

For calendar year 2016, or tax year beginning 01-01-2016, and ending 12-31-2016

Name of foundation THE MICHELSON 20MM FOUNDATION INC		A Employer identification number 27-2898736	
% KARLIN ASSET MANAGEMENT			
Number and street (or P O box number if mail is not delivered to street address) 11755 WILSHIRE BOULEVARD STE 1400	Room/suite	B Telephone number (see instructions) (310) 806-9700	
City or town, state or province, country, and ZIP or foreign postal code LOS ANGELES, CA 90025		C If exemption application is pending, check here <input type="checkbox"/>	
G Check all that apply <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>	
H Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>	
I Fair market value of all assets at end of year (from Part II, col (c), line 16) ▶ \$ 293,635	J Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis)	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>	

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc , received (attach schedule)	750,000			
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments	15	15	15	
	4 Dividends and interest from securities . . .				
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	-1,752			
	b Gross sales price for all assets on line 6a				
	7 Capital gain net income (from Part IV, line 2) . . .		0		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
Operating and Administrative Expenses	b Less Cost of goods sold				
	c Gross profit or (loss) (attach schedule)				
	11 Other income (attach schedule)				
	12 Total. Add lines 1 through 11	748,263	15	15	
	13 Compensation of officers, directors, trustees, etc	0			
	14 Other employee salaries and wages	266,673			266,673
	15 Pension plans, employee benefits	6,110			6,110
	16a Legal fees (attach schedule)	13,332	0	0	13,332
	b Accounting fees (attach schedule)	5,634	0	0	5,634
	c Other professional fees (attach schedule)	29,463	0	0	29,463
	17 Interest				
	18 Taxes (attach schedule) (see instructions) . . .	85	0	0	85
	19 Depreciation (attach schedule) and depletion . . .	15,430			
	20 Occupancy	42,697			42,697
	21 Travel, conferences, and meetings	43,659			43,659
	22 Printing and publications				
	23 Other expenses (attach schedule)	295,076	0	0	221,932
	24 Total operating and administrative expenses. Add lines 13 through 23	718,159	0	0	629,585
	25 Contributions, gifts, grants paid	0			0
	26 Total expenses and disbursements. Add lines 24 and 25	718,159	0	0	629,585
	27 Subtract line 26 from line 12				
	a Excess of revenue over expenses and disbursements	30,104			
	b Net investment income (if negative, enter -0-)		15		
	c Adjusted net income (if negative, enter -0-)			15	

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 (a) Book Value	End of year (b) Book Value (c) Fair Market Value	
Assets	1 Cash—non-interest-bearing			
	2 Savings and temporary cash investments	164,706	45,613	45,613
	3 Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	4 Pledges receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7 Other notes and loans receivable (attach schedule) ▶ _____ Less allowance for doubtful accounts ▶ _____			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments—U S and state government obligations (attach schedule)			
	b Investments—corporate stock (attach schedule)			
	c Investments—corporate bonds (attach schedule)			
	11 Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	12 Investments—mortgage loans			
	13 Investments—other (attach schedule)			
	14 Land, buildings, and equipment basis ▶ _____ 100,917 Less accumulated depreciation (attach schedule) ▶ 89,020	26,153	11,897	11,897
15 Other assets (describe ▶ _____)	2,625	236,125	236,125	
16 Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)	193,484	293,635	293,635	
Liabilities	17 Accounts payable and accrued expenses	3,532	73,579	
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable (attach schedule)			
	22 Other liabilities (describe ▶ _____)	250	250	
	23 Total liabilities (add lines 17 through 22)	3,782	73,829	
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.			
	24 Unrestricted	189,702	219,806	
	25 Temporarily restricted			
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 27 through 31.			
	27 Capital stock, trust principal, or current funds			
	28 Paid-in or capital surplus, or land, bldg , and equipment fund			
	29 Retained earnings, accumulated income, endowment, or other funds			
	30 Total net assets or fund balances (see instructions)	189,702	219,806	
31 Total liabilities and net assets/fund balances (see instructions) .	193,484	293,635		

