

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Return of Private Foundation

OMB No 1545-0052

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.

	_	al Revenue Service Information about Form	1 990-PF and its separate		is.govnomissopi.	Open to Public Inspection
		calendar year 2016 or tax year beginning		, and ending	A Employee identification	
N	ame	ne of foundation			A Employer identification	n number
	~ 0	SF FOUNDATION			46-0501728	1
	_	aber and street (or P O box number if mail is not delivered to street a	address)	Room/suite	B Telephone number	<u> </u>
		8301 VON KARMAN AVENUE	,	1100	949-247-80	100
_		or town, state or province, country, and ZIP or foreign po	estal code		C if exemption application is p	
		RVINE, CA 92612	314) 0000		o ii exempuori application is p	ending, check here
_		heck all that apply: Initial return	Initial return of a fo	rmer public charity	D 1. Foreign organizations	s, check here
_	٠	Final return	Amended return		Section of Games and Gam	,, cc.
		Address change	Name change		Foreign organizations me check here and attach co	eeting the 85% test,
H	Ch	heck type of organization; X Section 501(c)(3) exe			E If private foundation sta	•
		Section 4947(a)(1) nonexempt charitable trust	Other taxable private founda	ition	under section 507(b)(1	
ī	Fair	ir market value of all assets at end of year J Accountin	g method: Cash	X Accrual	F If the foundation is in a	60-month termination
			er (specify)		under section 507(b)(1	
	≥\$		nn (d) must be on cash l	pasis)	<u> </u>	
P	ar	IT I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements for charitable purposes
		necessanly equal the amounts in column (a))	expenses per books	ıncome	income	(cash basis only)
	1	1 Contributions, gifts, grants, etc., received	11,303,134.	 		
		2 Check If the foundation is not required to attach Sch B Interest on savings and temporary		ECA		CM3 MTM 1
	1	3 cash investments	564. 456.	564 456	I	STATEMENT 1
		4 Dividends and interest from securities	450.	450	•	STATEMENT 2
	1	5a Gross rents				}
[]		Net rental income or (loss)				
2017	3	6a Net gain or (loss) from sale of assets not on line 10 Gross sales price for all			RECE	(ED
2 7 20	2	7 Capital gain net income (from Part IV, line 2)		0	. 6	VEU S
63 9	2	8 Net short-term capital gain			8 00 27	2017 8
-	ı	9 Income modifications			1 20 70 6 7	2011 3
100	-	Gross sales less returns and allowances			OCODEN	
_	1	b Less Cost of goods sold				
Ш	1	c Gross profit or (loss)			<u> </u>	
Z	1	11 Other income	11 204 154	1 000		
SCANNED -	-	12 Total. Add lines 1 through 11	11,304,154.	1,020		
Ğ	- 1	13 Compensation of officers, directors, trustees, etc	U • 1		•	0.
90	- 1	14 Other employee salaries and wages			 	
		15 Pension plans, employee benefits 16a Legal fees			+	
	2 I	b Accounting fees	·· ····		+	
3	EXDA	c Other professional fees			 	
9	ŭ	17 Interest				-
	ie.	18 Taxes STMT 3	21.	0	. 0.	10.
	IS .	19 Depreciation and depletion	-			
1	<u> </u>	20 Occupancy				
	2 2	21 Travel, conferences, and meetings				
() in the contract of the cont		22 Printing and publications				
3		23 Other expenses STMT 4	164,830.	0	. 0.	163,609.
Ÿ		24 Total operating and administrative				
Š	Operating	expenses. Add lines 13 through 23	164,851.	0	. 0.	163,619. 839,633.
•	- i	25 Contributions, gifts, grants paid	839,633.		 	839,633.
	- 2	26 Total expenses and disbursements.	1 004 404	0	_	1 002 252
_	+	Add lines 24 and 25	1,004,484.	<u> </u>	0.	1,003,252.
	- [3	27 Subtract line 26 from line 12:	10,299,670.			1
	1	Excess of revenue over expenses and disbursements Net investment income (if negative, enter -o-)	20,200,010.	1,020		
		c Adjusted not income (s regains, and -0-)		2,020		

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

GSFFOUN1

46-0501728 GSF FOUNDATION Form 990-PF (2016) Page 2 Part II Balance Sheets Atlached schedules and amounts in the description Beginning of year End of year column should be for end-of-year amounts only (b) Book Value (a) Book Value (c) Fair Market Value 1 Cash - non-interest-bearing 942,729. 11,292,112. 11,292,112.2 Savings and temporary cash investments 3 Accounts receivable > 42,156. 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 7 Other notes and loans receivable Less: allowance for doubtful accounts | 68,625. 63,366. 63,366. 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Investments - U.S. and state government obligations b Investments - corporate stock c Investments - corporate bonds 11 Investments land, buildings, and equipment basis Less accumulated depreciation 12 Investments - mortgage loans 13 Investments - other 14 Land, buildings, and equipment basis Less accumulated depreciation 15 Other assets (describe ▶ 16 Total assets (to be completed by all filers - see the 1,053,510. 11,355,478. 11,355,478. instructions. Also, see page 1, item I) 4,661 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Loans from officers, directors, trustees, and other disqualified persons 21 Mortgages and other notes payable 22 Other liabilities (describe > 23 Total liabilities (add lines 17 through 22) 3,440. 4,661. X Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31. Net Assets or Fund Balances 1,050,070. 11,350,817. 24 Unrestricted 25 Temporarily restricted 26 Permanently restricted Foundations that do not follow SFAS 117, check here 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 1,050,070. 11,350,817. 30 Total net assets or fund balances 1,053,510. 11,355,478 31 Total liabilities and net assets/fund balances Part III Analysis of Changes in Net Assets or Fund Balances Total net assets or fund balances at beginning of year - Part II, column (a), line 30 1,050,070. (must agree with end-of-year figure reported on prior year's return) 10,299,670. 2 Enter amount from Part I, line 27a 2 1,077.3 Other increases not included in line 2 (itemize) SEE STATEMENT 5 3 4 Add lines 1, 2, and 3 0. 5 Decreases not included in line 2 (itemize) 11,350,817. 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

Form **990-PF** (2016)

Part IV Capital Gains a				Income	1761	Uour co	outrod I			
		of property sold (e.g mmon stock, 200 sh			lΡ	- Purci - Dona	nase i	(c) Date (mo., d	acquired ay, yr.)	(d) Date sold (mo., day, yr.)
ia										
b NON	E				ļ					
C				·						
d					-					
<u>e</u>	(f) Door	ciation allowed	(a) Coc	t or other basis	Щ			(b) G	ain or (loss	<u> </u>
(e) Gross sales price	., .	allowable)	plus e	xpense of sale					alli Of (1055 5 (f) minus	
<u>a</u>					_					
b			 							
d l										
			 			_				····
Complete only for assets showing	nain in colur	nn (h) and owned by	the foundation	on 12/31/69			(1)	Gains (C	ol. (h) gain	minue
Complete unity for account offering		justed basis		cess of col. (I)	\dashv			(k), but r	not less tha	n -0-) or
(i) F.M.V. as of 12/31/69		f 12/31/69		col. (j), if any	ĺ			Losses	(from col. ((h))
1			 							
5			 							
			 							
1			<u> </u>							
:					\neg					
		∫ If gain, also enter	r in Part I line	7	7					
Capital gain net income or (net capi	tal loss)	If (loss), enter -0			- }	2				
Net short-term capital gain or (loss)) as defined i									
If gain, also enter in Part I, line 8, co		1 3000013 1222(0) di	ia (0).)	ļ				
If (loss), enter -0- in Part I, line 8 Part V Qualification Un						3_		_		
as the foundation liable for the section "Yes," the foundation does not qualify	under section	on 4940(e). Do not co	mplete this pa	rt.						Yes X N
Enter the appropriate amount in ea	ch column fo	r each year, see the i	nstructions bet	ore making any e	ntries	S				
(a) Base period years Calendar year (or tax year beginning	ıın) A	(b) djusted qualifying dis	tributions	Net value of no	(c) nchai		use assets		Dıstrıl (col. (b) dı	oution ratio rided by col. (c))
2015			4,753.				8,105	•	<u> </u>	.92740
2014			0,759.				0,785			1.95932
2013			6,596.				9,917			2.10318
2012			3,978.				7,505			2.13416
2011		4,29	9,393.		2	<u>,10</u>	8,769	<u>. </u>		2.03881
Total of line 1, column (d)								2		9.16289
Average distribution ratio for the 5-			on line 2 by 5,	or by the number	of ye	ars	***			-
the foundation has been in existence	e if less than	5 years						3		1.83257
Enter the net value of noncharitable	-use assets f	or 2016 from Part X,	line 5	-				4		1,675,892
Multiply line 4 by line 3								5		3,071,204
Enter 1% of net investment income	(1% of Part	l, line 27b)						6		10
Add lines 5 and 6								7_		3,071,214
Enter qualifying distributions from I	Part XII. line	4						8		1,003,252
If line 8 is equal to or greater than li See the Part VI instructions.	•		e 1b, and comp	lete that part usin	g a 1'	% tax r	rate.	<u> </u>		, ,
										Form 000-DE (20

