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### Form **990-PF**

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.

OMB No 1545-0052

Department of the Treasury ▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf. Internal Revenue Service For calendar year 2016 or tax year beginning and ending Name of foundation A Employer identification number THE PLUM SPRING FOUNDATION 46-4170079 Number and street (or P O box number if mail is not delivered to street address) B Telephone number 11369 DONA LISA DRIVE (412) 594-5569 City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here NORTH HOLLYWOOD, CA 91604 Initial return G Check all that apply. Initial return of a former public charity D 1 Foreign organizations, check here Final return Amended return X Address change Name change H Check type of organization: Section 501(c)(3) exempt private foundation 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: X Cash Accrual If the foundation is in a 60-month termination Other (specify) (from Part II, col. (c), line 16) under section 507(b)(1)(B), check here 5,269,078. (Part I, column (d) must be on cash basis.) ▶\$ Part | Analysis of Revenue and Expenses (a) Revenue and expenses per books (b) Net investment (c) Adjusted net (d) Disbursements (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) for charitable purposes income income (cash basis only) Contributions, gifts, grants, etc., received 600,000 N/A Check If the foundation is not required to attach Sch. B. Interest on savings and temporary cash investments 689 689 STATEMENT 89,569 89,523 STATEMENT 4 Dividends and interest from securities 5a Gross rents b Net rental income or (loss) -99,4106a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a 1,755,261. RECEIVED 7 Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain 9 Income modifications 10a Gross sales less returns and allowances OGDEN UT b Less Cost of goods sold c Gross profit or (loss) 11 Other income 590,848. 90,212 12 Total, Add lines 1 through 11 26,000. 26,000. Compensation of officers, directors, trustees, etc. 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees STMT 3 8,360. 0. **b** Accounting fees 8,360. c Other professional fees 17 Interest STMT 4 12,034. 1,753. 9,893. 18 Taxes 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings Operating and 22 Printing and publications 23 Other expenses STMT 5 35,393. 32,731 0. 24 Total operating and administrative 81,787 44,253. expenses Add lines 13 through 23 34,484 126,890 25 Contributions, gifts, grants paid 126,890. 26 Total expenses and disbursements. 208,677 34,484 171,143. Add lines 24 and 25 27 Subtract line 26 from line 12: 382,171 2 Excess of revenue over excenses and disbursements 55,728 b Net investment income (if negative, enter -0-)

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

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c Adjusted net income (if negative, enter -0-)

