qualifying distributions from	m Part XII, line 4		[_	8	50.
	If line 8 is equal to or greater that Part VI instructions	an line 7, check the box in Part VI, line	1b, and complete that part	using a 1% ta	ax rate See the	
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Par	t.VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948	– see instructio	ns)	
1 a	Exempt operating foundations described in section 4940(d)(2), check here   and enter 'N/A' on line 1		,	
•	Date of ruling or determination letter: (attach copy of letter if necessary — see Instructions)			
t	Domestic foundations that meet the section 4940(e) requirements in Part V,	- · · 1	0.	
	check here . X and enter 1% of Part I, line 27b	[" : F	~ - 7	
•	: All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	2	•	
3	Add lines 1 and 2		0.	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)		0.	
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0	<del></del>	0.	
6	Credits/Payments		<del></del>	
-	2016 estimated tax pmts and 2015 overpayment credited to 2016	\; .4	٠,	ı
	Exempt foreign organizations — tax withheld at source	<del> </del>  ,	,	
	Tax paid with application for extension of time to file (Form 8868) 6 c	<u> </u>		
	Backup withholding erroneously withheld	<u> </u>	,	i
_	Total credits and payments Add lines 6a through 6d			
7			0.	
8	Enter any penalty for underpayment of estimated tax. Check here If Form 2220 is attached			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		0.	
10	Overpayment. If time 7 is more than the total of times 5 and 8, enter the amount overpaid		0.	
11	Enter the amount of line 10 to be Credited to 2017 estimated tax Refunded	11		
	t VII-A Statements Regarding Activities		1: 1. 1	
1 a	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?		Yes No	
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)?		. 1b X	
	If the answer is 'Yes' to 1a or 1b, attach a detailed description of the activities and copies of any materials pub or distributed by the foundation in connection with the activities			i
c	Did the foundation file Form 1120-POL for this year?		1c X	
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			ı
	(1) On the foundation		].   '	
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed of foundation managers * \$	n		
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			
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	
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			
	If 'Yes,' has it filed a tax return on Form 990-T for this year?		4 b	
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			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either		1 1 1	
	By language in the governing instrument, or			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that co with the state law remain in the governing instrument?	nflict	6 X	
7	Did the foundation have at least \$5,000 m assets at any time during the year? If 'Yes,' complete Part II, col (c), and Part XV		<del></del>	
	Enter the states to which the foundation reports or with which it is registered (see instructions)			
	NEVADA			:
	If the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General			
E)	(or designate) of each state as required by General Instruction G? If 'No,' attach explanation		8b X	
9			1 1 1 1	^
3	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or for calendar year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If 'Yes,' complete	Part XIV	9 X	Y
10	Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their na and addresses	ames	10 x	

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Hai	t.VII-A. Statements Regarding Activities (continuod)				
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	Yes	No X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified pe advisory privileges? If 'Yes,' attach statement (see instructions)	rson had	12		х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption appli	cation?	13	Х	
14	Website address	e no ► (702)	36 <u>9</u>	- <u>959</u>	5
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 – Check here and enter the amount of tax-exempt interest received or accrued during the year		<del>-</del>	. <b>-</b>	
46				Yes	No
10	At any time during calendar year 2016, did the foundation have an interest in or a signature or other authority bank, securities, or other financial account in a foreign country?	y over a	16		х
	See the instructions for exceptions and filing requirements for FinCEN Form 114 If 'Yes,' enter the name of the foreign country		1		
Par	t 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.		ď	Yes	No
1 a	During the year did the foundation (either directly or indirectly)				1
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	Yes XNo			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	Yes XNo		1	
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	Yes X No	I i		<u>,</u> !
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	Yes XNo		i .	
	(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 XNo			'
	(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 XNo	!	1	
b	olf 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	_	
	Organizations relying on a current notice regarding disaster assistance check here	▶ []	,		1
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 2016?		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))		¥ L	· · · · · ·	
а	At the end of tax year 2016, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2016?	Yes X No	4 ;	•	
	If 'Yes,' list the years  20 , 20 , 20 , 20		·		ľ
b	Are there any years listed in 2a for which the foundation is <b>not</b> 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 all years listed, answer 'No' and attach statement — see instructions)	0		<u></u>	
_	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here				<del> </del>
·	► 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 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? (I so Schedule C. Form 4720, to			-	, 
4 -	determine if the foundation had excess business holdings in 2016)		3 b		
<b>4</b> a	chantable purposes?		4 a		x
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2016?				