Part III Analysis of Changes in Net Assets or Fund Balances		
1 Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	189,702
2 Enter amount from Part I, line 27a	2	30,104
3 Other increases not included in line 2 (itemize) ▶ _____	3	
4 Add lines 1, 2, and 3	4	219,806
5 Decreases not included in line 2 (itemize) ▶ _____	5	
6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30	6	219,806

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1a			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a			
b			
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (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	
a			
b			
c			
d			
e			

2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }	2	
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8	3	

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income)

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☒ No

If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

1 Enter the appropriate amount in each column for each year, see instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2015	790,267	115,135	6 863829
2014	1,185,634	228,505	5 188657
2013	1,111,720	262,125	4 241183
2012	1,023,324	382,450	2 675707
2011	2,236,383	468,295	4 775586

2 Total of line 1, column (d)	2	23 744962
3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	4 748992
4 Enter the net value of noncharitable-use assets for 2016 from Part X, line 5	4	132,031
5 Multiply line 4 by line 3	5	627,014
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	
7 Add lines 5 and 6	7	627,014
8 Enter qualifying distributions from Part XII, line 4	8	829,585

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate See the Part VI instructions

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)

1a	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1 Date of ruling or determination letter _____ (attach copy of letter if necessary—see instructions)		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b	1	0
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	
3	Add lines 1 and 2.	3	0
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	0
6	Credits/Payments		
a	2016 estimated tax payments and 2015 overpayment credited to 2016	6a	367
b	Exempt foreign organizations—tax withheld at source	6b	
c	Tax paid with application for extension of time to file (Form 8868)	6c	
d	Backup withholding erroneously withheld	6d	
7	Total credits and payments. Add lines 6a through 6d.	7	367
8	Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8	
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed ▶	9	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid ▶	10	367
11	Enter the amount of line 10 to be Credited to 2017 estimated tax ▶ 367 Refunded ▶	11	

Part VII-A Statements Regarding Activities

	Yes	No
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?	1a	No
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for 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	1b	No
c Did the foundation file Form 1120-POL for this year?	1c	No
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation ▶ \$ _____ (2) On foundation managers ▶ \$ _____		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ▶ \$ _____		
2 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	2	No
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	No
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	No
b If "Yes," has it filed a tax return on Form 990-T for this year?	4b	
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T	5	No
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	Yes
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	7	Yes
8a Enter 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 .	8b	Yes
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes," complete Part XIV	9	Yes
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10	No

Part VII-A Statements Regarding Activities (continued)

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		No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address WWW 20MM ORG	13	Yes	
14	The books are in care of KARLIN ASSET MANAGEMENT Telephone no (310) 806-9700			

Located at **11755 WILSHIRE BOULEVARD SUITE 140 LOS ANGELES CA**ZIP+4 **90025**

15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year 15			
16	At any time during calendar year 2016, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). If "Yes," enter the name of the foreign country ▶	16	Yes	No

Part 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.**

1a	During the year did the foundation (either directly or indirectly)		Yes	No
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(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)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? <input type="checkbox"/> Organizations relying on a current notice regarding disaster assistance check here. <input type="checkbox"/>	1b		
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? <input type="checkbox"/>	1c		No
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
a	At the end of tax year 2016, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2016? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ▶ 20____, 20____, 20____, 20____			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see instructions). <input type="checkbox"/>	2b		
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here ▶ 20____, 20____, 20____, 20____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2016). <input type="checkbox"/>	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
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?	4b		No

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (Continued)

5a During the year did the foundation pay or incur any amount to (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (3) Provide a grant to an individual for travel, study, or other similar purposes? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 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)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Organizations relying on a current notice regarding disaster assistance check here. ▶ <input type="checkbox"/> c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," attach the statement required by Regulations section 53.4945–5(d)	5b		
6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes" to 6b, file Form 8870	6b		No
7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7b		

