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Form **990-PF**Department of the Treasury

Internal Revenue Service

Return of Private Foundation

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

► Do not enter social security numbers on this form as it may be made public.

Information about Form 990-PF and its separate instructions is at www.lrs.gov/form990pf.

2016

For calendar year 2016 or tax year beginning and ending Name of foundation A Employer identification number ALLISON AND ROBERT PRICE FAMILY FOUNDATION 45-4408737 Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number 7777 FAY AVENUE, SUITE 300 (858) 558-9200 City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here LA JOLLA, CA 92037 G Check all that apply: Initial return Initial return of a former public charity D 1, Foreign organizations, check here Final return Amended return 2. Foreign organizations meeting the 85% test, check here and attach computation Address change Name change Section 501(c)(3) exempt private foundation Check type of organization: E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation under section 507(b)(1)(A), check here I Fair market value of all assets at end of year J Accounting method: Accrual If the foundation is in a 60-month termination (from Part II, col. (c), line 16) Other (specify) under section 507(b)(1)(B), check here 586, 217. (Part I, column (d) must be on cash basis.) ▶\$ Part | Analysis of Revenue and Expenses (d) Disbursements for charitable purposes (cash basis only) (a) Revenue and (b) Net investment (c) Adjusted net (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) expenses per books ıncome ıncome 1 Contributions, gifts, grants, etc., received 1,000,000 N/A 2 Check if the foundation is not required to attach Sch B Interest on savings and temporary cash investments 69. 69. STATEMENT 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 b Gross sales price for all assets on line 8a 8 0. 7 Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain Income modifications OGDEN, U 10a Gross sales less returns and allowances b Less Cost of goods sold c Gross profit or (loss) 11 Other income 1,000,069. 69. 12 Total. Add lines 1 through 11 27,000. 675. 26,325. 13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees 1,475 37. 1,438. **b** Accounting fees STMT 2 c Other professional fees 17 Interest 18 Taxes STMT 3 160 0. 160. 19 Depreciation and depletion 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses Operating 24 Total operating and administrative 28,635 712. expenses. Add lines 13 through 23 27,923. 1,471,073 25 Contributions, gifts, grants paid 471,073 26 Total expenses and disbursements. 712 1,499,708 498.996. Add lines 24 and 25 27 Subtract line 26 from line 12: -49<u>9,639</u> 2 Excess of revenue over expenses and disbursements 0 b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) N/A

623501 11-23-16 LHA For Paperwork Reduction Act Notice, see instructions.

6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30		586,217.
O Table at a safe and feel are a standard and a standard and standard		FOC 217
5 Decreases not included in line 2 (itemize) ▶	5	0.
4 Add lines 1, 2, and 3	4	<u>586,217.</u>
3 Other increases not included in line 2 (itemize) ▶		0.
2 Enter amount from Part I, line 27a	2	<u>-499,639.</u>
(must agree with end-of-year figure reported on prior year's return)	1	<u>1,085,856.</u>
1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30		

Form **990-PF** (2016)

		nd(s) of property solo or common stock, 20			(0) D	How ac - Purc - Dona	hase ation		acquired day, yr.)	(d) Date sold (mo., day, yr.)
1a						_				
b NOI	VE.	· · · · · · · · · · · · · · · · · · ·								
С					<u> </u>					
d				_						
<u>e</u>					٫ـــــــــــــــــــــــــــــــــــــ					<u> </u>
(e) Gross sales price	(f) D	epreciation allowed (or allowable)		st or other basis expense of sale					ain or (loss s (f) minus	
a										
b										
C										
d										
e										
Complete only for assets showing	g gain in d	column (h) and owne	 						Col. (h) gain	
(i) F.M.V. as of 12/31/69		i) Adjusted basis as of 12/31/69		col. (j), if any			COI	Losses	not less tha (from col. (n -0-) or (h))
a										
b										
<u> </u>										
d										
e										
Capital gain net income or (net cap	oital loss)	If gain, also	enter in Part I, line ter -0- in Part I, line	7	}	2				
, , ,	•	•		· -	7					
Net short-term capital gain or (loss If gain, also enter in Part I, line 8, c			(5) and (6):]					
If /lace \ catego \ \ \text{catego \ \text{O} \ O	•	<i>,</i> -								
or optional use by domestic private	nder Se	ection 4940(e)					nent Inc	ome		
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ALLISON AND ROBERT PRICE FAMILY