N/A

_		end lesses for Tay on I					40-	<u>41/(</u>	10/9	Page 3
_		and Losses for Tax on I			(h) How poque	<u>.a T</u>			<del></del> .	
	(a) List and described 2-story brick wa	ribe the kind(s) of property sold (e. rehouse; or common stock, 200 st	g , real estate, is. MLC Co )		(b) How acquire P - Purchase D - Donation		;) Date acqui (mo., day, yi	red r.)	(d) Date (mo., da	
1a	JP MORGAN - SE	E ATTACHED			P	0	1/01/	16	12/31	/16
b	JP MORGAN - SE	E ATTACHED			P	0	1/01/	16	12/31	/16
		E ATTACHED			P		6/03/		12/31	
		E ATTACHED			P	0	<u> 1/30/</u>	15	12/31	/16
е	CAPITAL GAINS		т		<del></del>					
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale			(h) Gain oi (e) plus (f) n		j)	
a	499,437.			522,03						598.
b				83,160						319.
C			ļ	<u>1,154,476</u>						<u>279.</u>
d				95,000	0.					966.
е										<u>752.</u>
	Complete only for assets showin	g gain in column (h) and owned by	T			(I) G	iains (Col. (h	ı) gain n	ninus -0-) or	
	(ı) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col. (1) col. (1), if any			osses (from			
a										<u>598.</u>
b										<u>319.</u>
C			ļ				<del>_</del>			<u>279.</u>
d			<u> </u>							<u>966.</u>
<u>e</u>									20,	<u>752.</u>
2	Capital gain net income or (net ca	pital loss) { If gain, also enter-			} 2				- <u>9</u> 9,	410.
3	Net short-term capital gain or (los If gain, also enter in Part I, line 8,	s) as defined in sections 1222(5) a						-	· <del></del>	
	If (loss), enter -0- in Part I, line 8	colullii (c)			}   3		1	N/A		
F	Part V Qualification U	nder Section 4940(e) fo	r Reduced	Tax on Net	Investment	Inco				
(Fr	or optional use by domestic private	foundations subject to the section	4940(a) tax on	net investment inc	come.)	***				
					•					
It s	section 4940(d)(2) applies, leave th	ils part blank								
Wa	as the foundation liable for the sect	tion 4942 tax on the distributable ar	mount of any ye	ear in the base perio	od?			[	Yes	X No
lf "	Yes," the foundation does not qual	ify under section 4940(e). Do not c	omplete this pa	ırt.						
1	Enter the appropriate amount in e	each column for each year; see the	instructions be	fore making any en	tries.					
	(a) Base period years	(b)			(c)			) Distribu	d) ition ratio	
	Calendar year (or tax year beginning	ng in) Adjusted qualifying di		Net value of non	charitable-use a		(col.	(b) divid	ded by col. (	<del></del>
	2015		25,252.		4,792,5					<u>7000</u>
	2014	13	30,005.	<u> </u>	4,935,	784.				<u>6339</u>
	2013		0.		2,462,5	500.			.00	0000
	2012									
_	2011		<u>_</u>	<u> </u>						
	Total of line 1, column (d)						2		.07	<u> 3339</u>
3	Average distribution ratio for the S		on line 2 by 5,	or by the number of	of years	i				
	the foundation has been in exister	nce if less than 5 years					3		.02	<u>4446</u>
4	Enter the net value of noncharitab	le-use assets for 2016 from Part X	, line 5				4	4	1,759,	080.
5	Multiply line 4 by line 3					į	5		116,	<u>340.</u>
_	m	/40/ - / D - / L L - OT' :								
6	Enter 1% of net investment incom	ne (1% of Part I, line 2/b)					6			<u>557.</u>
	A211 5 10						_		110	007
7	Add lines 5 and 6						7		116,	891.
8	Enter qualifying distributions from	n Part XII, line 4					8		171,	143.
	If line 8 is equal to or greater than See the Part VI instructions.	line 7, check the box in Part VI, lin	e 1b, and comp	olete that part using	a 1% tax rate.					

Form 990-PF (2016) THE PLUM SPRING FOUNDATION 46-417  Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see	)079 instru	ctio	Page 4
1a Exempt operating foundations described in section 4940(d)(2), check here ▶ □ and enter "N/A" on line 1.			<del></del>
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%		5	<u>57.</u>
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).			
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			0.
3 Add lines 1 and 2		5	<u>57.</u>
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			<u>0.</u>
5 Tax based on investment income Subtract line 4 from line 3. If zero or less, enter -0-		5	<u>57.</u>
6 Credits/Payments:			
a 2016 estimated tax payments and 2015 overpayment credited to 2016 6a 520.			
b Exempt foreign organizations - tax withheld at source			
c Tax paid with application for extension of time to file (Form 8868)  6c 1,300.			
d Backup withholding erroneously withheld		1 0	20
7 Total credits and payments. Add lines 6a through 6d		1,8	3.
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		1,2	<u> </u>
10 Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid  11 Enter the amount of line 10 to be Credited to 2017 estimated tax   1, 260 • Refunded  11		1,4	0.
11 Enter the amount of line 10 to be Credited to 2017 estimated tax ▶ 1, 260 ⋅ Refunded ▶ 11 Part VII-A Statements Regarding Activities			<u> </u>
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in	1	Yes	No
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)?	1b		X
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or			
distributed by the foundation in connection with the activities			
c Did the foundation file Form 1120-POL for this year?	1c		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			
(1) On the foundation. ▶ \$ 0 • (2) On foundation managers. ▶ \$ 0 •			
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation			
managers. ► \$ 0.			
2 Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		X
If "Yes," attach a detailed description of the activities			
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or	1 1		
bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
b If "Yes," has it filed a tax return on Form 990-T for this year? N/A	4b		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		<u>X</u>
If "Yes," attach the statement required by General Instruction T			
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either.			
By language in the governing instrument, or			
By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law			
remain in the governing instrument?	6	$\frac{x}{x}$	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	7	<u> </u>	
8a Enter the states to which the foundation reports or with which it is registered (see instructions)			
PA, CA b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)			
	O.	х	
of each state as required by General Instruction G? If "No," attach explanation  9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar	8b		
year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes," complete Part XIV	9		Х
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10		X
	orm <b>99</b> 0	)-PF	