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).				
(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
Gary K Michelson M D 11755 WILSHIRE BOULEVARD STE 1400 LOS ANGELES, CA 90025	DIRECTOR 1 0	0	0	0
PHIL KIM 11755 WILSHIRE BOULEVARD STE 1400 LOS ANGELES, CA 90025	PRESIDENT 40 0	0	0	0
DAVID COHEN 11755 WILSHIRE BOULEVARD STE 1400 LOS ANGELES, CA 90025	CFO AND SECRETARY 1 0	0	0	0
2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."				
(a) Name and address of each employee paid more than \$50,000	Title, and average hours per week (b) devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
MAYRA LOMBERA 595 E COLORADO BLVD STE 602 PASADENA, CA 91101	DEVELOPMENT DIRECTOR 40 0	85,000	16,402	0
FIDEL MAHANGEL 595 E COLORADO BLVD STE 602 PASADENA, CA 91101	ASSOCIATE 40 0	55,250	13,730	0
Total number of other employees paid over \$50,000. ▶				0

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)
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
WORDS & NUMBERS INC 2050 ROCKROSE AVENUE BALTIMORE, MD 21211	CONSULT /PUBLISHING	85,675
Total number of others receiving over \$50,000 for professional services. ►		0

Part IX-A Summary of Direct Charitable Activities

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.

	Expenses
1 FUND AND SUPPORT THE CREATION, MARKETING AND ADOPTION OF LEARNING RESOURCES AT NO COST TO LEARNERS AND EXIST UNDER A FLEXIBLE LICENSE FOR REUSE AND REPURPOSING	305,574
2 SUPPORT ORGANIZATIONS AND INITIATIVES THAT ARE HELPING TO BRIDGE THE SKILLS GAP AND CREATE A WORKFORCE FOR TODAY'S INFORMATION ECONOMY	135,393
3 SUPPORT ORGANIZATIONS AND INITIATIVES SEEKING TO REFORM HISTORICALLY INEFFECTIVE REMEDIAL EDUCATION PRACTICES	152,728
4 SUPPORT INNOVATIVE ONLINE DELIVERY MODELS THAT DEFY THE TRADITIONAL CONSTRAINTS OF HIGHER EDUCATION AND SEEK TO PROVIDE UNDERSERVED STUDENT POPULATIONS WITH HIGHER ED	135,393

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 CONV NOTE - MOTOMATIC - AUTOMATIC MOTIVATIONAL SUPPORT SYSTEM THAT IMPROVES OUTCOMES FOR STUDENTS IN HIGHER EDUCATION	100,000
2 CONV NOTE - REUP - PARTNER WITH COLLEGES AND UNIVERSITIES TO FIND STUDENTS WITH SOME COLLEGE AND NO DEGREE TO RE-ENROLL AND GRADUATE	50,000
All other program-related investments See instructions	
3 	50,000
Total. Add lines 1 through 3 ►	200,000

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, 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.	1a	0
b	Average of monthly cash balances.	1b	134,042
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	134,042
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	1e	
2	Acquisition indebtedness applicable to line 1 assets.	2	0
3	Subtract line 2 from line 1d.	3	134,042
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	2,011
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	132,031
6	Minimum investment return. Enter 5% of line 5.	6	6,602

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☒ and do not complete this part.)

1	Minimum investment return from Part X, line 6.	1	
2a	Tax on investment income for 2016 from Part VI, line 5.	2a	
b	Income tax for 2016 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	
4	Recoveries of amounts treated as qualifying distributions.	4	
5	Add lines 3 and 4.	5	
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	

Part XII 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	629,585
b	Program-related investments—total from Part IX-B.	1b	200,000
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.	2	0
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required).	3a	0
b	Cash distribution test (attach the required schedule).	3b	0
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4.	4	829,585
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	
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	829,585

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

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				0
2 Undistributed income, if any, as of the end of 2016				
a Enter amount for 2015 only.			0	
b Total for prior years 2014, 2013, 2012		0		
3 Excess distributions carryover, if any, to 2016				
a From 2011.				
b From 2012.				
c From 2013.				
d From 2014.				
e From 2015.				0
f Total of lines 3a through e.	0			
4 Qualifying distributions for 2016 from Part XII, line 4 ▶ \$				
a Applied to 2015, but not more than line 2a			0	
b Applied to undistributed income of prior years (Election required—see instructions).				
c Treated as distributions out of corpus (Election required—see instructions).				
d Applied to 2016 distributable amount.				
e Remaining amount distributed out of corpus	0			
5 Excess distributions carryover applied to 2016 (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	0			
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.				
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 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 may be required - see instructions).				
8 Excess distributions carryover from 2011 not applied on line 5 or line 7 (see instructions).				
9 Excess distributions carryover to 2017. Subtract lines 7 and 8 from line 6a	0			
10 Analysis of line 9				
a Excess from 2012.				
b Excess from 2013.				
c Excess from 2014.				
d Excess from 2015.				
e Excess from 2016.	0			