	990-PF (2016) FOUNDATION t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(c)			40873 see insti		Page 4
1a E	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.	Ĭ T				
	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 and enter 1%	} L	1			0.
(of Part I, line 27b					
c /	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).	J				
2 7	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		2			0.
3 /	Add lines 1 and 2		3			0.
4 8	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<u> </u>	4			0.
5 1	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	<u></u>	5			0.
6 (Credits/Payments:					
a 2	2016 estimated tax payments and 2015 overpayment credited to 2016 6a 6a					
b E	Exempt foreign organizations - tax withheld at source 6b					
c 7	Tax paid with application for extension of time to file (Form 8868)					
d E	Backup withholding erroneously withheld 6d 6d					_
7	Total credits and payments. Add lines 6a through 6d	_	7			0.
8 E	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached		8			
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	· -	9			0.
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	▶ _	10			
	Enter the amount of line 10 to be: Credited to 2017 estimated tax	ided 🚩	11			
	t VII-A Statements Regarding Activities				157	TAT-
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or	intervene in		-	Yes	
	any political campaign?			<u> 1a</u>	-	X
	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the			16	┼	X
	lf the answer is "Yes" to 1a or 1b , attach a detailed description of the activities and copies of any material	s published	l or			
	distributed by the foundation in connection with the activities.				1	
	Did the foundation file Form 1120-POL for this year?			<u>1c</u>	-	X_
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:	_				
	(1) On the foundation. ▶ \$ 0. (2) On foundation managers. ▶ \$	0.				
	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation	tion				
	managers.▶\$0.					
	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2	+	<u> </u>
	If "Yes," attach a detailed description of the activities					
	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorp	oration, or				3.5
	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?		B7 /	- 4a	+	X
	If "Yes," has it filed a tax return on Form 990-T for this year?		N/	l l	+	X
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5	+-	 ^
	If "Yes," attach the statement required by General Instruction T.					
	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:					
	■ By language in the governing instrument, or	the etete le	147		1	İ
	 By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with 	i lile State la	N	6	x	
	remain in the governing instrument?	/ Dort VI/		7	X	
7 L	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			+^	
0	Inter the states to which the foundation reports or with which it is registered (see instructions)					
	Enter the states to which the foundation reports or with which it is registered (see instructions)				Ì	1
_	CA f the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designat	۵۱				
	of each state as required by General Instruction G? If "No," attach explanation	٠,		86	x	
	is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5).	S) for caland	ar	00	+^	
	s the fourtidation claiming status as a private operating fourtidation within the meaning of section 4542(j)(3) of 4542(j)(3) /ear 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes," complete Part XIV	ין וטו טמוטוועו	41	9		x
	Did any persons become substantial contributors during the tax year? it "Yes," attach a schedule listing their names and address			10	+	X
10 L	any persons become substantial continuitions during the tax year. If "Yes," attach a schedule listing their names and address	505		Form 9 9	O-PE	

Pa	art VII-A Statements Regarding Activities (continued)			
			Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			
	If "Yes," attach statement (see instructions)	12		<u>X</u>
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13_	X	
	Website address ► N/A			
14	The books are in care of ► ROBERT E. PRICE Telephone no. ►858-55			
	Located at ► 7777 FAY AVENUE, SUITE 300, LA JOLLA, CA ZIP+4 ►92	037		
15		**	. , ₃►	· []
	and enter the amount of tax-exempt interest received or accrued during the year		/A Yes	No
16	, ,	46	105	X
	securities, or other financial account in a foreign country?	16	L	
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country			
Pá	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1 <i>a</i>	During the year did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?		İ	
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	ĺ		
	(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)?	İ	İ	
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			
	If the foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days.) Yes X No			
	of fany answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	1b		x
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance check here	10		
	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?	1c		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)):		ļ	
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? Yes X No			
	If "Yes," list the years	1		
t	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.) N/A	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.			
_	<u> </u>		}	
3a	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	1		
	• •			
0	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.) N/A	3ь		
42	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
	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		<u>x</u> _
		rm 99 0)-PF	(2016)