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Form **990-PF** (2016)

Form 990-PF (2016) Theodore and Doris Part VII-BJ Statements Regarding Activiti	Lee Family Fo	undation	27-25	31820 Page 6				
		14720 may be req	dired (continued)	Fr Te-2011 7 4				
5 a During the year did the foundation pay or incur a  (1) Carry on propaganda, or otherwise attempt to	-	ection 4945(e))?	· · · · Tyes X	No I				
(2) Influence the outcome of any specific public on, directly or indirectly, any voter registration	election (see section 495	5), or to carry		No i				
(3) Provide a grant to an individual for travel, study, or other similar purposes? Yes X No								
(4) Provide a grant to an organization other than a chantable, etc., organization described in section 4945(d)(4)(A)? (see instructions)								
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?								
b If any answer is "Yes' to 5a(1)—(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53 4945 or in a current notice regarding disaster assistance (see instructions)?								
Organizations relying on a current notice regarding								
c If the answer is 'Yes' to question 5a(4), does the tax because it maintained expenditure responsib	foundation claim exemplility for the grant?	tion from the	· · · · Yes	]No				
If 'Yes,' attach the statement required by Regulat	•							
6 a Did the foundation, during the year, receive any to on a personal benefit contract?				No The state of th				
b Did the foundation, during the year, pay premium If 'Yes' to 6b, file Form 8870	is, directly or indirectly, o	n a personal benefit con	tract?	6b X				
7 a At any time during the tax year, was the foundate	on a narty to a prohibited	l tay shelter transaction?	□vas [	_ 10 16 16 16				
b If 'Yes,' did the foundation receive any proceeds								
Part VIII Information About Officers, D								
and Contractors	rectors, trustees,		gers, mignly Palo	Employees,				
1 List all officers, directors, trustees, foundation		ompensation (see inst						
(a) Name and address	(b) Title, and average hours per week devoted to position	(c)Compensation (If not paid, enter -0-)	(d)Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances				
Theodore B. Lee 3271 So Highland Dr., #704	President							
Las Vegas NV 89109	1.00	0.	0.	0.				
Doris S. Lee								
3271 So Highland Dr., #704	Tresurer			1				
Las Vegas NV 89109	4.00	0.	0.	0.				
Ernest T H Lee								
3271 So Highland Dr., #704	Director							
Las Vegas NV 89109	0.00	0.	0.	0.				
Gregory T H Lee 3271 So Highland Dr., #704	Director							
Las Vegas NV 89109	0.00	0.	0.	0.				
2 Compensation of five highest-paid employee	s (other than those inc	luded on line 1 – see ir	structions). If none, e	nter 'NONE.'				
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d)Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances				
NONE			- · · ·					
	H							
		-						
		,						
				<del></del>				
				1				
	<del></del>			<del> </del>				
Total number of other employees paid over \$50,000 .				None				
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Part.VIII. Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid and Contractors (continued)	i Employees,
3° Five highest-paid independent contractors for professional services (see instructions). If none, enter 'NONE.'	
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE	
4 de de marie de las	
	_
	<del></del>
Total number of others receiving over \$50,000 for professional services	None
Rait IX-A Summary of Direct Charitable Activities	
List the foundation's four largest direct chantable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficianes served, conferences convened, research papers produced, etc.	Expenses
1 Provide funds to public charitable organizations, exempt	
under section 501(c)(3), IRC.	
	0.
2	
3	<del></del>
4	
Part IX-B: Summary of Program-Related Investments (see instructions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	
**	
2	_
All other program-related investments. See instructions	1
3	

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Pai	<u>★X</u>   <b>Minimum Investment Return</b> (All domestic foundations must complete this part. Forei see instructions.)	gn fou	indations,
1 `	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes  Average monthly fair market value of secunties	1 a	
	Average of monthly cash balances		
	Fair market value of all other assets (see instructions)	1 c	
c	Total (add lines 1a, b, and c)	1 d	
e	Reduction claimed for blockage or other factors reported on lines 1a and	7	<del></del>
	1c (attach detailed explanation)	2	
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	0.
4	Cash deemed held for charitable activities Enter 1-1/2% of line 3 (for greater amount, see instructions)	. 4	0.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	0.
6	Minimum investment return. Enter 5% of line 5	6	0.
Par	TXI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating and certain foreign organizations check here   ☐ and do not complete this part.)	found	dations
1	Minimum investment return from Part X, line 6	1	/ 0.
<b>2</b> a	Tax on investment income for 2016 from Part VI, line 5	-	
	Income tax for 2016 (This does not include the tax from Part VI )	النا	
c	Add lines 2a and 2b	2 c	0.
3	Distributable amount before adjustments Subtract line 2c from line 1	. 3	0.
4	Recoveries of amounts treated as qualifying distributions		- <u></u>
5	Add lines 3 and 4	5	0.
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1	. 7	0.
Par	t.XIII Qualifying Distributions (see instructions)		
1 a	Amounts paid (including administrative expenses) to accomplish chantable, etc., purposes Expenses, contributions, gifts, etc. — total from Part I, column (d), line 26	1 a	50.
b	Program-related investments – total from Part IX-B	1 b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	. 2	
3 a	Amounts set aside for specific charitable projects that satisfy the	3 a	
b	Cash distribution test (attach the required schedule)	3 b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	50.
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 (see instructions)	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	50.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the forqualifies for the section 4940(e) reduction of tax in those years	oundatio	on