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X

3b

4a

N/A

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?

orm 990-PF (2016) THE PLUM SPRING FOUNDATI			<u>46-41700</u>	<u>79</u>	Page 6
Part VII-B Statements Regarding Activities for Which I	Form 4720 May Be I	Required (contin	ued)		
5a During the year did the foundation pay or incur any amount to.	,				
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	n 4945(e))?	Y	es X No		
(2) Influence the outcome of any specific public election (see section 4955); o	r to carry on, directly or indir	ectly,	1	ļ	
any voter registration drive?		Y	es X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes	?	Y	es X No		
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section				
4945(d)(4)(A)? (see instructions)		Y	es X No		ļ
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or	for			
the prevention of cruelty to children or animals?		Y	es X No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	der the exceptions described	ın Regulations	[	- {	į
section 53.4945 or in a current notice regarding disaster assistance (see instru	ctions)?		N/A	5b	
Organizations relying on a current notice regarding disaster assistance check h	ere				
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr	rom the tax because it mainta	uned			
expenditure responsibility for the grant?	Ŋ	1/A 🔲 Y	es 🔲 No		
If "Yes," attach the statement required by Regulations section 53 4945	5-5(d)				
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on		1		
a personal benefit contract?		Ye	es X No	1	
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?		}	6b	x
If "Yes" to 6b, file Form 8870					
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?	Ye	es X No	i	
b If "Yes," did the foundation receive any proceeds or have any net income attribu	table to the transaction?		A/N	7b	
Part VIII Information About Officers, Directors, Trusto	ees, Foundation Ma	nagers, Highl	У		
Paid Employees, and Contractors					
List all officers, directors, trustees, foundation managers and their					
(a) Name and address	(b) Title, and average hours per week devoted	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans	(e) E	xpense Int, other
(a) Name and address	to position	enter -0-)	and deferred compensation	allov	wances
				ļ	
SEE STATEMENT 7		26,000.	0.		0.
Compensation of five highest-paid employees (other than those inc		enter "NONE."	(4)		<del></del>
(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	( <b>e)</b> E	xpense Int, other
	devoted to position	(b) componedion	compensation	allov	wances
NONE					
		<u> </u>			
		<u></u>			
Total number of other employees paid over \$50,000			<b>▶</b>		0
			Form	990-P	<b>F</b> (2016)

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Part VIII Information About Officers, Directors, Trustees, F Paid Employees, and Contractors (continued)	oundation Managers, Highly	
3 Five highest-paid independent contractors for professional services. If non	e, enter "NONE."	
(a) Name and address of each person paid more than \$50,000	<b>(b)</b> Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services  Part IX-A   Summary of Direct Charitable Activities		▶ 0
List the foundation's four largest direct charitable activities during the tax year. Include relevanumber of organizations and other beneficiaries served, conferences convened, research page	ant statistical information such as the	Expenses
1 N/A	7010 produced, etc.	
2		
3		
4		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax $\mathbf{N/A}$	year on lines 1 and 2.	Amount
2		
All other program-related investments. See instructions.		
3		
Tetal Add lines 1 through 3		Λ