Form	990-PF (2016) GSF FOUNDATION		0501			Page 4
Рa	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or	1948	- see ir	nstru	ıctio	ns)
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.					
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)	1				
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1%	1				20.
	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).	ŀ	ł			
2	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				20.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4				0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5		_		20.
6	Credits/Payments:					
a	2016 estimated tax payments and 2015 overpayment credited to 2016 6a 15		ĺ			
b	Exempt foreign organizations - tax withheld at source 6b	1	1			
C	Tax paid with application for extension of time to file (Form 8868) 6c 25	.]	ļ			
d	Backup withholding erroneously withheld 6d]				
7	Total credits and payments. Add lines 6a through 6d	7				40.
8	Enter any penalty for underpayment of estimated tax. Check here 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				20.
11	Enter the amount of line 10 to be: Credited to 2017 estimated tax	11				0.
Pa	rt VII-A Statements Regarding Activities					
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or interven	e in			Yes	
	any political campaign?			1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition	1)?		1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials publis	hed o	r [
	distributed by the foundation in connection with the activities					
C	Did the foundation file Form 1120-POL for this year?			1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:					
	(1) On the foundation. \blacktriangleright \$ 0 \cdot (2) On foundation managers. \blacktriangleright \$ 0	<u>-</u>		l		
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation					
	managers. ▶ \$ 0 .					
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		ļ.	_2_		X
	If "Yes," attach a detailed description of the activities					
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation,	or	ľ			
	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?	_	_ , _ }	4a		Х
	If "Yes," has it filed a tax return on Form 990-T for this year?	D	I/A	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		}	5		Х
	If "Yes," attach the statement required by General Instruction T		1			
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 man datory directions that conflict with the state of the stat	e law	i	_	v	
_	remain in the governing instrument?		}	6	X	
1	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 X	V	}	_7	X	
0-	The the state to which the foundation and account which it is an attend (one instructions)		l			
вa	Enter the states to which the foundation reports or with which it is registered (see instructions) AZ, CA, FL, GA, HI, IL, MO, NC, NV, NY, OR, SC, TX, VA, WA, WI					
						
U	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)			0 h	х	
۵	of each state as required by General Instruction G? If "No," attach explanation	ondor	}	_8b_	Λ	\vdash
3	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for call year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes," complete Part XIV	CHUMI	ł	9		х
10	Did any persons become substantial contributors during the tax year? it "Yes," attach a schedule listing their names and addresses		}	10		X
10	one any personal decomic automittal communities during the tax year: it ites, attach a scriedule listing their names and addresses		For)-PF	(2016)
			, 011			,,,

Form **990-PF** (2016)

X

3b 4a

Yes X No

N/A

during the year?

b If "Yes," did it have excess business holdings in 2016 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,

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

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

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

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

Form 990-PF (2016) GSF FOUNDATION			46-05017	28	Page 6
Part VII-B Statements Regarding Activities for Which F	orm 4720 May Be I	Required (contin	ued)		
Sa During the year did the foundation pay or incur any amount to:				-	1
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	` ''		es X No	1	
(2) Influence the outcome of any specific public election (see section 4955); o	r to carry on, directly or indir		[FF]	H	-
any voter registration drive?	_		es X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes		Y	es X No		1
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section		□		
4945(d)(4)(A)? (see instructions)			es X No		1
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or t		es X No	1	
the prevention of cruelty to children or animals?			es Las No	-	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	·	in Regulations	N/A		
section 53.4945 or in a current notice regarding disaster assistance (see instru	•		N/A	5b	+
Organizations relying on a current notice regarding disaster assistance check h		.mad			1
c if the answer is "Yes" to question 5a(4), does the foundation claim exemption fr			es 🗌 No	- 1	1
expenditure responsibility for the grant?		'/A 10	s NO		
If "Yes," attach the statement required by Regulations section 53 4945	, ,		ļ	ļ	j
6a Did the foundation, during the year, receive any funds, directly or indirectly, to p	oay premiums on		es X No		
a personal benefit contract?	arconal hanafit contract?	L 10	ES LALINU	6b	x
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal Denenii Contract?		-	00	+
If "Yes" to 6b, file Form 8870 7a At any time during the tax year, was the foundation a party to a prohibited tax s	halter transaction?		es X No		
b If "Yes," did the foundation receive any proceeds or have any net income attribu		L 10	N/A	7b	+-
Part VIII Information About Officers, Directors, Trusto		nagers Highly		70	—
Paid Employees, and Contractors	ces, i odnadation me	magers, mgm	•		
1 List all officers, directors, trustees, foundation managers and their	compensation.				
	(b) Title, and average	(c) Compensation	(d) Contributions to	(e) E	xpense nt, other
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	accou allov	nt, other vances
		 	John pontazza ji	† — —	
SEE STATEMENT 6		0.	0.	[0.
				ļ	
 					
				l	
		ł		ł	
2 Compensation of five highest-paid employees (other than those inc		enter "NONE."	(4)	T	
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans and deferred	1 ačcóu	xpense nt, other
	devoted to position	(0)	compensation	allov	vances
NONE					
				<u> </u>	
				 	
					
·				<u> </u>	
					
				ļ	
· · · · · · · · · · · · · · · · · · ·	L	<u> </u>	L	<u> </u>	
Total number of other employees paid over \$50,000					0
			Form	990-P	F (2016)

Total. Add lines 1 through 3

Form 990-PF (2016)

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign fou	ndatio	ns, see instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	Average monthly fair market value of securities	1a	14,902.
	Average of monthly cash balances	1b	1,686,511.
	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	1,701,413.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	_2	0.
3	Subtract line 2 from line 1d	3	1,701,413.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	25,521.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	1,675,892.
6	Minimum investment return. Enter 5% of line 5	6	83,795.
P	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here and do not complete this part.)	id certa	ın
1	Minimum investment return from Part X, line 6	1	83,795.
2a	Tax on investment income for 2016 from Part VI, line 5		
b	Income tax for 2016. (This does not include the tax from Part VI.)	1 1	
C	Add lines 2a and 2b	2c_	20.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	83,775.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	83,775.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	83,775.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		1 002 252
_	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	1,003,252.
b	Program-related investments - total from Part IX-B	1b	<u></u>
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:	ا ۱ ا	
	Suitability test (prior IRS approval required)	3a	
	Cash distribution test (attach the required schedule)	3b 4	1,003,252.
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	 	1,003,232.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment	_	٥
c	Income. Enter 1% of Part I, line 27b Adjusted qualifying distributions. Subtract line 5 from line 4	5 6	1,003,252.
6		لنب	
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of 4940(e) reduction of tax in those years.	4namies	o for the section

Part XIII Undistributed Income (s	ee instructions)			
	(a) Corpus	(b) Years prior to 2015	(c) 2015	(d) 2016
1 Distributable amount for 2016 from Part XI,				
line 7				83,775.
2 Undistributed income, if any, as of the end of 2016				
a Enter amount for 2015 only			0.	
b Total for prior years:		_		
,,	L	0.		
3 Excess distributions carryover, if any, to 2016:	1			
a From 2011 4,193,973.				
bFrom 2012 3,246,115.				
cFrom 2013 3,716,112.				
dFrom 2014 3,323,733.				
eFrom 2015 1,007,359.	15 407 202		ĺ	
f Total of lines 3a through e	15,487,292.			
4 Qualifying distributions for 2016 from				
Part XII, line 4: ►\$ 1,003,252.			0.	
a Applied to 2015, but not more than line 2a			<u> </u>	
b Applied to undistributed income of prior		0.		
years (Election required - see instructions)		-		
c Treated as distributions out of corpus (Election required - see instructions)	0.			
d Applied to 2016 distributable amount				83,775.
e Remaining amount distributed out of corpus	919,477.			03,773.
5 Excess distributions carryover applied to 2016	0.			0.
(If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	16,406,769.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		<u></u> , <u>-</u> ,
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			1	
lines 4d and 5 from line 1. This amount must				0
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	4,193,973.		j	
9 Excess distributions carryover to 2017.				-
Subtract lines 7 and 8 from line 6a	12,212,796.		İ	
10 Analysis of line 9:				
a Excess from 2012 3,246,115.	İ			
b Excess from 2013 3,716,112.]		
c Excess from 2014 3,323,733.				
d Excess from 2015 1,007,359.				
e Excess from 2016 919, 477.				
623581 11-23-16				Form 990-PF (2016)