Page 8

Form 990-PF (2016)

27-2531820

Form 990-PF (2016) Theodore and Doris Lee Family Foundation

BAA



•	(a) Corpus	(b) Years prior to 2015	(c) 2015	(d) 2016
1 Distributable amount for 2016 from Part XI, line 7				0.
2 Undistributed income, if any, as of the end of 2016	<u>''</u>			•
a Enter amount for 2015 only		•	0.	
<b>b</b> Total for pnor years 20 , 20 , 20				,
3 Excess distributions carryover, if any, to 2016.	,			
a From 2011	` .	,		
<b>b</b> From 2012	'	,		
<b>c</b> From 2013 1,065,100.				
<b>d</b> From 2014 0 .	,			
● From 2015 625,000.		•		
f Total of lines 3a through e	2,930,831.			•
4 Qualifying distributions for 2016 from Part				
XII, line 4 \$ 570,100.	. '	,		•
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	1	**		· - <del></del>
(Election required - see instructions)	570,050.			
d Applied to 2016 distributable amount	<u> </u>	7.		0.
e Remaining amount distributed out of corpus	50.			
5 Excess distributions carryover applied to 2016 (If an amount appears in column (d), the	<b></b>			<del></del>
same amount must be shown in column (a) )	,	,	•	•
6 Enter the net total of each column as	,		•	,
indicated below:	2 500 021			
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	3,500,931.			
b Prior years' undistributed income Subtract line 4b from line 2b		o. i		
c Enter the amount of pnor years' undistributed	,			· · · · · · · · · · · · · · · · · · ·
income for which a notice of deficiency has				
been issued, or on which the section 4942(a) tax has been previously assessed	` ` ` · ·			
d Subtract line 6c from line 6b Taxable	<del></del>		,	
amount — see instructions		0.		
e Undistributed income for 2015 Subtract line 4a from				
line 2a. Taxable amount — see instructions			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		•	٠	'
may be required — see instructions)	570,100.			
8 Excess distributions carryover from 2011 not applied on line 5 or line 7 (see instructions)	0.		•	
9 Excess distributions carryover to 2017. Subtract lines 7 and 8 from line 6a	2,930,831.	,	,	
10 Analysis of line 9		,		
a Excess from 2012670 , 631 .				
<b>b</b> Excess from 2013 1,065,100.			•	
<b>c</b> Excess from 2014 0 .				• •
<b>d</b> Excess from 2015 625,000.				
e Excess from 2016 570,100.	<u></u>			

Form 990-PF (2016) Theodore and Dor:				27-2531820	Page <b>10</b>
Part XIV: Private Operating Foundate				<u> </u>	N/A
1 a If the foundation has received a ruling or det is effective for 2016, enter the date of the rul	ing	· · · · · · · · · · · · ·		<u></u> / ▶	
<b>b</b> Check box to indicate whether the foundation		ng foundation describ	ped in section	4942(j)(3) or	4942(j)(5)
2 a Enter the lesser of the adjusted net income from Part I or the minimum	Tax year		Prior 3 years		(e) Total
investment return from Part X for each year listed	(a) 2016	<b>(b)</b> 2015	(c) 2014	(d) 2013	
<b>b</b> 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
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 afternative test relied upon			1		
a 'Assets' alternative test — enter					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
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)			1		
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					
Part XV Supplementary Information assets at any time during the	(Complete this e vear — see in	part only if the structions.)	foundation had	l \$5,000 or more	in
Information Regarding Foundation Manag     a List any managers of the foundation who hav	ers:	han 2% of the total c	ontributions receive	d by the foundation b	efore the
close of any tax year (but only if they have co Theodore B and Doris S Lee	ontributed more than	\$5,000) (See Sectio	n 507(0)(2) )		
b List any managers of the foundation who own	10% or more of the	stock of a corporation	on (or an equally larg	ge portion of the own	ership of
a partnership or other entity) of which the fou Theodore B and Doris S Lee	ndation has a 10% o	or greater interest			
2 Information Regarding Contribution, Gran	t Gift Loan Schol	archin etc. Brosser	me:		
Check here   X  if the foundation only ma requests for funds If the foundation makes g	kes contributions to	preselected chantabl	le organizations and	does not accept uns	olicited
complete items 2a, b, c, and d	<del></del> .				uons,
a The name, address, and telephone number o	r e-mail address of t	he person to whom a	applications should t	oe addressed	
b The form in which applications should be sub	mitted and informati	on and materials the	y should include. I		· · · · · · · · · · · · · · · · · · ·
c Any submission deadlines		<u> </u>		,,	
	·		····		
d Any restrictions or limitations on awards, such	h as by geographical	areas, chantable fie	lds, kinds of instituti	ons, or other factors	