Р	art X Minimum Investment Return (All domestic foundations must complete this part Foreign four	ndation	s, see instructions )
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
·a	A secondary for analysis of annualise	1a	4,261,930.
	Average of monthly cash balances	1b	4,261,930. 569,623.
	Fair market value of all other assets	1c	
	Total (add lines 1a, b, and c)	1d	4,831,553.
	Reduction claimed for blockage or other factors reported on lines 1a and		
Ť	1c (attach detailed explanation) 1e 0 •		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	4,831,553.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	72,473.
5	Net value of noncharitable-use assets Subtract line 4 from line 3 Enter here and on Part V, line 4	5	4,759,080.
6	Minimum investment return. Enter 5% of line 5	6	237,954.
	Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations an foreign organizations check here and do not complete this part )	d certai	
1	Minimum investment return from Part X, line 6	1	237,954.
2a			
ь	( 0010 (T) ) ( 1 1 1 1 1 1 1 ( 0 1 1 1 1 1 1 1 1 1 1		
C		2c	557.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	237,397.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	237,397.
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	237,397.
P	Part XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		181 140
а		1a	171,143.
b	·	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
а	• • •	3a	
b		3b	4.74 4.42
4	Qualifying distributions Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	171,143.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income. Enter 1% of Part I, line 27b	5	557.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	170,586.
	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.	qualifies	for the section

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Part XIII Undistributed Income (see instructions)

•	<b>(a)</b> Corpus	(b) Years prior to 2015	(c) 2015	(d) 2016
1 Distributable amount for 2016 from Part XI,				
line 7	··-··		<u>.</u>	237,397.
2 Undistributed income, if any, as of the end of 2016				
a Enter amount for 2015 only			142,578.	
b Total for prior years:		•		
France distributions correspond if any to 2016.		0.		
3 Excess distributions carryover, if any, to 2016:				
<b>a</b> From 2011 <b>b</b> From 2012				
c From 2013				
d From 2014				
e From 2015				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2016 from	0.			
Part XII, line 4: ▶\$ 171,143.				
a Applied to 2015, but not more than line 2a			142,578.	
<b>b</b> Applied to undistributed income of prior			112/3/01	
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2016 distributable amount				28,565.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2016 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				
2 Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
<b>b</b> Prior years' undistributed income. Subtract				<del> </del>
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		0.		
assessed		U•		
d Subtract line 6c from line 6b. Taxable amount - see instructions		0.		
e Undistributed income for 2015. Subtract line				·
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2016. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2017				208,832.
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.	İ			
Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9:				
a Excess from 2012				
b Excess from 2013				
c Excess from 2014				
d Excess from 2015		į		
e Excess from 2016	<u> </u>			5 000 DE (0040)