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2016, enter the date of the ruling. **2012-09-05**

b Check box to indicate whether the organization is a private operating foundation described in section ☒ 4942(j)(3) or ☐ 4942(j)(5)

2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed

Tax year	Prior 3 years			(e) Total
(a) 2016	(b) 2015	(c) 2014	(d) 2013	
15	13	23	13,106	13,157
13	11	20	11,140	11,184
829,585	790,267	1,185,634	1,111,721	3,917,207
	8,600	50,197		58,797
829,585	781,667	1,135,437	1,111,721	3,858,410
				0
4,401	3,838	7,617	8,737	24,593
				0
				0
				0
				0

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 alternative test relied upon

a "Assets" alternative test—enter

(1) Value of all assets

(2) Value of assets qualifying under section 4942(j)(3)(B)(i) **0**

b "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed.

c "Support" alternative test—enter

(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) **0**

(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii). **0**

(3) Largest amount of support from an exempt organization **0**

(4) Gross investment income **0**

Part XV Supplementary Information (Complete this part only if the organization had \$5,000 or more in assets at any time during the year—see instructions.)

1 Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2))

GARY K MICHELSON MD

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

NONE

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here ☐ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d

a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed

MAYRA LOMBERA
11755 WILSHIRE BLVD SUITE 1400
LOS ANGELES, CA 90025
(310) 806-9700

b The form in which applications should be submitted and information and materials they should include

GRANT-SEEKING ORGANIZATIONS CAN SEND AN EMAIL THROUGH THE MICHELSON 20MM FOUNDATION, INC WEBSITE, WWW 20MM ORG AFTER AN INITIAL CONVERSATION, THE MICHELSON 20MM FOUNDATION, INC MAY EXTEND AN INVITATION TO FORMALLY SUBMIT AN APPLICATION IN THE CASE WHERE THE MICHELSON 20MM FOUNDATION, INC PUTS OUT A REQUEST FOR PROPOSAL (RFP), THE APPLICATION WILL LIKELY BE INCLUDED AS PART OF THE RFP PACKAGE REQUESTED MATERIALS MAY VARY, BUT THE MICHELSON 20MM FOUNDATION, INC WILL LIKELY ASK FOR FINANCIALS, A PRESENTATION DECK, REFERENCES (EXISTING FUNDERS OR INVESTORS), AND ANY PARTICULARS AROUND THE ORGANIZATION'S INITIATIVE, PROJECT, OR PRODUCT

c Any submission deadlines

N/A

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

THE MICHELSON 20MM FOUNDATION, INC FUNDS U S ORGANIZATIONS OR COMPANIES PRIMARILY IN THE HIGHER EDUCATION SPACE WHICH LEVERAGE LEADING-EDGE TECHNOLOGIES PARTICULARLY FOR THE PURPOSE OF INCREASING AFFORDABILITY OF EDUCATION FOR TRADITIONALLY UNDERSERVED COMMUNITIES

Part XV **Supplementary Information** (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
Total			▶ 3a	
b <i>Approved for future payment</i>				
Total			▶ 3b	

Enter gross amounts unless otherwise indicated

Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
1 Program service revenue					
a _____					
b _____					
c _____					
d _____					
e _____					
f _____					
g Fees and contracts from government agencies					
2 Membership dues and assessments.					
3 Interest on savings and temporary cash investments			14	15	
4 Dividends and interest from securities.					
5 Net rental income or (loss) from real estate					
a Debt-financed property.					
b Not debt-financed property.					
6 Net rental income or (loss) from personal property					
7 Other investment income.					
8 Gain or (loss) from sales of assets other than inventory			18	-1,752	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue a _____					
b _____					
c _____					
d _____					
e _____					
12 Subtotal Add columns (b), (d), and (e).				-1,737	
13 Total. Add line 12, columns (b), (d), and (e).			13		-1,737