ALLISON AND ROBERT PRICE FAMILY 45-4408737 Form 990-PF (2016) FOUNDATION Page 6 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: Yes X No (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? (2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, Yes X No any voter registration drive? Yes X No (3) Provide a grant to an individual for travel, study, or other similar purposes? (4) Provide a grant to an organization other than a charitable, etc., organization described in section Yes X No 4945(d)(4)(A)? (see instructions) (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for Yes X No 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 N/A 5b section 53.4945 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance check here c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained Yes No expenditure responsibility for the grant? N/A If "Yes," attach the statement required by Regulations section 53.4945-5(d). 6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on Yes X No a personal benefit contract? 6b X b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870. Yes X No 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? 7b b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? N/APart VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1 List all officers, directors, trustees, foundation managers and their compensation. (d) Contributions to employee benefit plans and deferred compensation (c) Compensation (b) Title, and average (e) Expense account, other hours per week devoted to position (If not paid, enter -0-) (a) Name and address allowances ROBERT E. PRICE PRESIDENT 7777 FAY AVENUE, SUITE 300 0.50 0 0 0. LA JOLLA, CA 92037 ALLISON PRICE VICE-PRESIDENT 7777 FAY AVENUE, SUITE 0 LA JOLLA, CA 92037 0.50 Ο. 0. REBECCA BREWER SECRETARY/TREASURER 7777 FAY AVENUE, SUITE 300 10.00 27,000. 0. 0. LA JOLLA, CA 92037 2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (d) Contributions to employee benefit plans and deferred (b) Title, and average (e) Expense account, other (a) Name and address of each employee paid more than \$50,000 hours per week (c) Compensation devoted to position allowances NONE

Form **990-PF** (2016)

Total number of other employees paid over \$50,000

623561 11-23-16

Total, Add lines 1 through 3

Form **990-PF** (2016)

45-4408737 Form 990-PF (2016) FOUNDATION Page 8 Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.) 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 b Average of monthly cash balances 1b c Fair market value of all other assets 1c 491,092. d Total (add lines 1a, b, and c) 1d e Reduction claimed for blockage or other factors reported on lines 1a and 0. 1c (attach detailed explanation) 1e 2 Acquisition indebtedness applicable to line 1 assets 491,092. Subtract line 2 from line 1d 3 7.366. Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) 4 483,726. Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 5 Minimum investment return. Enter 5% of line 5 24.186. 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.) 24,186. Minimum investment return from Part X, line 6 Tax on investment income for 2016 from Part VI, line 5 Income tax for 2016. (This does not include the tax from Part VI.) c Add lines 2a and 2b 2c 3 Distributable amount before adjustments. Subtract line 2c from line 1 Recoveries of amounts treated as qualifying distributions 4 5 Add lines 3 and 4 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 Part XII Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: 1,498,996. a Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 1a b Program-related investments - total from Part IX-B 1b Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes 2 Amounts set aside for specific charitable projects that satisfy the: a Suitability test (prior IRS approval required) 3a b Cash distribution test (attach the required schedule) 3b 1,498,996. 4 Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

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

Form **990-PF** (2016)

1,498.

6

income. Enter 1% of Part I, line 27b

Adjusted qualifying distributions. Subtract line 5 from line 4

4940(e) reduction of tax in those years.