AUTISM SOCIETY OF NORTH CAROLINA 505 OBERLIN ROAD, #230 RALEIGH, NC 27605 BACKPACKS (VARIOUS SCHOOLS) PC GENERAL SUPPORT BEST FOOT FORWARD 9045 LA FONTANTA BLVD., STE. 108	Amount	so of arant or)			<u> </u>
a Paid during the year A CHILD'S VOICE ADVOCACY CENTER 1132 USHER STREET, ROOM 313 CONYERS, GA 30014 ALL ABOUT FOOD 166 S. MCODLAWN DRIVE ORANGE, CA 92869 AUTISM SOCIETY OF NORTH CAROLINA 505 OBERLIN ROAD, #230 RALEIGH, NC 27605 BACKPACKS (VARIOUS SCHOOLS) PC SENERAL SUPPORT BEST FOOT FORWARD 9045 LA FONTANTA BLVD., STE. 108 BOCA RATON, FL 33434 Total SEE CONTINUATION SHEET(S) ▶ 3a b Approved for future payment		entribution	Purpose of		show any relationship to	<u></u>
A CHILD'S VOICE ADVOCACY CENTER 1132 USHER STREET, ROOM 313 CONYERS, GA 30014 ALL ABOUT FOOD 166 S. WOODLAWN DRIVE ORANGE, CA 92869 AUTISM SOCIETY OF NORTH CAROLINA 505 OBERLIN ROAD, #230 RALEIGH, NC 27605 BEST FOOT FORWARD 9045 LA FORTANTA BLVD., STE. 108 BOCK RATON, FL 33434 Total SEE CONTINUATION SHEET(S) > QENERAL SUPPORT PC SENERAL SUPPORT					or substantial contributor	Name and address (home or business)
1132 USHER STREET, ROOM 313 CONYERS, GA 30014 ALL ABOUT FOOD 166 S. WOODLAWN DRIVE ORANGE, CA 92869 AUTISM SOCIETY OF NORTH CAROLINA 505 OBERLIN ROAD, #230 RALEIGH, NC 27605 BACKPACKS (VARIOUS SCHOOLS) PC SENERAL SUPPORT PO SENERAL SUPPORT						a Paid during the year
ALL ABOUT FOOD 166 S. WOODLAWN DRIVE ORANGE, CA 92869 AUTISM SOCIETY OF NORTH CAROLINA 505 OBERLIN ROAD, #230 RALEIGH, NC 27605 BACKPACKS (VARIOUS SCHOOLS) PC SENERAL SUPPORT BEST FOOT FORWARD 9045 LA FONTANTA BLVD., STE. 108 BOCA RATON, PL 33434 Total SEE CONTINUATION SHEET(S) b Approved for future payment		SUPPORT	GENERAL SUPPO	PC		
DEST FOOT FORWARD BEST FOOT FORWARD BOCA RATON, FL 33434 Total SEE CONTINUATION SHEET(S) DEST FOOT FUTURE Payment PC SENERAL SUPPORT SENERAL SUPPORT PC SENERAL SUPPORT	31,382					CONYERS, GA 30014
ORANGE, CA 92869 AUTISM SOCIETY OF NORTH CAROLINA 505 OBERLIN ROAD, #230 RALEIGH, NC 27605 BACKPACKS (VARIOUS SCHOOLS) PC GENERAL SUPPORT PC GENERAL SUPPORT PC GENERAL SUPPORT PC JENERAL SUPPORT DOLL TOTAL BOCA RATON, PL 33434 Total D Approved for future payment		SUPPORT	GENERAL SUPPO	₽C		
AUTISM SOCIETY OF NORTH CAROLINA 505 OBERLIN ROAD, #230 RALEIGH, NC 27605 BACKPACKS (VARIOUS SCHOOLS) PC SENERAL SUPPORT 9045 LA FONTANTA BLVD., STE. 108 BOCA RATON, PL 33434 Total D Approved for future payment	3,000					ORANGE, CA 92869
BACKPACKS (VARIOUS SCHOOLS) BEST FOOT FORWARD 9045 LA FONTANTA BLVD., STE. 108 BOCA RATON, FL 33434 Total SEE CONTINUATION SHEET(S) Approved for future payment		SILDDOBA	GENERAL SUDDO	P.C.		
BEST FOOT FORWARD 9045 LA FONTANTA BLVD., STE. 108 BOCA RATON, FL 33434 Total SEE CONTINUATION SHEET(S) • 3a • Approved for future payment	2,000	- CEPORT	SERBICALI SUFFIC			505 OBERLIN ROAD, #230
BEST FOOT FORWARD 9045 LA FONTANTA BLVD., STE. 108 BOCA RATON, FL 33434 Total SEE CONTINUATION SHEET(S) • 3a • Approved for future payment						
9045 LA FONTANTA BLVD., STE. 108 BOCA RATON, FL 33434 Total SEE CONTINUATION SHEET(S) b Approved for future payment	195,975	UPPORT	GENERAL SUPPO	PC		BACKPACKS (VARIOUS SCHOOLS)
9045 LA FONTANTA BLVD., STE. 108 BOCA RATON, FL 33434 Total SEE CONTINUATION SHEET(S) b Approved for future payment						
Total SEE CONTINUATION SHEET(S) ▶ 3a b Approved for future payment		:UPPORT	GENERAL SUPPO	PC		9045 LA FONTANTA BLVD., STE. 108
b Approved for future payment	29,767 839,633		<u> </u>	m/c\	MINTINGION CHEE	
NONE	639,633	3a		1(21	TINOATION SALE	
						NONE
			ļ			
					}	
Total					l	Total

Form **990-PF** (2016)

Pa	rt XVI-A	Analysis of	Income-Producing	Activities
----	----------	-------------	------------------	------------

Enter gross amounts unless otherwise indicated.	Unrelate	ed business income	Exclu	ded by section 512, 513, or 514	(e)
Enter gross amounts offices office wise indicated.	(a) Business	(b)	(C) Exclu- sion	(d)	Related or exempt
1 Program service revenue:	code	Amount	code	Amount	function income
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	564.	
4 Dividends and interest from securities			14	456.	
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			-	- <u></u>	
	1 1				
property 7 Other investment income	 		\vdash		
			 		
8 Gain or (loss) from sales of assets other	i i		l		
than inventory					
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory	<u> </u>				
11 Other revenue:					
<u> </u>					
b					
c			ļ		
d					
e				4 000	
12 Subtotal. Add columns (b), (d), and (e)		0.	L	1,020.	0.
13 Total. Add line 12, columns (b), (d), and (e)				13	1,020.
(See worksheet in line 13 instructions to verify calculations.)					
Part XVI-B Relationship of Activities to	the Acc	omplishment of Ex	emp	t Purposes	
Line No Explain below how each activity for which incom			contrit	outed importantly to the accord	nplishment of
the foundation's exempt purposes (other than t	y providing fu	nds for such purposes).			
		·			
		<u>. </u>			
				_	
					
					
					