(See worksheet in line 13 instructions to verify calculations)

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

[illegible]

Part XVII

- | | | |
|---|----|----|
| c Sharing of facilities, equipment, mailing lists, other assets, or paid employees. | 1c | No |
|---|----|----|

[illegible]

- described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☒ Yes ☐ No

- | b If "Yes," complete the following schedule | | |
|---|--------------------------|---------------------------------|
| (a) Name of organization | (b) Type of organization | (c) Description of relationship |
| FOUND ANIMALS | 501(C)(4) | SAME FOUNDER |
| | | |
| | | |
| | | |

**Sign
Here**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

May the IRS discuss this return with the preparer shown below
(see instr)? ☒ Yes ☐ No

**Paid
Preparer
Use Only**

Print/Type preparer's name Stephanie Wilkinson	Preparer's Signature	Date	Check if self-employed ► <input type="checkbox"/>	PTIN P01231617
Firm's name ► HOLTHOUSE CARLIN & VAN TRIGT LLP				Firm's EIN ►
Firm's address ► 3011 TOWNSGATE ROAD SUITE 400 WESTLAKE VILLAGE, CA 91361				Phone no (805) 374-8555

TY 2016 Accounting Fees Schedule**Name:** THE MICHELSON 20MM FOUNDATION INC**EIN:** 27-2898736

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING FEES	5,634	0	0	5,634

TY 2016 All Other Program Related Investments Schedule**Name:** THE MICHELSON 20MM FOUNDATION INC**EIN:** 27-2898736

Category	Amount
CONV. NOTE - PRAGYA - HIGHER EDUCATION TECHNOLOGY TO SIMPLIFY THE FLOW OF INFORMATION ON AND OFF CAMPUS.	25,000
LRNR (POCHYS VENTURES INC.)- SUPPORT CONTENT ALIGNED WITH ASSESSMENT AND A FOCUS ON OPEN EDUCATIONAL RESOURCES.	25,000

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2016 Depreciation Schedule

Name: THE MICHELSON 20MM FOUNDATION INC

EIN: 27-2898736

Description of Property	Date Acquired	Cost or Other Basis	Prior Years' Depreciation	Computation Method	Rate / Life (# of years)	Current Year's Depreciation Expense	Net Investment Income	Adjusted Net Income	Cost of Goods Sold Not Included
FURNITURE	2010-11-17	5,588	4,057	SL	7	798			
COMPUTER EQUIPMENT	2010-11-10	1,338	1,338	SL	5				
WEBSITE COSTS	2012-02-01	1,250	1,250	SL	3				
FURNITURE	2011-10-04	1,584	961	SL	7	226			
WEBSITE COSTS	2012-02-01	6,310	6,310	SL	3				
COMPUTER EQUIPMENT	2011-08-01	1,060	936	SL	5	124			
TELEPHONE SYSTEM	2011-11-15	5,494	4,579	SL	5	915			
FURNITURE	2012-07-20	729	355	SL	7	104			
DIGITAL PUBLISHING	2012-08-16	4,750	4,750	SL	3				
DIGITAL PUBLISHING	2012-08-16	12,700	12,700	SL	3				
FURNITURE	2013-11-15	8,098	2,507	SL	7	1,157			
WEBSITE COSTS	2013-09-15	32,575	25,335	SL	3	7,240			
DIGITAL PUBLISHING	2013-09-26	8,000	6,001	SL	3	1,999			
COMPUTER EQUIPMENT	2013-11-11	4,779	2,071	SL	5	956			
COMPUTER EQUIPMENT	2013-03-05	5,026	2,848	SL	5	1,005			
FURNITURE	2014-02-07	832	228	SL	7	119			
COMPUTER EQUIPMENT	2014-05-05	689	230	SL	5	138			
COMPUTER EQUIPMENT	2015-02-25	875	146	SL	5	175			
OFFICE EQUIPMENT	2015-11-16	1,094	13	SL	7	156			
COMPUTER EQUIPMENT	2016-02-17	1,909		SL	5	318			