45-4408737 Page 9

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				24,186.
2 Undistributed income, if any, as of the end of 2016				227200
a Enter amount for 2015 only			0.	
b Total for prior years:				
,,		0.		
3 Excess distributions carryover, if any, to 2016:				
a From 2011				
b From 2012 471,498.				
c From 2013 807, 283.				
d From 2014 715, 417.		1		
e From 2015 1,162,369.	2 456 565			
f Total of lines 3a through e	3,156,567.			
4 Qualifying distributions for 2016 from				
Part XII, line 4: ▶\$ 1,498,996.			0.	
a Applied to 2015, but not more than line 2a			U •	
b Applied to undistributed income of prior		0.		
years (Election required - see instructions)				
c Treated as distributions out of corpus	0.			
(Election required - see instructions)	U •			24,186.
d Applied to 2016 distributable amount e Remaining amount distributed out of corpus	1,474,810.			24,100
·	0.			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	4,631,377.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		·
c Enter the amount of prior years'				
undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2015. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2016. Subtract				
lines 4d and 5 from line 1. This amount must			-	
be distributed in 2017				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)	0.			
8 Excess distributions carryover from 2011				
not applied on line 5 or line 7	0.			-
9 Excess distributions carryover to 2017.				
Subtract lines 7 and 8 from line 6a	4,631,377.	···		
10 Analysis of line 9:				
a Excess from 2012 471, 498.				
b Excess from 2013 807, 283.				
c Excess from 2014 715, 417.				
d Excess from 2015 1,162,369.				
e Excess from 2016 1,474,810.	l			Form 990-PF (2016)

623581 11-23-16

623601 11-23-16

	HELLOON MID	-
orm 990-PF (2016	FOUNDATION	

Part XV Supplementary Information	(continued)			
3 Grants and Contributions Paid During the Y	ear or Approved for Future	Payment		
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	CONTINUUTON	, unoque
a Paid during the year				
GRANTS (SEE ATTACHED)	NONE	PC	GENERAL	
7777 FAY AVENUE, SUITE 300				
LA JOLLA, CA 92037				1,471,073,
			1	
		-	 	
Ţ.,	<u> </u>	<u> </u>		
Total b Approved for future payment	Ţ <u>-</u>	 	<u>▶</u> 3a	1,471,073.
b Approved for lattire payment				
NONE				
				
· · · · · · · · · · · · · · · · · · ·				
Total			▶ 3b	0.
			F	orm 990-PF (2016)

623611 11-23-16

Form 990-PF (2016)

FOUNDATION

45~4408737 Page 12

r gross amounts unless otherwise indicated.	Unrelated	business income		ded by section 512, 513, or 514	(e)
	(a) Business	(b) Amount	Exclu- sion	(d) Amount	Related or exempt function income
Program service revenue:	code		code	Amount	1011011011111001110
					
	1		<u> </u>		
			- 		
Fees and contracts from government agencies	_				
Membership dues and assessments			1		
nterest on savings and temporary cash					
nvestments			14	69.	
Dividends and interest from securities					_
Net rental income or (loss) from real estate:					
Debt-financed property					
Not debt-financed property					
let rental income or (loss) from personal					
property					
Other investment income					
Gain or (loss) from sales of assets other					
han inventory		<u></u>			
let income or (loss) from special events					
Gross profit or (loss) from sales of inventory					
Other revenue:					
·					
	l L				
·					<u></u>
·					
Subtotal. Add columns (b), (d), and (e)		0			
otal. Add line 12, columns (b), (d), and (e)				13	6
worksheet in line 13 instructions to verify calculation art XVI-B Relationship of Activities		mplishment of E	Exemp	t Purposes	.
e No. Explain below how each activity for which the foundation's exempt purposes (other to the foundation's exempt purposes (other to the foundation's exempt purposes).	income is reported in than by providing fun	column (e) of Part XVI ds for such purposes).	-A contrib	outed importantly to the accomp	olishment of