		· 			

623621 11-23-16

Exempt Organizations 1	Part XVII Information Regarding Transfers To	and Transactions of		OI / Zo		ige 13
the Code (other than section 501(c)(3) organizations) or in section 527, relating to pollucial organizations? Table		and Transactions a	nd Relationships with Nonci	iantable	,	
a Trassfers from the reporting foundation to a noncharitable exempt organization of: (1) Cash (2) Other assets b Other transactions: (3) Serial of acidese, equipment, or other assets (4) Remitturisment rangements (5) Loans or loan guisanties (6) Performance of services or membership or fundrasing solicitations (6) Performance of services or membership or fundrasing solicitations (7) Serial of acidese, equipment, making lists, where assets, or paid employees (8) Performance of services or membership or fundrasing solicitations (8) Performance of services or membership or fundrasing solicitations (9) Performance of services or membership or fundrasing solicitations (9) Performance of services or membership or fundrasing solicitations (9) Performance of services or membership or fundrasing solicitations (9) Performance of services or membership or fundrasing solicitations (9) Performance of services or membership or fundrasing solicitations (9) Performance of services or membership or fundrasing solicitations (9) Performance of services or membership or fundrasing solicitations (9) Performance of services or membership or fundrasing solicitations (9) Performance of services or membership or fundrasing solicitations (9) Performance of services or membership or fundrasing solicitations (9) Performance of services or membership or fundrasing solicitations (9) Performance of services or membership or fundrasing services of services or market value of the goods, other assets, or services received. (8) Leve to (9) Amount structived (1) Performance of services or market value in any transaction or sharing arrangement, show in section 501(c) of the Code (other than section 501(c)(3)) or in section 52?? (9) If Yes, Complete the following schedule. (1) A SECRETIARY Verifying proparer is name Perparer's signature Date	1 Did the organization directly or indirectly engage in any of the following	ng with any other organization	described in section 501(c) of		Yes	No
(1) Cash (2) Other sasets b Other transactions; (1) Sales of assets from a noncharitable exempt organization (2) Perchase of assets from a noncharitable exempt organization (3) Rental of facilities, equipment, or other assets (4) Reimburscenter arrangements (5) Cans or tran guarantees (5) Cans or tran guarantees (6) Performance of services or memburship or fundrasing solicitations (e) Performance of services or memburship or fundrasing solicitations (e) Performance of services or memburship or fundrasing solicitations (e) Performance of services or memburship or fundrasing solicitations (e) Performance of services or memburship or fundrasing solicitations (e) Performance of services or memburship or fundrasing solicitations (e) Performance of services or memburship or fundrasing solicitations (e) Performance of services or memburship or fundrasing solicitations (e) Performance of services or memburship or fundrasing solicitations (e) Performance of services or memburship or fundrasing solicitations (e) Performance of services or memburship or fundrasing solicitations (e) Performance of services or memburship or fundrasing solicitations (e) Performance of services or memburship or fundrasing solicitations (e) Performance of services or memburship or fundrasing services services services or ser	the Code (other than section 501(c)(3) organizations) or in section 5	27, relating to political organi	zations?			
(2) Other assets b Other transactions: (1) Sales of assets to a nonchardable exempt organization (2) Purchases of assets from a nonchardable exempt organization (3) Rental of facilities, degument, or other assets (4) Rental ordan quarantees (5) Loans or of an quarantees (6) Performance of senences or membership or fundrasing solicitations (7) The facilities, equipment, making lists, other assets, or paid employees (8) Performance of senences or membership or fundrasing solicitations (9) The facilities, equipment, making lists, other assets, or paid employees (9) It the answer to any of the above is Y'es; complete the following schedule. Column (8) should always show the faur market value of the goods, other assets, or services greened. (9) It was not the above in Y expect of the Code (other than section 50 f(c)) of the Code (other than section 50 f(c)) of the Code (other than section 50 f(c)) or in section 50 f(c) of the Code (other than section 50 f(c)) or in section 50 f(c) of the Code (other than section 50 f(c)) or in section 50 f(c) of the Code (other than section 50 f(c)) or in section 50 f(c) or the Code (other than section 50 f(c)) or in section 50 f(c) or the Code (other than section 50 f(c)) or in section 50 f(c) or the Code (other than section 50 f(c)) or in section 50 f(c) or the Code (other than section 50 f(c)) or in section 50 f(c) or the Code (other than section 50 f(c)) or in section 50 f(c) or incidence than secti	a Transfers from the reporting foundation to a noncharitable exempt or	rganization of:				l
b Other transactions: (1) Sales of assets to a noncharitable exempt organization (2) Pierchases of assets from a noncharitable exempt organization (3) Rental of facilities, equipment, or other assets (4) Rentitive interment arrangements (5) Loans or loan guarantees (6) Performance of services or membership or fundraceing solicitations c Sharing off facilities, equipment, making lasts, other assets, or paid employees d if the answer for any the epotring foundation. If the discussion specially conditions are serviced in the answer for any the epotring foundation effective discussion in the proofs, other assets, or services green by the reporting foundation referred less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. (a) Inne in (b) Amount involved (c) Name of noncharitable exempt organization (d) Oscopion of transfers, transactions, and sharing arrangements in section 501(c) of the Code (other than sections 501(c) of the Code	(1) Cash			1a(1)		
(1) Sales of assets to a noncharitable exempt organization (2) Purchases of assets from a noncharitable exempt organization (3) Rental of facilities, equipment, or other assets (4) Rental or facilities, equipment, or other assets (5) Loans or foat guarantees (6) Performance of services or membership or fundrasing solicitations (7) Performance of services or membership or fundrasing solicitations (8) Performance of services or membership or fundrasing solicitations (8) Performance of services or membership or fundrasing solicitations (8) Performance of services or membership or fundrasing solicitations (8) Performance of services or membership or fundrasing solicitations (9) Performance of services or membership or fundrasing solicitations (9) Performance of services or services greated in the amount of the goods, other assets, or services received. (9) Performance of services greated in the services received. (10) Performance of services greated in the services received. (10) Performance of the greated in the services received. (11) Performance of the greated in the services received. (12) Name of (13) Name of noncharitable exempt organization. (13) Performance of the greated in the services received. (14) Performance of the greated in the services received. (15) Name of Organization. (16) Description of transfers, semactions, and sharing arrangements. (16) Performance of transfers, semactions, and sharing arrangements. (16) Performance of transfers, semactions, and sharing arrangements. (16) Performance of transfers, semactions, and sharing arrangements. (17) Performance of transfers, semactions, and sharing arrangements. (18) Performance of transfers, semactions, and sharing arrangements. (18) Performance of transfers, semactions, and sharing arrangements. (19) Performance of transfers, semactions, and sharing arrangements. (19) Performance of transfers, semactions, and sharing arrangement, show in the semantial semantial semantial semantial semantial semantial semantial semantial semantial semantial semanti	(2) Other assets			1a(2)		Х
(2) Purchases of assets from a nonchandable exempt organization (3) Rehall of facilities, equipment, or other assets (4) Reimbursement arrangements (5) Loans or foan guarantese (6) Performance of services or membership or fundrasing solicitations (6) Performance of services or membership or fundrasing solicitations (7) It the answer to any of the above is "ex-", complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services exceived. (8) Amount involved (9) Amount involved (1) Amount involved (1) Amount involved (1) Amount involved (2) Name of noncharifable exempt organization (3) It "yes, complete the following schedule. (4) Name of organization (b) Type of organization (c) Description of transfers, instructions, and arizing arrangements in section 501(c) of the Code (other than section	b Other transactions:					
(a) Rental of facilities, equipment, or other assets (b) Leans or loan quarantees (c) Leans or loan quarantees (d) Performance of services or membership or fundraising solicitations (e) Performance of services or membership or fundraising solicitations (e) Performance of services or membership or fundraising solicitations (e) Sharing of facilities, equipment, making lists, other assets, or paid employees (e) It the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services generally a value of the goods, other assets, or services generally a value of the goods, other assets, or services services in the same of the goods, other assets, or services services in the same of the goods, other assets, or services services in the goods, other assets, or services services in the goods, other assets, or services services in the goods, other assets, or services services in the goods, other assets, or services generally a services in the goods, other assets, or services generally a services in the goods, other assets, or services generally a services generally a services generally and a services generally and a services generally a services generally and a serv	(1) Sales of assets to a noncharitable exempt organization			1b(1)		
(4) Reimbursement arrangements (5) Loans or loan guarantees (6) Performance of services or membership or fundraising solicitations (7) Example of facilities, equipment, making lists, other assets, or paid employes (8) Performance of services or services procedure. (9) If the answer to any of the above s'res; complete the following schedule. (9) Name of indication, if the foundation received less than fair market value in any transaction or sharing arrangement, show in column (4) the value of the goods, other assets, or services proceived. (a) Name of indication directly or indirectly affiliated with, or related to, one or more tax-exempt organization or sharing arrangements. (a) Name of indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 52?? (a) If Yes, complete the following schedule. (a) Raine of organization (b) Type of organization (c) Description of relationship (b) Type of organization (c) Description of relationship (c) Description of relationship (d) Description of relationship (e) Description of relationship (f) Type of organization (h) Type of or	(2) Purchases of assets from a noncharitable exempt organization			1b(2)		_
(6) Performance of services or membership or fundrassing solicitations (a) Performance of services or membership or fundrassing solicitations (b) Amount involved for the above is Yes, "complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services penel by the reporting foundation. If the foundation received lies than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. (a) Imme in (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements. N / A 2a. Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than sections 501(c) of the Code (other than s	(3) Rental of facilities, equipment, or other assets		•	1b(3)		
(6) Performance of services or membership or fundraising solicitations Sharing of facilities, equipment, mailing lists, other assets, or paid employees If lith answers to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. (a) Line in (b) Amount involved (c) Name of nonchantable exempt organization (d) Description of transfers, sunsactions, and sharing arrangements. N/A 2a. Is the foundation directly or indirectly affidiated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 52?? (a) Name of organization (b) Type of organization (c) Description of relationship. N/A Under possition of organization (b) Type of organization (c) Description of relationship. N/A Sign Under possition of organization (b) Type of organization (c) Description of relationship. N/A Paid observed. Prim Type preparer's name Preparer's signature Preparer's signature Preparer's signature Preparer's signature Preparer's signature Preparer's signature Firm's EIN	(4) Reimbursement arrangements			1b(4)		
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees It IX It the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services greated to or services greated by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. (a) Name of the goods, other assets, or services received. (a) Name of the goods, other assets, are services as any transaction, and sharing arrangement, show in constant as a services as a services as a services as a good of the goods of the goods of the goods of the goods of the goods of the goods of the goods of the goods of the goods of the goods of the goods of the goods of th	(5) Loans or loan guarantees			1b(5)		_
d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services geven by the reporting foundation. If the foundation received less than fair market value in any fransaction or sharing arrangement, show in column (a) the value of the goods, other assets, or services received. a] Line no (b) Amount involved (c) Name of noncharidable exempt organization (d) Description of transfers, variascions, and sharing arrangements N/A	(6) Performance of services or membership or fundraising solicitation	ons		1b(6)		
or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. (a) Amount involved	c Sharing of facilities, equipment, mailing lists, other assets, or paid en	nployees		1c		X
column (d) the value of the goods, other assets, or services received. (a) Line no (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements N/A 2a is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 52?? If Yes, complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship N/A Sign and celef. It of two correct performalies Destarged of prepare (other than tax payer) is based on all information of which prepare has any knowledge sign and celef. It of two correct performalies Destarged of prepare (other than tax payer) is based on all information of which prepare has any knowledge sign and celef. It of two correct performalies Destarged of prepare (other than tax payer) is based on all information of which prepare has any knowledge sign and celef. It of two correct performalies Destarged of prepare (other than tax payer) is based on all information of which prepare has any knowledge sign and celef. It of two correct performalies Destarged of prepare (other than tax payer) is based on all information of which prepare has any knowledge sign and celef. It of two correct performalies Destarged of prepare (other than tax payer) is based on all information of which prepare has any knowledge sign and celef. It of two correct performalies Destarged of prepare (other than tax payer) is based on all information of which prepare has any knowledge sign and celef. It of two correct performances are performed to the celeform with the prepare sign and celeformation. Firm's EIN Firm's EIN Firm's EIN	· · · · · · · · · · · · · · · · · · ·	` '	· ·		ets,	
a) Line no (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements N/A 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)) or in section 52?? If Yes, complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship N/A (b) Type of organization (c) Description of relationship N/A			e in any transaction or sharing arrangement	t, show in		
N/A 2a Is the foundation directly or indirectly affidated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes						
2a is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 52?? Yes		le exempt organization	(d) Description of transfers, transactions, a	nd sharing arr	angeme	nts
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes	N/A					
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes			<u> </u>			
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes		<u> </u>	<u> </u>			
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes			<u> </u>			
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes						
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes			<u> </u>			_
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes						
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes						
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes			<u> </u>			
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes			<u> </u>			
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes						
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes						
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes		-				
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes						
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes						
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes						
b If "Yes," complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship N/A Under penalties of erjury, I dealers that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and better, it is true correct, and complete Declaration of prepare (other than taxpayer) is based on all information of which prepare has any knowledge setum with the preparer shown below (see mstr)? Signature of officer or trustee Print/Type preparer's name Preparer's signature Date Check if PTIN Self- employed Firm's EIN Firm's EIN	2a Is the foundation directly or indirectly affiliated with, or related to, one	e or more tax-exempt organiz	ations described			
b If "Yes," complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship N/A Sign Under penalties of learning, I dealare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and best of my knowledge and delief, it is true correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge shown below (see mstr)? SECRETARY Title Print Type preparer's name Preparer's signature Primt's EIN Firm's EIN Firm's EIN	in section 501(c) of the Code (other than section 501(c)(3)) or in sec	ction 527?		Yes	X] No
(a) Name of organization N/A Under penalties of ergury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and celled, it is true correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge return with the preparer shown below (see inst; ?? Vestar						
Under penaltite of ergury, I deplare 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 shown below (see inst) ? Very X No		(b) Type of organization	(c) Description of relatio	nship		
Sign Here 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 in the preparer shown below (see instrict in with the preparer shown below (see instrict in	N/A					
Sign Here 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 in the preparer shown below (see instrict in with the preparer shown below (see instrict in						
Sign Here 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 in the preparer shown below (see instrict in with the preparer shown below (see instrict in						
Sign Here 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 in the preparer shown below (see instrict in with the preparer shown below (see instrict in		†				
Sign Here 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 in the preparer shown below (see instrict in with the preparer shown below (see instrict in	^					
Here Signature of officer or trustee Date Title			statements, and to the best of my knowledge	May the IRS (liscues I	his
Here Signature of officer or frustee Date Title PrintType preparer's name Preparer's signature Preparer Signature PrintSignature PrintType preparer's name Preparer's signature PrintType preparer's name Preparer's signature PrintSignature PrintSignature PrintSignature PrintSignature Firm's EIN ▶	Sign and belief, it is true correct, and complete Declaration of preparer (other th.	an taxpayer) is based on all informa	ation of which preparer has any knowledge	return with the	e prepar	er tr 17
Signature of officer or trustee Print/Type preparer's name Preparer's signature Date Check if PTIN	Here I LATING CHILL	- 1/0/17/17		$\overline{}$		
Paid Preparer Use Only Self- employed Firm's name ▶ Firm's EIN ▶	Signature of officer or trustee					
Paid Preparer Use Only Pirm's name ► Firm's EIN ►	Print/Type preparer's name Preparer's	signature	Date Check if PTI	N		
Preparer Use Only Firm's name ▶ Firm's EIN ▶			self- employed			
Use Only	Paid					
Use Only	Preparer Firm's name ▶		Firm's EIN ▶			
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			