3 Grants and Contributions Paid During th	If recipient is an individual,	Foundation		**
Recipient	show any relationship to any foundation manager or substantial contributor	status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	100,000		
a Paid during the year	14.1	j	Ì	•
Cleveland Clinic Ruvo Center for Brain Hea 888 W Bonneville Ave	ıcn			
Las Vegas NV 891	06	Public	General	50,000.
St Paul's School				
325 Pleasant Street				
Concord NH 033	01	Public	General	25,000.
Asian Women's Shelter				1
3543 18th Street, #19 San Francisco CA 941	10	Dublia.	General	1 500
Nevada Blind Children's Foundat:		Public	General	1,500.
9330 W Martin Avenue, 1st Flo	i i		1	
Las Vegas NV 891		Public	General	1,500.
Smith Center				_,,,,,,
361 Symphony Park Avenue				
Las Vegas NV 891	06	Public	General	5,000.
Harvard University		1		
124 Mount Auburn Street	}	L		
Cambridge MA 021	38	Public	General	180,000.
Asian Art Museum 200 Larkin Street				
San Francisco CA 941	02	Public	General	75,000.
Southeastern Legal Foundation	°2	Labite	General	75,000.
P O Box 96077			ł	
Washington DC 200	90	Public	General	2,000.
Nathan Adelson Hospice				
4141 Swenson St				
Las Vegas NV 891	19	Public	General	1,500.
See Line 3a statement		1	į	
	}			228,550.
				220,330.
Total	· · · · · · · · · · · · · · · · · · ·			570,050.
b Approved for future payment				
	Ĭ			
			İ	
		1		
	<b>\</b>			
		ļ	•	
				1
Total				

27-2531820

Enter gross amounts unless otherwise indicated		Unrelated business income		Exclude	d by section 512, 513, or 514	(e)	
	Program service revenue.	(a) Business code	(b) Amount	(c) Exclu- sion	(d) Amount	Related or exempt function income (See instructions)	
				code	<del></del>		
_	a	<del>}</del>		├	<del> </del>		
	<u> </u>	<del> </del>	<del></del>	├		<del></del>	
	<u> </u>	<del> </del>		├			
	d			<b> </b>			
•	e	ļ		<b> </b>			
1	f	ļ					
9	g Fees and contracts from government agencies						
2	Membership dues and assessments			<u> </u>			
3	Interest on savings and temporary cash investments						
4	Dividends and interest from secunties	<u></u>					
5	Net rental income or (loss) from real estate:	1	1				
	a Debt-financed property						
ı	b Not debt-financed property						
6							
7			T				
8				<del>                                     </del>		<del></del>	
9				1		<del></del> _	
10				<del>                                     </del>		<del></del>	
11	· · · · · · · · · · · · · · · · · · ·		1		<u> </u>	- 1 <del></del>	
	a	<del></del>	<del>```</del>	<del> `</del>	1		
	b	<del> </del>		<del>                                     </del>			
	C	ļ		t			
	d	-			<del></del>		
	е	<del> </del>		<del> </del>			
		,		1		<del></del>	
			<u> </u>		13		
	e worksheet in line 13 instructions to verify calculations						
	int·XVI-B. Relationship of Activities to the		lichmont of Evam	of Dur			
	<del></del>						
Lin	ne No. Explain below how each activity for which included accomplishment of the foundation's exempt p	ome is report	led in column (e) of Part er than by providing fund	XVI-A co	ontributed importantly to the numbers of the contributed importantly to the contributed in the contributed i	the	
	- assempliant of the following party						
	<del></del>						
	<del>-  </del>		<del></del>			<del></del>	
		_ <del></del>				<del></del>	
	<del></del>				<del></del>		
	<del></del>						
					<del></del>		
					·····		