Form 99	0-PF (2	2016) FOUND	ATION						45-	4408737	7 Pa	age 13
Part :	XVII	Information Re Exempt Organ		sfers To a	and Trans	actions a	and R	elations	ships With No	ncharitabl	е	
1 Did	the or	ganization directly or indi	rectly engage in any	of the following	g with any oth	ner organization	on descr	ibed in sec	tion 501(c) of		Yes	No
		other than section 501(c			-	-			. ,			
		from the reporting found]
	Cash	, -		•	-					1a(1)		X
(2)	Other	assets								1a(2)		X
b Oth	er tran	sactions:										
(1)	Sales	of assets to a noncharita	ble exempt organiza	ation						16(1)		X
		nases of assets from a no								1b(2)		X
		of facilities, equipment,								1b(3)		X
		bursement arrangements								1b(4)		X
		s or loan guarantees								1b(5)		Х
		rmance of services or me	embership or fundra	ısina solıcıtatıo	ns					1b(6)		X
		f facilities, equipment, ma								1c		X
		ver to any of the above is				(b) should al	wavs sho	ow the fair	market value of the o	oods, other as	sets.	
		s given by the reporting fo									•	
) the value of the goods,										
(a) Line n	0	(b) Amount involved	(c) Name o	f noncharitable	exempt organ	nization	(0) Description	n of transfers, transactio	ns, and sharing a	rrangeme	nts
				N/A								
				<u> </u>	·							
			<i>~</i>									
									<u></u>			
		· — · · · · · · · · · · · · · · · · · ·										
		·	<u> </u>	 								
		ndation directly or indirect				xempt organi	izations (described				л
		501(c) of the Code (other		:)(3)) or in sect	ion 527?					Yes	LX	☐ No
<u>p 11.7</u>	es, co	mplete the following sch			- ·				(1) D	lata a sala sa		
	_	(a) Name of org	janization		(b) Type of	organization	ļ		(c) Description of re	lationship		
		N/A										
		 					 					
		 -		 -	·							
		- 										——
	Linder	penalties of perjury, I declare	that I have examined th	e return, includin	a accompanying	schedules and	statemen	te and to the	hest of my knowledge			
Sign		olief, it is true, correct, and con								May the IRS return with the	ne prepar	rer I
Here		(20)			14/	2/12			m 3 D 37	s <u>hown</u> belov	(see ins	str)?
	Sign	ature of officer or trustee				<u> </u>	Titl	SECRE	TARY	_ X Yes	`	J No
	July			Draparar'a cu	Date			 -	Check if	PTIN		
		Print/Type preparer's na	1111 0	Preparer's si	yriaiul 6 /		Date	2027	self- employed	: : : : 114		
Paid		אאסטי אי די	እጠንሮችፕታ	ILL O	. \wedge	MAR	2 4	2017	Jon Uniployed	DUUJJ	105	
Prepa	rer	MARK W. LI		NVOV.	 		Ь		Firm's EIN ► 3	P00236		
Use C		Firm's name ► LIN	DOAY & BE	ROWNELL	, איזיה	·			FIRM'S EIN > 3	3-0005	73	
	····y	Firm's address ▶ 42	OF DVECTO	TVE CO	מים אזז	CIITME	1150		+			
					-	SUITE	TTO	,	Phone no. 85	Q EE001	200	
		ДА	JOLLA, C	A 74U3	<u>′</u>				ו רווטווט ווט. 650	6 33692 Form 99		(2016)
										101111 99	- · ·	(2010)

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF. ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990 .

OMB No. 1545-0047

Name of the organization

ALLISON AND ROBERT PRICE FAMILY FOUNDATION

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Employer identification number

45-4408737

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 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 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 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 33 1/3% 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 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 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 Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't 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 990-PF, Part I, line 2, to

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization ALLISON AND ROBERT PRICE FAMILY FOUNDATION

Employer identification number

45-4408737

Part I	Contributors	See instructions). Use duplicate copies of Part I if additional spa	ace is needed.
--------	---------------------	---	----------------

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ROBERT E. AND ALLISON PRICE 7777 FAY AVENUE, SUITE 300 LA JOLLA, CA 92037	\$ 1,000,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