Form **990-PF** (2016)

Phone no.

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No 1545-0047

Employer identification number

2016

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

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

Employer identification number

GSF FOUNDATION

46-0501728

1 ARAMARK UNIFORM SERVICES 115 N. FIRST STREET BURBANK, CA 91502 (a) No. Name, address, and ZIP+4 2 BATORY FOODS 400 INTERSTATE NORTH PARKWAY ATLANTA, GA 30339 (a) No. Name, address, and ZIP+4 Total of the state of the sta	needed.	
115 N. FIRST STREET	(c) (d) Il contributions Type of contri	ibution
No. Name, address, and ZIP + 4 Total of a control of	Person Payroll Noncash (Complete Part II noncash contribu	
400 INTERSTATE NORTH PARKWAY ATLANTA, GA 30339 (a)	(c) (d)	ibution
No. Name, address, and ZIP + 4 Total of a control of	Person Payroll Noncash Complete Part II noncash contribu	
ONE NEENAH CENTER, 4TH FLOOR NEENAH, WI 54957 (a) No. Name, address, and ZIP + 4 CRAFTSMEN TRAILER 3755 MUELLER ROAD ST. CHARLES, MO 63301 (a) No. Name, address, and ZIP + 4 Total of the content	(c) (d) Il contributions Type of contri	ibution
No. Name, address, and ZIP + 4 Total of the control of	Person Payroll Noncash (Complete Part II noncash contribu	
3755 MUELLER ROAD \$ ST. CHARLES, MO 63301 (a) (b) (b) Name, address, and ZIP + 4 Total of	(c) (d) Il contributions Type of contri	ibution
No. Name, address, and ZIP + 4 Total of	Person Payroll Noncash (Complete Part II noncash contribu	
5 DANIEL BRADHAM	(c) (d) Il contributions Type of contri	ibutior
184 ROCKY MEADOW DRIVE \$ \$	Person Payroll Complete Part II noncash contribu	
(a) (b) No. Name, address, and ZIP + 4 Total (control of the control of the contr	(c) (d)	ibutio

623452 10-18-16

Payroll

(Complete Part II for

noncash contributions.)

5,000.

FOOD SAFETY NET SERVICES

199 W. RHAPSODY DRIVE

SAN ANTONIO, TX 78216

Employer identification number

GSF FOUNDATION

Part I	Contributors (See instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	FRANK LISTI 1939 PORT TOWNSEND CIRCLE NEWPORT BEACH, CA 92660	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	JAY SHIELDS 1 FOX RUN LANE ST. LOUIS, MO 63131	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) N o.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	JOHN PAGE 19 WEDGEWOOD LANE LADERA RANCH, CA 92694	\$ 6,760.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	MARK WETTERAU 19 OLD RANCH ROAD LAGUNA NIGUEL, CA 92677	\$30,000.	Person X Payroli Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11	MCDONALDS ASSOC OF THE CAROLINAS 3120 WELLONS BLVD NEW BERN, NC 28652	\$ 10,000.	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
12	MIKE WAITUKAITIS 13625 LAKESIDE PLACE DRIVE WILLIS, TX 77318	\$5,580.	Person X Payroll

Employer identification number

GSF FOUNDATION

Part I	Contributors (See instructions). Use duplicate copies of Part I if addition	nal space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	MORNING STAR PACKING 2211 OLD HIGHWAY 99 WEST WILLIAMS, CA 95987	\$ 27,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14	NABIL EL-HAGE 1315 AVE ASHFORD, #1101 SAN JUAN , PR 00907	\$5,000.	Person X Payroll Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15	PRATT INDUSTRIES 1800-B SARASOTA BUSINESS PARKWAY NE CONYERS, GA 30013	\$8,000.	Person X Payroll
(a) N o.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16	RADO MECHANICAL GROUP		Person X
	241 GEES MILL BUSINESS PARKWAY NE CONYERS, GA 30013	\$8,000.	Payroll Noncash (Complete Part II for noncash contributions)
(a) No.		\$ 8,000.	Noncash (Complete Part II for
	CONYERS, GA 30013	(c)	Noncash (Complete Part II for noncash contributions)
No.	CONYERS, GA 30013 (b) Name, address, and ZIP + 4 ROBERT WOLPERT 28391 AVENIDA LA MANCHA	(c) Total contributions	Noncash (Complete Part II for noncash contributions) (d) Type of contribution Person X Payroll Noncash (Complete Part II for
17 (a)	CONYERS, GA 30013 (b) Name, address, and ZIP + 4 ROBERT WOLPERT 28391 AVENIDA LA MANCHA SAN JUAN CAPISTRANO, CA 92675 (b)	(c) Total contributions \$ 5,200.	Noncash (Complete Part II for noncash contributions) (d) Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions)