Description of Property	Date Acquired	Cost or Other Basis	Prior Years' Depreciation	Computation Method	Rate / Life (# of years)	Current Year's Depreciation Expense	Net Investment Income	Adjusted Net Income	Cost of Goods Sold Not Included
COMPUTER EQUIPMENT	2016-12-31	1,016		SL	5				

TY 2016 Employee Compensation Explanation**Name:** THE MICHELSON 20MM FOUNDATION INC**EIN:** 27-2898736

Employee	Explanation
MAYRA LOMBERA	SEE ATTACHMENT 16
FIDEL MAHANGEL	SEE ATTACHMENT 16

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2016 Expenditure Responsibility Statement

Name: THE MICHELSON 20MM FOUNDATION INC

EIN: 27-2898736

Grantee's Name	Grantee's Address	Grant Date	Grant Amount	Grant Purpose	Amount Expended By Grantee	Any Diversion By Grantee?	Dates of Reports By Grantee	Date of Verification	Results of Verification
MOTIMATIC	540 Howard Street San Francisco, CA 94105	2016-08-12	100,000	Automatic motivational support system THAT IMPROVES OUTCOMES FOR STUDENTS IN HIGHER ED	100,000	NO	08/18/2017	2017-08-18	VERIFICATION CONFIRMED THAT \$100,000 WAS SPENT TOWARD THE INVESTMENT PURPOSE WITH NO DIVERSION
REUP EDUCATION INC	44 TEHAMA STREET SAN FRANCISCO , CA 94105	2016-08-11	50,000	PARTNER WITH UNIV TO FIND STUDENTS WITH SOME COLLEGE AND NO DEGREE TO RE-ENROLL AND GRADUATE	50,000	NO	07/18/2017	2017-07-18	VERIFICATION CONFIRMED THAT \$50,000 WAS SPENT TOWARD THE INVESTMENT PURPOSE WITH NO DIVERSION
PRAGYA SYSTEMS CORP	One Broadway 14th Floor Cambridge, MA 02142	2016-08-01	25,000	HIGHER EDUCATION TECHNOLOGY TO SIMPLIFY THE FLOW OF INFORMATION ON AND OFF CAMPUS	25,000	NO	07/18/2017	2017-07-18	VERIFICATION CONFIRMED THAT \$25,000 WAS SPENT TOWARD THE INVESTMENT PURPOSE WITH NO DIVERSION
LRNR (POCHYS VENTURES INC)	47 SHOAL DR E VALLEJO, CA 94591	2016-08-03	25,000	SUPPORT CONTENT ALIGNED WITH ASSESSMENT AND A FOCUS ON OPEN EDUCATIONAL RESOURCES	25,000	NO	11/06/2017	2017-11-06	VERIFICATION CONFIRMED THAT \$25,000 WAS SPENT TOWARD THE INVESTMENT PURPOSE WITH NO DIVERSION

TY 2016 Land, Etc. Schedule

Name: THE MICHELSON 20MM FOUNDATION INC

EIN: 27-2898736

Category / Item	Cost / Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value
FURNITURE	5,588	4,855	733	
COMPUTER EQUIPMENT	1,338	1,338		
WEBSITE COSTS	1,250	1,250		
FURNITURE	1,584	1,187	397	
WEBSITE COSTS	6,310	6,310		
COMPUTER EQUIPMENT	1,060	1,060		
TELEPHONE SYSTEM	5,494	5,494		
FURNITURE	729	459	270	
DIGITAL PUBLISHING	4,750	4,750		
DIGITAL PUBLISHING	12,700	12,700		
FURNITURE	8,098	3,664	4,434	
WEBSITE COSTS	32,575	32,575		
DIGITAL PUBLISHING	8,000	8,000		
COMPUTER EQUIPMENT				
COMPUTER EQUIPMENT	5,026	3,853	1,173	
FURNITURE	832	347	485	
COMPUTER EQUIPMENT	689	368	321	
COMPUTER EQUIPMENT	875	321	554	
OFFICE EQUIPMENT	1,094	169	925	
COMPUTER EQUIPMENT	1,909	318	1,591	
COMPUTER EQUIPMENT	1,016		1,016	