## Form 990-PF (2016) Theodore and Doris Lee Family Foundation 27-2531820 Part XVII. Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

						_			1	162	NO
de	d the organization direct escribed in section 501(c lating to political organiz	) of the Code (oth	page in any of the f er than section 50°	ollowing with any 1(c)(3) organizati	other organi ons) or in sec	ization ction 527,					
	ansfers from the reporting		nonchantable exe	mpt organization	of				1		
	) Cash	•							1 a (1)		x
(2	Other assets								1 a (2)		X
b O	ther transactions:										
(1	) Sales of assets to a no	oncharitable exem	pt organization						1 b (1)		X
(2	Purchases of assets fr	om a noncharitab	le exempt organiza	ation					1 b (2)		X
(3	) Rental of facilities, equ	upment, or other a	issets						1 b (3)		X
(3) Rental of facilities, equipment, or other assets								1 b (4)		X	
<u> </u>								1 b (5)		X	
(6	Performance of service	es or membership	or fundraising sol	icitations				. <b></b> .	1 b (6)		X
c SI	naring of facilities, equipr	nent, mailing lists,	other assets, or p	aid employees.	. <i>.</i>				1 c		X
	•		• •	• •							
<b>d</b> If the ar	the answer to any of the e goods, other assets, or ny transaction or sharing	above is 'Yes,' co r services given by arrangement, sho	mplete the followir  the reporting four  w in column (d) th	ng schedule Colundation If the fou e value of the go	ımn (b) shou ındatıon recei ods, other as	ld always sho wed less that sets, or serv	ow the fair n fair marki ices receiv	market v et value ed	alue of in		
(a) Line			of noncharitable exem			coption of transf				gement	<u> </u>
						<del></del>					
		<u>"                                     </u>									
					<del></del>					_	
			<del></del> -				_			-	
										_	
										_	
	<u> </u>	<del></del>									
	<u> </u>	<u> </u>									
	<del></del>	<u> </u>							·····		
		<u> </u>	<del></del> ·		·						
			<del></del>								
de	the foundation directly o scribed in section 501(c Yes,' complete the follov	) of the Code (other	d with, or related t er than section 50	o, one or more ta 1(c)(3)) or in sect	exempt orgon 527?	ganizations			· Yes	х	No
	(a) Name of organiza	_ <del></del>	(b) Type	of organization	<del></del>	(c)	Description	of relat	onship		
	<u>,                                     </u>		(=, -, p)								
		***************************************									
			<del></del>								
			<del>                                     </del>	···							
	<del></del>										
	Under penalties of penjury, I dec	lare that I have examins	ed this return, including a	ccompanying schedul	es and statement	s, and to the bes	) of my knowle	dge and be	het, it is true,		
Sign	correct, and complete Declarate	on of preparer (other the	an taxpayer) is based on	all information of which	h preparer has ar	ny knowledge			<u> </u>		
Here	6 41	1	,		► Sec	LETALY			May the I	n with the	, !
ן שושר					Pres	<del>ideno</del>			preparer (	shown b µcbons))	elow
	Signature of officer or trustee			Date	Title	,				Yes	No
	PnnVType preparer's	name	Preparer's si	gnature	Dat	e	Check	Χır	PTIN		
Paid	Andrew Got	elli	Andrew	Gotelli			self-emplo	yed	P01473	145	
Prepa	rer Fum's name	Andrew W.	Gotelli				Firm's EIN				
Jse O			ing Rock St	reet							
		Las Vegas			V 89135		Phone no	(702	804-	0899	
ΑΔΕ		1,5-1,410							Form 00	_	2016)

## Schedule B

Department of the Treasury Internal Revenue Service

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

**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

2016

Name of the organization		Employer identification number					
Theodore and Doris Lee Family	Foundation	27-2531820					
Organization type (check one):							
Filers of:	Section:						
Form 990 or 990-EZ	501(c)( ) (enter number) organization						
	4947(a)(1) nonexempt charitable trust not treated as a private	/ate 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						
Check if your organization is covered by the Gene	eral Rule or a Special Rule.						
Note. Only a section 501(c)(7), (8), or (10) organize	zation can check boxes for both the General Rule and a Special	Rule See instructions					
General Rule  X For an organization filing Form 990, 990-EZ, oproperty) from any one contributor. Complete	or 990-PF that received, during the year, contributions totaling \$ Parts I and II See instructions for determining a contributor's tot	5,000 or more (in money or lat contributions					
Special Rules							
under sections 509(a)(1) and 170(b)(1)(A)(vi).	c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support tes that checked Schedule A (Form 990 or 990-EZ), Part II, line 13 year, total contributions of the greater of (1) \$5,000 or (2) 2% of Z, line 1 Complete Parts I and II	16a or 16b and that					
For an organization described in section 501(c during the year, total contributions of more that purposes, or for the prevention of cruelty to chemical section in the prevention in the prev	c)(7), (8), or (10) filing Form 990 or 990-EZ that received from ar in \$1,000 <i>exclusively</i> for religious, charitable, scientific, literary, oldern or animals. Complete Parts I, II, and III	ny one contributor, or educational					
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year							
990-PF), but it must answer 'No' on Part IV, line 2	General Rule and/or the Special Rules doesn't file Schedule B, of its Form 990; or check the box on line H of its Form 990-EZ a requirements of Schedule B (Form 990, 990-EZ, or 990-PF)	(Form 990, 990-EZ, or or on its Form 990-PF,					