Employer identification number

GSF FOUNDATION

GOF F	OUNDATION	40	-0301726
Part I	Contributors (See instructions) Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	WAGNER SERVICE SOLUTIONS P.O. BOX 1556 COVINGTON, GA 30015	\$6,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20	BANKDIRECT CAPITAL FINANCE 150 N FIELD DRIVE LAKE FORREST, CA 60045	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21	CAROLINA HANDLING RAYMOND PO BOX 7548 CHARLOTTE, NC 28241	\$6,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of con t ribution
22	LARRY TANDOI 21716 23RD STREET COURT EAST LAKE TAPPS, WA 98391	\$ 60,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23	RITE HITE 8900 N. ARBON DRIVE MILWAUKEE, WI 53223	\$5,000.	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
24	ROADRUNNER TRUCKLOAD PLUS 7430 E BUTHERUS DRIVE, SUITE F SCOTTSDALE, AZ 85260	\$8,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

GSF FOUNDATION

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					
25	SIGMA LOGISTICS 55 CHAMISA ROAD, STE B COVINGTON, GA 30016	\$\$.	Person X Payroll					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
26	SOUTHEASTERN MILLS 333 OLD LINDALE ROAD ROME, GA 30161	s	Person X Payroll					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
27	SUN TRUST BANK 303 PEACHTREE STREET NE, 3RD FLOOR ATLANTA, GA 30308	50,000.	Person X Payroll					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
28	TRAVELERS INDEMNITY ONE TOWER SQUARE, 7GS HARTFORD, CT 06183	s	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					
29	GOLDEN STATE FOODS CORP. 18301 VON KARMAN AVE., STE 1100 IRVINE, CA 92612	\$ 10,000,000.	Person X Payroll Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZiP + 4	(c) Total contributions	(d) Type of contribution					
623452 10-1		\$	Person Payroll Oncash Complete Part II for noncash contributions (290, 990, 990-EZ, or 990-PF) (2016)					

Employer identification number

GSF_FOUNDATION

Part II	Noncash Property (See instructions) Use duplicate copies of Pa	art II if additional space is needed.		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received	
		 \$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received	
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received	
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received	
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received	
		 \$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received	

me of orga	unzauun		Employer identification number
F FO	UNDATION		46-0501728
art III	the year from any one contributor. Complete	columns (a) through (e) and the follow	in section 501(c)(7), (8), or (10) that total more than \$1,000 to wing line entry. For organizations
	completing Part III, enter the total of exclusively religion Use duplicate copies of Part III if addition	is, charitable, etc., contributions of \$1,000 or nal space is needed	r less for the year (Enter this info once)
) No.			405
rom Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
: -			
		(e) Transfer of gif	t
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
) No.			
rom Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_ -			
		(e) Transfer of gif	t
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
-			
n) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gif	t
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
\ \ \ \ \ \ \ \ .			
n) No. From Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gif	1
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
454 10-18-1	16		Schedule B (Form 990, 990-EZ, or 990-PF) (2

Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to Amount status of any foundation manager contribution Name and address (home or business) recipient er substantial contributor BLACKHURST ELEMENTARY РC GENERAL SUPPORT 2000 ELM STREET ST. CHARLES, MO 63301 5,419. GENERAL SUPPORT BOY SCOUTS OF AMERICA YELLOW RIVER ÞС DISTRICT 1800 CIRCLE 75 PARKWAY 12,500. ATLANTA, GA 30339 РC GENERAL SUPPORT BOYS & GIRLS CLUB OF FT ATKINSON 734 MADISON AVE 800. FORT ATKINSON, WI 53538 BOYS & GIRLS CLUB OF METRO ATLANTA PC GENERAL SUPPORT 100 EDGEWOOD AVE, #700 ATLANTA, GA 30303 20,000. GENERAL SUPPORT ÞС BOYS & GIRLS CLUB OF WEST SAN GABRIEL VALLEY 328 S. RAMONA AVE MONTEREY PARK, CA 91754 5,000. BOYS & GIRLS CLUB OF WESTMINSTER РC GENERAL SUPPORT 1440 CHESTNUT AVE WESTMINSTER, CA 92683 4,672. BOYS & GIRLS HAVEN ÞС GENERAL SUPPORT 2301 GOLDSMITH LANE LOUISVILLE, KY 40218 10,000. РC GENERAL SUPPORT BUILD-A-BIKE (VARIOUS CHARITABLE ORGANIZATIONS) 94,604. CAMP WONDER HANDS ₽C GENERAL SUPPORT 1600 MARION STREET 2,500. COLUMBIA, SC 29202 GENERAL SUPPORT CANNING HUNGER INC 407 W. IMPERIAL HWY H313 2,500. BREA, CA 92821 577,509. Total from continuation sheets

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) Recipient If recipient is an individual, Foundation Purpose of grant or show any relationship to any foundation manager or substantial contributor Amount status of contribution Name and address (home or business) recipient CATERINA'S CLUB GENERAL SUPPORT 887 S. ANAHEIM BLVD ANAHEIM, CA 92805 5,000. CHILDREN'S HEALTHCARE OF ATLANTA GENERAL SUPPORT 1687 TULLIE CIRCLE NE ATLANTA, GA 30329 15,000. CHRISTMAS FAMILIES GENERAL SUPPORT VARIOUS CHARITABLE ORGANIZATIONS 919. CITRUS VALLEY HEALTH FOUNDATION PC GENERAL SUPPORT 1115 S. SUNSET AVENUE WEST COVINA, CA 91790 6,000. COATS GENERAL SUPPORT VARIOUS SCHOOLS & ORGANIZATIONS 8,138. COMMUNITY OF HOPE MINISTRIES PC GENERAL SUPPORT P.O. BOX 1004 GARNER, NC 27529 3,000. CRAFTSMEN TRAILER LLC C/O BLACKHURST GENERAL SUPPORT ELEMENTARY 3755 MUELLER ROAD ST.CHARLES, MO 63301 1,000. DREAM STREET FOUNDATION PC GENERAL SUPPORT 324 S. BEVERLY DRIVE, SUITE 500 BEVERLY HILLS, CA 90212 10,000. EMERGENCY FOOD NETWORK PC GENERAL SUPPORT 3318 92ND STREET SOUTH LAKEWOOD, WA 98499 5,000. FAMILY ASSESSMENT COUNSELING PC GENERAL SUPPORT **EDUCATION SERVICES** 1015 E. CHAPMAN AVENUE, SUITE A FULLERTON, CA 92831 3,500. Total from continuation sheets

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient show any relationship to Foundation Purpose of grant or Amount any foundation manager status of contribution Name and address (home or business) or substantial contributor recipient FEDERAL WAY BOYS & GIRLS CLUB РC GENERAL SUPPORT ADOPT-A-FAMILY 603. FRAGILE KIDS FOUNDATION PC GENERAL SUPPORT 3350 RIVERWOOD PARKWAY, #1400 ATLANTA, GA 30339 6,862. FRIENDS OF THE CHILDREN'S MUSEUM AT РÇ GENERAL SUPPORT LA HABRA 310 S. EUCLID STREET LA HABRA, CA 90631 2,500. ÞС GENERAL SUPPORT PRISTERS 17815 SKY PARK CIRCLE, SUITE H 5,000. IRVINE, CA 92614 GARDENEERS ÞС GENERAL SUPPORT 3648 INDIAN WELLS LANE NORTHBROOK, IL 60062 5,000. GIRL SCOUTS OF GREATER ATLANTA ₽C GENERAL SUPPORT 5601 N. ALLEN ROAD MABELTON, GA 30126 8,000. РC GENERAL SUPPORT GOALS FOR LIFE 13100 STUDEBAKER ROAD NORWALK, CA 90650 5,000. HAPPY HATS FOR KIDS IN HOSPITALS PC GENERAL SUPPORT 923 VAN NESS AVENUE TORRANCE, CA 90501 2,500. HOLIDAY GIVING ₽C GENERAL SUPPORT VARIOUS CHARITABLE ORGANIZATIONS 500. HOPE SCHOOL PC GENERAL SUPPORT 7901 KNOTT AVENUE BUENA PARK, CA 90620 5,250. Total from continuation sheets