ALLISON AND ROBERT PRICE FAMILY

FOUNDATION

Employer identification number

45-4408737

(a) No. The part of the property given and the property given be an experimental property given be an experi	Part II	Noncash Property (See instructions). Use duplicate copies of P	art II if additional space is needed.	
(a) No. from Part I (a) No. from Part I (b) Description of noncesh property given (c) See instructions) (d) Date received (d) Date received (e) FMV (or estimate) (see instructions) (d) Date received (see instructions) (d) Date received (see instructions) (d) Date received (see instructions) (d) Date received (see instructions) (see instructions) (d) Date received (see instructions) (d) Date received (see instructions) (d) Date received (see instructions) (d) Date received (see instructions) (d) Date received (d) Date received (d) Date received (e) FMV (or estimate) (see instructions) (d) Date received (e) FMV (or estimate) (see instructions) (f) FMV (or estimate) (see instructions) (d) Date received (e) FMV (or estimate) (see instructions) (f) Date received (g) Date received (g) Date received (g) Date received (g) Date received (g) Date received (g) Date received (g) Date received	No. from		FMV (or estimate)	
No. from Description of noncash property given S			\$	
(a) No. from Part I	No. from		FMV (or estimate)	
No. trom Part I Description of noncash property given See instructions			\$	
(a) No. (b) Part I Description of noncash property given S (Cc) FMV (or estimate) (See instructions) Date received (a) (a) No. (b) (b) FMV (or estimate) (See instructions) Description of noncash property given (See instructions) S (Cc) FMV (or estimate) (See instructions) Date received S (Cc) FMV (or estimate) (See instructions) Date received S (Cc) FMV (or estimate) (See instructions) Date received S (Cc) FMV (or estimate) (See instructions) Description of noncash property given (Cc) FMV (or estimate) (See instructions) Date received Date received Date received S (Cc) FMV (or estimate) (See instructions) Date received Date	No. from		FMV (or estimate)	
No. from Part I (a) No. from Description of noncash property given (b) FMV (or estimate) (See instructions) (c) FMV (or estimate) (d) Date received (d) Date received (e) FMV (or estimate) (d) Date received (g) FMV (or estimate) (See instructions) (g) Date received (g) FMV (or estimate) (See instructions) (g) Date received (g) Date received (g) Date received (g) Date received (g) Date received (g) Date received (g) Date received (g) Date received			\$	
(a) No. (b) FMV (or estimate) (See instructions) (a) No. (c) FMV (or estimate) (See instructions) (b) Date received (c) FMV (or estimate) (See instructions) (d) Date received (a) No. (b) FMV (or estimate) (See instructions) (d) Date received (d) Date received (d) Date received (e) FMV (or estimate) (See instructions)	No. from		FMV (or estimate)	
No. from Description of noncash property given (a) No. from Description of noncash property given (b) FMV (or estimate) (See instructions) (c) FMV (or estimate) (See instructions) (d) Date received (a) No. from Description of noncash property given (b) FMV (or estimate) (See instructions) (d) Date received (d) Date received			\$	
(a) No. from Part I (b) FMV (or estimate) (See instructions) Date received	No. from		FMV (or estimate)	
No. (b) from Description of noncash property given Part I (c) FMV (or estimate) (See instructions) Date received	_		\$	
	No. from		FMV (or estimate)	
Cabadula B (Form 000, 000 E7, or 000 BE) (20			\$	

Name of organization Employer identification number ALLISON AND ROBERT PRICE FAMILY FOUNDATION 45-4408737 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 Part III completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year (Enter this info once) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (d) Description of how gift is held (b) Purpose of gift (c) Use of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (d) Description of how gift is held (b) Purpose of gift (c) Use of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