Name of org	•	Employe	er identification number
Theodo	ore and Doris Lee Family Foundation	27-2	531820
Part I'-	Contributors (see instructions) Use duplicate copies of Part I if additional space	is needed	
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Theodore B. and Doris S. Lee  3271 So Highland Drive, ,#704  Las Vegas NV 89109	\$ <u>2.250</u> 000.	Person X Payroll
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Gregory T H and Dana Sue Lee  3271 So Highland Drive, #705A  Las Vegas NV 89109	\$50 <u>0</u> _0 <u>00</u> .	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	(c) Total contributions	(d) Type of contribution
		\$	Person Payrotl 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 Noncash (Complete Part II for noncash contributions )
RAA	TEEA0702 00/00/15	Schodulo B /Form 0	90 000 E7 000 BE) /2046)

Page

1 of 1 of Part I

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

BAA

2 to

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

of Part II

Name of organization
Theodore and Doris Lee Family Foundation

Employer identification number 27 - 2531820

Noncash Property (see instructions) Use duplicate copies of Part II if additional space is needed (a) No. from Part I (b)
Description of noncash property given (d) Date received (c) FMV (or estimate) (see instructions) Marketable securities 2\_\_\_ 500,000. 12/28/16 (a) No. from Part I (d) Date received (b) (c) FMV (or estimate) (see instructions) Description of noncash property given (a) No. from (b)
Description of noncash property given (d) Date received (c) FMV (or estimate) (see instructions) Part I (b)
Description of noncash property given (a) No. from (d) Date received (c) FMV (or estimate) (see instructions) Part I (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 Part I

Form 990-PF, Page 2, Part III, Line 5 Other Decreases Stmt

Unrealized loss from securities	2,293.
Capital loss from sale of securities	2,779.
Total	5,072.

Form 990-PF, Page 11, Part XV, line 3a Line 3a statement

Recipient	If recipient is an individual.	Foun-	Purpose of grant or contribution	Person or Business
Name and address (home or business)	show any relationship to	status of re-	grant or contribution	Checkbox
	any foundation manager or substantial contributor	cipient		Amount
a Paid during the year	}			
F Y Chang Foundation 2001 K Street, NW				Person or X Business
Washington DC 20037		Public	General	5,000.
The National Center for Public Policy Research				Person or X
501 Capital Court NE, Ste 200				Business
Washington DC 20002		Public	General	500.
National Right to Work Committee	- <b></b>			Person or X
8001 Bradock Road Springfield VA 22160		Public	General	Business
Radio America		rwiic	General	Person or X
P O Box 96848				Business
Washington DC 20077		Public	Scholarship Fund	2,000.
Coalition to Salute America's Heroes				Person or X
P O Box 96440				Business
P O Box 96440 Washington DC 20090		Public	General_	2,500.
AdoptaPlatoon				Person or X
P_O_Box_1846				Business
Merrifield VA 22116		Public	General	750.
Doctors Without Borders 333 Seventh Ave, 2nd Floor				Person or X Business
New York NY 10001		Public	General	5,000.
Institute for Humane Studies		1 402.20	General	Person or X
3434 Washington Blvd, MS 1C5		<b></b>		Business
Arlington VA 22201		Public	General	1,000.
American Center for Law & Justice				Person or X
P_O_Box_90555				Business
Washington DC 20090		Public	General	500.
Nevada Ballet Theater				Person or X
1651 Inner Circle				Business
Las Vegas NV 89134		Public	General	10,000.
Fine Arts Museum of San Francisco 50 Haigwara Tea Garden Drive		[		Person or X Business
San Francisco CA 94118		Public	General	2,500.
Teach for America		Lubiic		Person or X
4040 S Eastern Ave, #300				Business
Las Vegas NV 89119		Public	General	25,000.