Part XV Supplementary Information				
3 Grants and Contributions Paid During the Y				
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Hame and address (none of basiness)	or substantial contributor	recipient		
HUMAN OPTIONS		₽C	GENERAL SUPPORT	
P.O. BOX 53745				
IRVINE, CA 92619		ļ		5,00
UNIVADI CAMB		000	CENTED AT CYTODODG	
HUNKAPI CAMP 11250 E. ARABIAN PARK DRIVE		PC	GENERAL SUPPORT	
SCOTTSDALE, AZ 85259				3,65
INLAND VALLEY HOPE PARTNERS		PC	GENERAL SUPPORT	
1753 N PARK AVENUE POMONA, CA 91768				1,00
J.F. SHEA THERAPEUTIC RIDING CENTER		PC	GENERAL SUPPORT	
26284 OSO ROAD SAN JUAN CAPISTRANO, CA 92675				10,00
KATE'S CLUB		PC	GENERAL SUPPORT	
1190 W. DRUID HILLS DRIVE NE, #T-80			SHIERAL SOFFORT	
ATLANTA, GA 30329			<u> </u>	5,00
KIDWORKS		PC	GENERAL SUPPORT	
1902 W. CHESTNUT AVENUE SANTA ANA, CA 92703	}	ļ		5,28
omin mu, on 32103		 		
LAGUNA ART MUSEUM		PC	GENERAL SUPPORT	
307 CLIFF DRIVE	j	1		
LAGUNA BEACH, CA 92651	<u> </u>			3,60
LAKE MURRAY POWER SQUADRON		₽C	GENERAL SUPPORT	
2790 JOHNSON MARINA ROAD				
CHAPIN, SC 29036				1,20
TAMOUTEM DENMAL CLINIC		P.C	CEMEDAT CURRORS	l
LINDQUIST DENTAL CLINIC 130 131ST STREET SOUTH		PC	GENERAL SUPPORT	
TACOMA, WA 98444		<u> </u>		10,00
LOVE OUR CHILDREN	1	PC	GENERAL SUPPORT	i
2650 S. MYRTLE AVENUE, #B3				
MONROVIA, CA 91016 Total from continuation sheets	<u> </u>	<u> </u>	<u> </u>	5,40

3 Grants and Contributions Paid During the Ye	ar (Continuation)			
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
LOVELL ELEMENTARY SCHOOL - UNIFORMS B15 ROGER WILLIAMS ROAD APOPKA, PL 32703		PC	GENERAL SUPPORT	2,00
MARYVALE REVITALIZATION CORP. 8454 N. 51ST AVENUE, #130 PHOENIX, AZ 85031		PC	GENERAL SUPPORT	2,50
ME FINE FOUNDATION 5100 US HIGHWAY 70 EAST PRINCETON, NC 27569		PC	GENERAL SUPPORT	3,00
MOTHER 2 MANY P.O. BOX 7354 BONNEY LAKE, WA 98391		PC	GENERAL SUPPORT	1,00
NEMOURS CHILDREN HEALTH 10140 CENTURION PKWY N. JACKSONVILLE, FL 32256		PC	GENERAL SUPPORT	93
NO LIMITS 9801 WASHINGTON BLVD., 2ND FLOOR CULVER CITY, CA 90232		PC	GENERAL SUPPORT	1,00
OC CHILDREN'S THERAPEUTIC ARTS CENTER 2215 N. BROADWAY, #1 SANTA ANA, CA 92706		PC	GENERAL SUPPORT	1,00
OLIVE CREST 2130 E. 4TH STREET, SUITE 200 SANTA ANA, CA 92705		₽C	GENERAL SUPPORT	5,00
PEDIATIC BRAIN TUMOR FOUNDATION 302 RIDGEFIELD COURT ASHEVILLE, NC 28806		PC	GENERAL SUPPORT	1,50
PRECISION SERVICE GROUP 15201 WOODLAWN AVENUE, #100 TUSTIN, CA 92780		PC	GENERAL SUPPORT	1,93

GSF FOUNDATION

3 Grants and Contributions Paid During the	Year (Continuation)			l
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount
PROJECT HOPE ALLIANCE		PC	GENERAL SUPPORT	
1954 PLACENTIA AVENUE, #202				10.00
COSTA MESA, CA 92627				10,000
PROJECT VISITATION HILO		PC	GENERAL SUPPORT	
	- 	 		2,809
PURE GAME		PC	GENERAL SUPPORT	
1505 E. 17TH STREET, #211				
SANTA ANA, CA 92705		 -	 	5,000
RAD CAMP		₽C	GENERAL SUPPORT	
18025 SKY PARK CIRCLE, SUITE B				
IRVINE, CA 92614		 		7,500
RMCH DINNERS & EVENTS		PC	GENERAL SUPPORT	
VARIOUS RMHC LOCATIONS	 	 		
RMHC ATLANTA		₽C	GENERAL SUPPORT	
792 HOUSTON MILL ROAD		1		j
ATLANTA, GA 30329				38,987
RMHC AUGUSTA		PC	GENERAL SUPPORT	
P.O. BOX 14189		ľ	SERENAL SOLFORI	
AUGUSTA, GA 30919		 		3,000
THE GRADE OPERAL		D0	CENTED I CUDDODE	
RMHC CENTRAL OREGON 1700 NE PURCELL BLVD.		₽C	GENERAL SUPPORT	ĺ
BEND, OR 97701	_		<u> </u>	3,000
RMHC CHAPEL HILL 101 OLD MISSION FARM ROAD		PC	GENERAL SUPPORT	1
CHAPEL HILL, NC 27514				3,000
RMHC CHARLESTON		PC	GENERAL SUPPORT	
81 GADSDEN STREET CHARLESTON, SC 29401		1	1	3,000
Total from continuation sheets			-L	

Part XV Supplementary Information				
3 Grants and Contributions Paid During the Y				
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
	ł	ļ		}
RMHC CHARLOTTE		PC	GENERAL SUPPORT	
P.O. BOX 35129			İ	Ì
CHARLOTTE, NC 28235		 	_	3,120.
RMHC COLUMBIA		PC	GENERAL SUPPORT	
1529 HAMPTON STREET, SUITE 2001				
COLUMBIA, SC 29201		 		3,000.
]			J
RMHC DURHAM		PC	GENERAL SUPPORT	
506 ALEXANDER AVENUE]		
DURHAM, NC 27705		 		3,000.
	1			
RMHC GREENVILLE, NC		₽C	GENERAL SUPPORT	
549 MOYE BLVD.		İ	İ	
GREENVILLE, NC 27834			<u> </u>	3,682.
		[
RMHC GREENVILLE, SC	j	PC	GENERAL SUPPORT	j
706 GROVE ROAD			BENEKAL SOFFORT	
GREENVILLE, SC 29605		j		3,000.
		1		
RMHC HAWAII		₽C	GENERAL SUPPORT	
1970 JUDD HILLSIDE ROAD HONOLULU, HI 96822		1	Ì	3,368.
10000000, 111 30022	 	 		3,300.
		İ		[
RMHC LAS VEGAS		PC	GENERAL SUPPORT	ļ
2323 POTOSI STREET				5 000
LAS VEGAS, NV 89146	 	 	 	5,000.
RMHC LOMA LINDA	1	₽C	GENERAL SUPPORT	1
11365 ANDERSON STREET				
LOMA LINDA, CA 92354		-		5,500.
RMHC LOS ANGELES		PC	GENERAL SUPPORT	
4560 FOUNTAIN AVE	1	1		
LOS ANGELES, CA 90029	 	 	+	2,242.
				1
RMHC NASHVILLE		PC	GENERAL SUPPORT]
2144 FAIRFAX AVENUE				
NASHVILLE, TN 37212	<u> </u>	1		4,788.
Total from continuation sheets .				<u> </u>

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) Recipient If recipient is an individual, Foundation Purpose of grant or show any relationship to any foundation manager or substantial contributor Amount status of contribution Name and address (home or business) recipient RMHC NORFOLK РC GENERAL SUPPORT 404 COLLEY AVENUE NORFOLK, VA 23507 3,500. RMHC OREGON & SW WASHINGTON РC GENERAL SUPPORT 2620 N. COMMERCIAL AVENUE PORTLAND, OR 97227 1,226. RMHC RICHMOND РC GENERAL SUPPORT 2330 MONUMENT AVENUE RICHMOND, VA 23220 3,000. РÇ RMHC ROANOKE GENERAL SUPPORT 2224 S. JEFFERSON STREET ROANOKE, VA 24014 3,000. RMHC SAN DIEGO GENERAL SUPPORT 2929 CHILDRENS WAY SAN DIEGO, CA 92123 7,500. RMHC SAVANNAH РC GENERAL SUPPORT 4710 WATERS AVENUE SAVANNAH, GA 31404 3,000. RMHC SOUTHERN APPALACHIAN РC GENERAL SUPPORT 418 N. STATE OF FRANKLIN ROAD JOHNSON CITY, TN 37604 3,000. RMHC SOUTHERN CALIFORNIA PC GENERAL SUPPORT 765 S. PASADENA AVENUE PASADENA, CA 91105 35,000. RMHC SOUTHWEST FLORIDA PC GENERAL SUPPORT 16100 ROSERUSH COURT FORT MYERS, FL 33908 3,755. RMHC SPOKANE GENERAL SUPPORT 1015 W. 5TH AVE SPOKANE, WA 99204 1,355. Total from continuation sheets