FORM 990-PF INTEREST ON SAV	INGS AND TEN	IPORARY	CASH :	INVESTMENTS	STATEMENT			
SOURCE	REVI	(A) REVENUE N PER BOOKS		(B) INVESTMENT INCOME	(C) ADJUSTED NET INCOME			
MORGAN STANLEY	69.			69.				
TOTAL TO PART I, LINE 3		69.		69.				
FORM 990-PF	ACCOUNT	ING FEES	5		STATEMENT			
DESCRIPTION	(A) EXPENSES PER BOOKS	NET IN			(D) CHARITABLE E PURPOSES			
ACCOUNTING FEES	1,475.		37	•	1,438			
TO FORM 990-PF, PG 1, LN 16B	1,475.		37.		1,438.			
FORM 990-PF	TAXES				STATEMENT 3			
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME			CHARITABL			
FILING FEES	160.		0	•	160.			
TO FORM 990-PF, PG 1, LN 18	160.	,	0.		160.			
FORM 990-PF	PART XV - I	INE 1A			STATEMENT			

LIST OF FOUNDATION MANAGERS

NAME OF MANAGER

ROBERT E. PRICE ALLISON PRICE

GENERAL EXPLANATION

STATEMENT

FORM/LINE IDENTIFIER

FORM 990-PF, PART VII-B, QUESTION 1A(4)

EXPLANATION:

IN REFERENCE TO PART VII-B, QUESTION 1A(4): THE FOUNDATION IS PAYING COMPENSATION TO A DISQUALIFIED PERSON FOR THE PERFORMANCE OF PERSONAL SERVICES, HOWEVER THE COMPENSATION IS REASONABLE AND NECESSARY TO CARRY OUT THE EXEMPT PURPOSE OF THE FOUNDATION, AND AS SUCH IS AN EXCEPTED ACT UNDER IRS REG 53-4941(D)-3.

Allison and Robert Price Family Foundation EIN: 45-4408737 2016 Grants

Date	Recipient's Name	Relationship	Status	Purpose		Amount
1/4/2016	Inewsource	None	PC	General	\$	50,000.00
1/12/2016	Jewish Community Foundation	None	PC	General	\$	150,000.00
1/12/2016	Rwanda Girls Initiative	None	PC	General	\$	5,000.00
1/12/2016	SDHS Foundation	None	PC	General	\$	3,000.00
2/16/2016	ADL	None	PC	General	\$	5,000.00
2/16/2016	Jewish Community Foundation	None	PC	General	\$	30,000.00
3/9/2016	Scripps Health Foundation	None	PC	General	\$	360,278.52
3/9/2016	Jewish Community Foundation	None	PC	General	\$	150,000.00
5/4/2016	Lincoln School Foundation	None	PC	General	\$	6,600.00
5/4/2016	Jewish Community Foundation	None	PC	General	\$	100,000.00
5/12/2016	American Jewish University	None	PC	General	\$	1,000.00
5/17/2016	Pomona Collage	None	PC	General	\$	4,000.00
7/5/2016	Art & Remembrance	None	PC	General	\$	500.00
7/6/2016	SD Junior Lifeguard	None	PC	General	\$	1,200.00
8/1/2016	Catalina Island Conservancy	None	PC	General	\$	1,000.00
8/8/2016	Boys & Girls Club	None	PC	General	\$	2,400.00
8/15/2016	USC Wrigley	None	PC	General	\$	5,094.00
9/1/2016	Jewish Community Foundation	None	PC	General	\$	100,000.00
9/6/2016	Pomona Collage	None	PC	General	\$	4,000.00
10/6/2016	Jewish Community Foundation	None	PC	General	\$	200,000.00
10/24/2016	Salk Institute	None	PC	General	\$	25,000.00
10/24/2016	Pedal For the Cause	None	PC	General	\$	1,000.00
11/8/2016	Mid-Peninsula Health Foundation	None	PC	General	\$	1,000.00
11/15/2016	Jewish Community Foundation	None	PC	General	\$	250,000.00
11/28/2016	University of Denver	None	PC	General	\$	5,000.00
12/13/2016	SD Food Bank	None	PC	General	\$	10,000.00
	Total				\$:	1,471,072.52