Recipient  Name and address	If recipient is an individual, show any	Foun- dation status	Purpose of grant or contribution	Person or Business Checkbox
(home or business)	relationship to any foundation manager or substantial contributor	of re- cipient		Amount
a Paid during the year				
Univ of CA SF Cardiology Council				Person or X
555 Mission Bay Blvd South, 352 W				Business
San Francisco CA 94158		Public	General	5,000.
Smile Train		<u>-</u>		Person or X
P_O Box 96231				Business
Washington DC 20090		Public	General	2,500.
American Civil Rights Union				Person or X
3213 Duke Street				Business
Alexandria VA 22314	· · · · · · · · · · · · · · · · · · ·	Public	General	1,000.
The USO P O Box 96860				Person or X Business
Washington DC 20077		Public	General	2,000.
American Federation of Police & Concerned Citizens		Public	General	Person or X
6350 Horizon Drive		[		Business
Titusville FL 32780		Public	General	1,450.
The Heritage Foundation				Person or X
214 Massachusetts Ave		<del>-</del>		Business
Washington DC 20002		Public	General	1,000.
Armed Forces Aid Campaign				Person or X
P_O Box 96303				Business
Washington DC 20090		Public	General	1,000.
Pacific Legal Foundation		<b> </b>	_ <b></b>	Person or X
930 G_Street		<b></b>		Business
Sacramento CA 95814		Public	General	1,000.
Amercian Leprosy Missions				Person or X
One ALM Way				Business
Greenville SC 29601		Public	General	250.
CARE				Person or X
151 Ellis Street NE		Public	Conoral	Business
Atlanta GA 30303 Chinese Hospital		Fublic	General	Person or X
Jackson Street				Business
San Francisco CA 94111		Public	General	5,250.
City of Mission of Las Vegas		1 42110		Person or X
P O Box 30690		[		Business
Phoenix AZ 85046		Public	General	500.
Community Counseling Center - Southern Nevada				Person or X
714 E Sahara Ave				Business
Las Vegas NV 89104		Public	General	1,000.
Easter Seals				Person or X
P O Box 95218				Business
Las Vegas NV 89193		Public	General	200.
<u> Harvard University - East/West</u>				Person or X
124 Mount Auburn St				Business
Cambridge MA 02138		Public	General	1,000.

Recipient  Name and address (home or business)	If recipient is an individual, show any	Foun- dation status	Purpose of grant or contribution	Person or Business Checkbox
(nome or business)	relationship to any foundation manager or substantial contributor	of re- cipient		Amount
a Paid during the year	_			
For the Troops				Person or X
P O Box 12				Business
Simi Valley CA 93062		Public	General	500.
Freedom Alliance				Person or X
P O Box 1214				Business
Merrifield VA 22116		Public	General	1,500.
Girl Scouts of Southern Nevada				Person or X
2941 Harris Ave Las Vegas NV 89101				Business
Grant a Gift Autism Foundation		Public	General	5,000. Person or X
630 Rancho Drive				Business
Las Vegas NV 89106		Public	General	2,500.
Help Hospitalized Veterans				Person or X
Penfield Lane				Business
Winchester CA 92596		Public	General	1,250.
Help our Wounded				Person or X
402 W Palm Valley Blvd				Business
Round Rock TX 78664		I '	General	250.
Harvard University				Person or X
124 Mt Auburn Street Cambridge MA 02138		Public	Magazine	Business
HeroBox		FWDIIC	Magazine	Person or X
P O Box 17458				Business
Washington DC 20041		Public	General	500.
Keep Memory Alive				Person or X
888 W Bonneville Ave				Business
Las Vegas NV 89106		Public	General	100.
KUNV Radio				Person or X
4505 S Maryland Prkway				Business
Las Vegas NV 89154 Las Vegas Philharmonic	<u> </u>	Public	General	500.
1412 S Jones Blvd				Person or X Business
Las Vegas NV 89146		Public	General	2,500.
Las Vegas Rescue Mission	<del></del>	140110	ocneru:	Person or X
480 W Bonanza Road				Business
Las Vegas NV 89106		Public	General	2,000.
Media Research Center				Person or X
7435 S Eastern Ave				Business
Las Vegas NV 89123		Public	General	1,000.
Mercy Ships				Person or X
P O Box 1930			 	Business
Lindale TX 75771  Mother's Against Drunk Driving		LUDI1C	General	500.
P O Box 758522				Person or X Business
Topeka KS 66675		Public	General	500.