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, show any relationship to Recipient Foundation Purpose of grant or Amount any foundation manager status of contribution Name and address (home or business) or substantial contributor recipient RMHC TAMPA BAY РC GENERAL SUPPORT 28 COLUMBIA DRIVE TAMPA, FL 33606 3,160. RMHC WESTERN WASHINGTON & ALASKA ₽C GENERAL SUPPORT 5130 40TH AVENUE NE SEATTLE, WA 98105 6,936. RMHC WICHITA GENERAL SUPPORT 1110 N. EMPORIA AVE WICHITA, KS 67214 1,000. ÞС GENERAL SUPPORT RMHC WINSTON SALEM 419 S. HAWTHORNE ROAD WINSTON-SALEM, NC 27103 3,000. SALVATION ARMY ANGEL TREE ÞС GENERAL SUPPORT 2,206. SEGERSTROM CENTER FOR THE ARTS РC GENERAL SUPPORT 600 TOWN CENTER DRIVE COSTA MESA, CA 92626 7,500. ЬC SERVING PEOPLE IN NEED (SPIN) GENERAL SUPPORT 151 KALMUS DRIVE, SUITE H-2 COSTA MESA, CA 92626 500. SPIRITT FAMILY SERVICES ₽C GENERAL SUPPORT 2000 S. TYLER AVENUE EL MONTE, CA 91733 5,000. TALK ABOUT CURING AUTISM PC GENERAL SUPPORT 2222 MARTIN, SUITE 140 IRVINE, CA 92612 3,000. PC TEAM KIDS GENERAL SUPPORT 15375 BARRANCA PARKWAY, #E-103 IRVINE, CA 92618 5,000. Total from continuation sheets

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, show any relationship to any foundation manager or substantial contributor Recipient Foundation Purpose of grant or Amount status of contribution Name and address (home or business) recipient THE C.O.O.P. FOUNDATION PC GENERAL SUPPORT 162 N. RAYMOND AVENUE FULLERTON, CA 92831 6,000. THE LAUREL FOUNDATION GENERAL SUPPORT 75 S. GRAND AVENUE PASADENA, CA 91105 2,500. THE LEON OWENS FOUNDATION GENERAL SUPPORT 1105 S. EUCLID STREET, SUITE D-349 FULLERTON, CA 92832 5,000. ÞС THE PAINTED TURTLE GENERAL SUPPORT 1300 4TH STREET, SUITE 300 SANTA MONICA, CA 90401 10,000. THE RELATIVES GENERAL SUPPORT 119 E. 8TH STREET CHARLOTTE, NC 28202 1,609. WHITEWATER COMMUNITY FOUNDATION PC GENERAL SUPPORT 207 W. MAIN STREET WHITEWATER, WI 53190 5,000. ₽C YMCA OF GARNER GENERAL SUPPORT 1701 AVERSBORO ROAD GARNER, NC 27529 1,000. YMCA OF ORANGE COUNTY PC GENERAL SUPPORT 13821 NEWPORT AVENUE, SUITE 200 TUSTIN, CA 92780 5,000. Total from continuation sheets

FORM 990-PF INTERE	ST ON SAVIN	IGS AND TEM	PORARY	CASH IN	VESTMENTS	ST	ATEMENT
SOURCE	(A REVE PER B		NET IN	(B) (C) NVESTMENT ADJUSTED NCOME NET INCOM			
BANK OF THE WEST			564.		564.		0
TOTAL TO PART I, LI	TOTAL TO PART I, LINE 3		564.		564.		0
FORM 990-PF	DIVIDENDS	S AND INTER	EST FRO	M SECUR	ITIES	ST	ATEMENT
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDEND	RE	(A) VENUE BOOKS		T -	(C) ADJUSTED NET INCOM
AMERITRADE	456.		0.	456.	45	6.	0
TO PART I, LINE 4	456.		0.	456.	45	6.	0
FORM 990-PF		TAX	ES			ST	ATEMENT
DESCRIPTION		(A) EXPENSES PER BOOKS	NET IN		(C) ADJUSTED NET INCOM)	CHARITABL
TAX ON INVESTMENT I CALIFORNIA LICENSE		11. 10.		0.		0.	0
TO FORM 990-PF, PG	1, LN 18 =	21.	===	0.		0.	10
FORM 990-PF	· · · · · · · · · · · · · · · · · · ·	OTHER E	XPENSES	 -	. — — : = — -	ST	ATEMENT
DESCRIPTION		(A) EXPENSES PER BOOKS	(E NET IN MENT I	VEST-	(C) ADJUSTED NET INCOM		(D) CHARITABL PURPOSES
FUND RAISING EXPENS BANK CHARGES ADMINSTRATIVE EXPEN		118,330. 10,614. 35,886.		0. 0. 0.		0. 0. 0.	118,330 10,614 34,665
TO FORM 990-PF, PG	1, LN 23	164,830.		0.		0.	163,609

FORM 990-PF OT	HER INCR	EASES	IN N	ET ASSETS OR FUI	ND BALANCES	STAT	EMENT 5
DESCRIPTION						Al	MOUNT
UNREALIZED MARK	ro marke	r adj	USTME	NT - SECURITIES			1,077.
TOTAL TO FORM 99	O-PF, PAI	RT II	I, LII	NE 3			1,077.
FORM 990-PF				OF OFFICERS, DIFOUNDATION MANAGE		STAT	EMENT 6
NAME AND ADDRESS				TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE
MARK WETTERAU 18301 VON KARMAN IRVINE, CA 92612	AVENUE,	STE.		CHAIRMAN/CEO/DI		0.	0.
LISA GOTTLIEB 18301 VON KARMAN IRVINE, CA 92612	AVENUE,	STE.	1100	CFO/DIRECTOR 2.00	0.	0.	0.
ANNA LISA LUKES 18301 VON KARMAN IRVINE, CA 92612				EXECUTIVE DIRECT		0.	0.
JOHN PAGE 18301 VON KARMAN IRVINE, CA 92612				SECRETARY/DIREC		0.	0.
ALI SAYEDI 18301 VON KARMAN IRVINE, CA 92612				DIRECTOR 1.00	0.	0.	0.
FRANK LISTI 18301 VON KARMAN IRVINE, CA 92612		STE.	1100	DIRECTOR 1.00	0.	0.	0.
GREGG TARLTON 18301 VON KARMAN IRVINE, CA 92612	AVENUE,	STE.		DIRECTOR 1.00	0.	0.	0.
ALEX LUU 18301 VON KARMAN IRVINE, CA 92612	AVENUE,	STE.		ASSISTANT SECRE	ETARY 0.	0.	0.

JIM BROOKS 18301 VON KARMAN AVENUE, STE. 1100 1.00 0. 0. IRVINE, CA 92612 WAYNE MORGAN 18301 VON KARMAN AVENUE, STE. 1100 1.00 0. 0. IRVINE, CA 92612 JOHN MURPHY 18301 VON KARMAN AVENUE, STE. 1100 1.00 0. 0. IRVINE, CA 92612	0.
18301 VON KARMAN AVENUE, STE. 1100 1.00 0. 0. IRVINE, CA 92612 JOHN MURPHY DIRECTOR 18301 VON KARMAN AVENUE, STE. 1100 1.00 0. 0.	
18301 VON KARMAN AVENUE, STE. 1100 1.00 0. 0.	0.
LARRY MCGILL DIRECTOR 18301 VON KARMAN AVENUE, STE. 1100 1.00 0. 0. IRVINE, CA 92612	0.
MIKE WAITUKAITIS DIRECTOR 18301 VON KARMAN AVENUE, STE. 1100 1.00 0. 0. IRVINE, CA 92612	0.
NEIL CRACKNELL DIRECTOR 18301 VON KARMAN AVENUE, STE. 1100 1.00 0. 0. IRVINE, CA 92612	0.
PETE DELGIORNO DIRECTOR 18301 VON KARMAN AVENUE, STE. 1100 1.00 0. 0. IRVINE, CA 92612	0.
SHELLIE FREY DIRECTOR 18301 VON KARMAN AVENUE, STE. 1100 1.00 0. 0. IRVINE, CA 92612	0.
STEPHEN BECKER DIRECTOR 18301 VON KARMAN AVENUE, STE. 1100 1.00 0. 0. IRVINE, CA 92612	0.
WILLIAM POCILUJKO DIRECTOR 18301 VON KARMAN AVENUE, STE. 1100 1.00 0. 0. IRVINE, CA 92612	0.
WILLIAM D. SANDERSON DIRECTOR 18301 VON KARMAN AVENUE, STE. 1100 1.00 0. 0. IRVINE, CA 92612	0.
TESS MAILLOUX ASSISTANT SECRETARY 18301 VON KARMAN AVENUE, STE. 1100 1.00 0. 0. IRVINE, CA 92612	0.
TED KOESTER DIRECTOR 18301 VON KARMAN AVENUE, STE. 1100 1.00 0. 0. IRVINE, CA 92612	0.
TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII 0. 0.	0.