TY 2016 Legal Fees Schedule**Name:** THE MICHELSON 20MM FOUNDATION INC**EIN:** 27-2898736

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
LEGAL FEES	13,332	0	0	13,332

TY 2016 Other Assets Schedule**Name:** THE MICHELSON 20MM FOUNDATION INC**EIN:** 27-2898736**Other Assets Schedule**

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
DEPOSIT	2,625	2,625	2,625
WEBSITE	0	33,500	33,500
CONV NOTE - MOTOMATIC - PRI	0	100,000	100,000
CONV NOTE - REUP - PRI	0	50,000	50,000
CONV NOTE - PRAGYA - PRI	0	25,000	25,000
LRNR (POCHYS VENTURES INC) PRI	0	25,000	25,000

TY 2016 Other Expenses Schedule**Name:** THE MICHELSON 20MM FOUNDATION INC**EIN:** 27-2898736**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
DUES & SUBSCRIPTIONS	9,539	0	0	9,539
PARKING	9,235	0	0	9,235
TELEPHONE	1,589	0	0	1,589
POSTAGE & DELIVERY	417	0	0	417
INSURANCE	2,227	0	0	2,227
OFFICE EXPENSE	1,780	0	0	1,780
MISCELLANEOUS EXPENSES	21,348	0	0	21,348
MEALS	12,989	0	0	9,892
MARKETING EXPENSE	17,670	0	0	17,670
PROGRAM EXPENSES	213,088	0	0	213,088

Other Expenses Schedule

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INFORMATION TECHNOLOGY	5,194	0	0	5,194
ACCRUAL TO CASH ADJUSTMENT				-73,579
REVERSAL OF PRIOR YEAR ACCRUAL				
TO CASH ADJUSTMENT				3,532

TY 2016 Other Liabilities Schedule**Name:** THE MICHELSON 20MM FOUNDATION INC**EIN:** 27-2898736

Description	Beginning of Year - Book Value	End of Year - Book Value
DEPOSIT	250	250

TY 2016 Other Professional Fees Schedule**Name:** THE MICHELSON 20MM FOUNDATION INC**EIN:** 27-2898736

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
CONSULTING FEES	29,463	0	0	29,463

TY 2016 Taxes Schedule**Name:** THE MICHELSON 20MM FOUNDATION INC**EIN:** 27-2898736

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
CALIFORNIA FILING FEES	85	0	0	85

Schedule B (Form 990, 990-EZ, or 990-PF) <small>Department of the Treasury Internal Revenue Service</small>	Schedule of Contributors ▶ Attach to Form 990, 990-EZ, or 990-PF ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at <u>www.irs.gov/form990</u>	OMB No 1545-0047 2016
	Name of the organization THE MICHELSON 20MM FOUNDATION INC	Employer identification number 27-2898736

Organization type (check one)

Filers of:	Section:
Form 990 or 990-EZ	<input type="checkbox"/> 501(c)() (enter number) organization
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not treated as a private foundation
	<input type="checkbox"/> 527 political organization
Form 990-PF	<input checked="" type="checkbox"/> 501(c)(3) exempt private foundation
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation
	<input type="checkbox"/> 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.
Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions

General Rule

☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year. . . . ▶ \$

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization THE MICHELSON 20MM FOUNDATION INC	Employer identification number 27-2898736
--	---

Part I	Contributors (see instructions) Use duplicate copies of Part I if additional space is needed		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Gary K Michelson MD 11755 WILSHIRE BLVD STE 1400 LOS ANGELES, CA 90025	\$ 750,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
-		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
-		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
-		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
-		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
-		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
-		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
-		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)

Employer identification number

27-2898736

Part II	Noncash Property
---------	------------------

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

Name of organization THE MICHELSON 20MM FOUNDATION INC	Employer identification number 27-2898736
--	---

Part III	Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$ _____ Use duplicate copies of Part III if additional space is needed
-----------------	--

(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 ZIP 4	Relationship of transferor to transferee	
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	