Recipient	If recipient is an individual,	Foun-	Purpose of grant or contribution	Person or Business
Name and address	show any	status	grant or commodition	Checkbox
(home or business)	relationship to	of re-		
(nome or business)	any foundation	cipient		Amount
	manager or			,
	substantial			
	contributor			
		<u> </u>		
a Paid during the year				
Mountain States Legal Foundation		<b></b>		Person or X
P O Box 8746		l		Business
Pueblo CO 81008		Public	General	1,000.
Muscular Dystrophy Ass'n				Person or X
222 S_Riverside_Street		[	<b></b>	Business
Chicago IL 60606		Public	General	1,000.
National Cancer Research Center				Person or X
1025 Connecticut Ave NW				Business
Washington DC 20090		Public	General	1,200.
National Committee to Defend America				Person or X
P_O_Box_96099		<del></del> -		Business
Washington DC 20090	<u>.</u>	Public	General	500.
National Federation of the Blind		<b>-</b>		Person or X
P O Box 17252				Business
Baltimore MD 21298		Public	General	500.
Nevada Ballet Theatre				Person or X
1651 Inner Circle				Business
Las Vegas NV 89134		Public	General	50,000.
Nevada Public Radio		<b> </b>		Person or X
1289 S Torrey Pines Dr				Business
Las Vegas NV 89146		Public	General	1,500.
On Lok, Inc		<b>-</b>		Person or X Business
1333 Bush Street		Public	Comerci	. —
San Francisco CA 94109	· . · · · · · · · · · · · · · · · · · ·	Public	General	1,000. Person or X
Opera Las Vegas 7435 S Eastern Ave				Business
Las Vegas NV 89123		Public	General	7,500.
Operation Finally Home		Fublic	General	Person or X
P O Box 1218		<b> </b>		Business
Merrifield VA 22116		Public	General	2,000.
Oxfam America		rubiic	General	Person or X
P O Box 6024				Business
Albert Lea MN 56007		Public	General	500.
Remember America's Heritage		1 422110	Concret	Person or X
P O Box 96273				Business
Washington DC 20090		Public	General	500.
San Antonio Museum of Art				Person or X
200 W Jones Ave			<b></b>	Business
San Antonio TX 78215		Public	General	50,000.
Shriner's Hospital for Children				Person or X
2900 N Rocky Point Dr		l		Business
Tampa FL 33607		Public	General	1,000.
St Jude's Ranch for Children				Person or X
P O Box 60100				Business
Boulder City NV 89006		Public	General	500.

Recipient  Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Person or Business Checkbox Amount
a Paid during the year  State Policy Network  1665 N Fort Myer Dr  Arlington VA 22209  TechnoServe  1120 19th Street NW  Washington DC 20036			General General	Person or X Business 500. Person or X Business 500.
The 60 Plus Association P O Box 17453 Washington DC 20041 The Center for Individual Rights			General	Person or X Business 500. Person or X
Washington DC 20036 The Heritage Foundation 214 Massachusetts Ave NE Washington DC 20002			General	1,000 .  Person or X Business  1,000 .
The Institute for Justice 901 N Glebe Rd Arlington VA 22203 The Leadership Institute		Public	General	Person or X Business  1,000. Person or X
Arlington VA 22201 The Square Food Bank 4190 N Pecos Road Las Vegas NV 89115		Public  Public		2,000.  Person or X  Business  10,250.
P O Box 2447 San Ramon CA 94583 UNICEF		Public		Person or X Business 500. Person or X
Washington DC 20077 United American Patriots P O Box 96565			General	1,000.  Person or X Business
Washington DC 20090 United States Investigative Unit P O Box 96444 Washington DC 20090			General General	Person or X Business 250.
UNLV Foundation 4505 S Maryland Parkway Las Vegas NV 89154 Waikiki Health		Public	General	Person or X Business 750. Person or X
277 Ohua Aven; ue  Honolulu HI 96815  WCLCF P O Box 752722			General	Business 500.  Person or X Business
Las Vegas NV 89136	L	Public	General	1,000.

Form/Line Form 990-PF, Page 9, Part XIII

2015 distributions as made from corpus.

Form 990-PF, Page 11, Part XV, line 3a Continui Line 3a statement							
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Purpose of grant or contribution	Person or Business				
Name and address		of re-		Checkbox			
(home or business)				Amount			
a Paid during the year Young America's Foundation PO Box 96285 Washington DC 20090		 Public	General	Person or X Business 500.			
washington be 20090			General	Person or Business -9,500.			
Total							
Explanation Statement							

Explanation of. Undistributed Income - Election to Treat Distribution as Out of Corpus

Taxpayer elects under Regulation Section 53.4942(a)-3(d)(2) to treat the

Line 4c