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Form 990-PF (2016) THE PLU. Part XIV Private Operating Form	M SPRING FO	OUNDA'I'ION	U.A. ===================================		70079 Page 10
			II-A, question 9)	N/A	
1 a If the foundation has received a ruling or		· · · · · ·			
foundation, and the ruling is effective for	·	=	. ▶ └	7.0.0.0.0	
<b>b</b> Check box to indicate whether the found		ng foundation described		4942(j)(3) or49	942(1)(5)
2 a Enter the lesser of the adjusted net	Tax year (a) 2016	(b) 2015	Prior 3 years (c) 2014	(d) 2013	(a) Tatal
income from Part I or the minimum	(a) 2010	(0) 2013	(6) 2014	(u) 2013	(e) Total
investment return from Part X for					
each year listed			<del> </del>	<del></del>	
<b>b</b> 85% of line 2a			<del></del>	<del> </del>	
c Qualifying distributions from Part XII,			Ì		
line 4 for each year listed			<del> </del>		<del></del>
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities  e Qualifying distributions made directly			<del> </del>		<del></del>
for active conduct of exempt activities.		:			
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the			<del> </del>	<del></del>	<del> </del>
alternative test relied upon:					
a "Assets" alternative test - enter (1) Value of all assets					
(1)			<del></del>		
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)			<u> </u>		
b "Endowment" alternative test - enter 2/3 of minimum investment return					
shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter:					
(1) Total support other than gross					
investment income (interest, dividends, rents, payments on					
securities loans (section					
512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt					
organizations as provided in					
section 4942(j)(3)(B)(iii)			ļ		
(3) Largest amount of support from					
an exempt organization			<del> </del>		
(4) Gross investment income  Part XV Supplementary Info	rmation (Cample	to this port only	if the foundation	n had \$5 000 ar me	ere in eccete
Part XV Supplementary Information			ii the ioundatio	n nau \$5,000 or me	ore in assets
	<del></del>				<del></del>
1 Information Regarding Foundatio a List any managers of the foundation who		than 20% of the total con	tributions recoved by th	a foundation before the elec-	no of any toy
year (but only if they have contributed m			unduons received by in	e louiloation belote the clos	se of any tax
SEE STATEMENT 8		<del></del>			
<ul> <li>List any managers of the foundation who other entity) of which the foundation has</li> </ul>			(or an equally large por	tion of the ownership of a p	artnership or
NONE					
2 Information Regarding Contributi					
Check here ► X If the foundation o					
the foundation makes gifts, grants, etc. (					1 0.
a The name, address, and telephone number	per or e-mail address of	the person to whom app	lications should be addr	essed:	
b The form in which applications should b	e submitted and informa	tion and materials they s	sponjų rucjudė.		
c Any submission deadlines:	<del></del>				
d Any restrictions or limitations on awards	, such as by geographic	al areas, charitable fields	, kınds of ınstitutions, oi	other factors:	

· · · · · · · · · · · · · · · · · · ·	fear or Approved for Future  If recipient is an individual,			
Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
- David dumps the week	or substantial community	Tecipient		
a Paid during the year				
CHILDREN'S HOSPITAL LOS ANGELES		NC	HEALTH CARE	
4650 SUNSET BLVD. MS#29				
LOS ANGELES, CA 90027				10,00
STEP UP WOMENS NETWORK		PC	COMMUNITY RESOURCES	
510 SOUTH HEWITT STREET #111			FOR WOMEN AND GIRLS	
LOS ANGELES, CA 90013				55,89
UNIVERSITY OF PITTSBURGH CHINESE		NC	EDUCATION	
NATIONALITY ROOM				
128 NORTH CRAIG STREET				
PITTSBURGH, PA 15260				25,00
SAVE THE CHILDREN		NC	CHILDREN'S EDUCATION	
501 KINGS HIGHWAY EAST, SUITE 400			AND HEALTH.	1,00
FAIRFIELD, CT 06825				1,00
FAIRFAX 5K		NC	RUN TO END PEDIATRIC	
12115 GREENWAY CT, #301			CANCER.	
FAIRFAX VA 22033				10.00
	NTINUATION SHE	ET(S)	<b>▶</b> 3a	126,89
b Approved for future payment				
NONE				
Total			<b>▶</b> 3b	

## Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelated	Unrelated business income		ded by section 512, 513, or 514	(e)		
Ç	(a) Business	(b) Amount	(C) Exclu- sion code	(d) Amount	Related or exempt function income		
1 Program service revenue:	code	<del></del>	Code				
a	1 (		-		<del></del>		
b	- }		<del>                                     </del>				
c			<u> </u>				
d	_						
e	_						
f							
g Fees and contracts from government agencies							
2 Membership dues and assessments							
3 Interest on savings and temporary cash							
investments			14	689.			
4 Dividends and interest from securities			14	689. 89,569.			
5 Net rental income or (loss) from real estate:		<del></del>	_ = -	00/0000			
a Debt-financed property							
b Not debt-financed property			<del>  </del>				
6 Net rental income or (loss) from personal			<del>  </del>				
* * *							
property		· ··	-				
7 Other investment income	<del></del>		}}		<del></del>		
8 Gain or (loss) from sales of assets other	E02000	100 160	امدا	00 750			
than inventory	523000	<u>-120,162.</u>	14	20,752.			
9 Net income or (loss) from special events		<del></del> -	-				
10 Gross profit or (loss) from sales of inventory			}				
11 Other revenue:							
a	_						
b							
c							
d	_						
e							
12 Subtotal. Add columns (b), (d), and (e)		-120,162.		111,010.	0.		
13 Total Add line 12, columns (b), (d), and (e)		<del>-</del>			-9,152.		
(See worksheet in line 13 instructions to verify calculations.)							
Part XVI-B Relationship of Activities		mplishment of Ev	omnt	Purnoses			
Tall AVI-B Melationship of Activities							
Line No. Explain below how each activity for which inc			contrib	uted importantly to the accom	plishment of		
the foundation's exempt purposes (other tha	n by providing funi	ds for such purposes).		· · · · · · · · · · · · · · · · · · ·			
			_				
			-				
			_				
				7			
<del>_</del>	<del></del>		~				
		·					
		-		<del></del>			
	<del></del>						
		·			. <u> </u>		

Pa	rt XVII	Information Re Exempt Organ		sfers To a	and Transactions a	and Relations	nips With Noncha	itable	•	
4	Did the ore	· · · · · · · · · · · · · · · · · · ·		of the followin	g with any other organization	on described in secti	on 501(c) of	T	Yes	No
1	-						on 50 1(c) of		103	-140
	•	•			27, relating to political organ	iizatioiis <sup>,</sup>				
а		rom the reporting found	ation to a noncharitat	ne exempt on	gamzanon oi.			4.40		v
	(1) Cash							1a(1)		<u>X</u>
	(2) Other							1a(2)		_X_
b	Other trans									
		of assets to a noncharita						1b(1)		<u>X</u>
		ases of assets from a no		rganization				1b(2)		<u>X</u>
	(3) Renta	of facilities, equipment,	or other assets					1b(3)		<u>X</u>
	(4) Reimb	ursement arrangements						1b(4)		<u>X</u>
	(5) Loans	or loan guarantees						1b(5)		_X_
		mance of services or me						1b(6)		_X_
C	Sharing of	facilities, equipment, ma	uling lists, other asset	s, or paid em	ployees			1c		_X_
d					dule. Column <b>(b)</b> should al				ets,	
	or services	given by the reporting for	oundation. If the foun	dation receiv	ed less than fair market vali	ue in any transaction	or sharing arrangement, s	now in		
	column (d	the value of the goods,	other assets, or servi	ces received.						
(a) ∟	ine no	(b) Amount involved	(c) Name of	noncharitable	e exempt organization	(d) Description	of transfers, transactions, and	haring an	rangeme	nts
				N/A						
_										
	-  -									
				-						
_										
	lo the four	idation directly or indirec	L	elated to one	or more tax-exempt organ					
2 <b>a</b>		· ·				izations described	Г	Yes	Y	] No
		501(c) of the Code (othe		(3)) 01 111 560	11011 327					טוו ר
b	it yes, co	mplete the following sch (a) Name of org			(b) Type of organization		(c) Description of relations	1ID		
	<del>_</del>	<u>``</u>	Janization		(b) Type of organization	\ <u>\</u>	(c) Description of relations	ııp		
		N/A	<del></del>							
		<del></del>								
	11-4		that I have avanual thu	return Individie	a accompanyon schodulos soc	I statemente, and to the	hast of my knowledge			
۵.	200 50				ng accompanying schedules and in taxpayer) is based on all inforr		May any knowledge May	the IRS o	discuss t	his or
21	gn   and b	0-1			11/4/1-		sho	<u>wn</u> below	(see ins	tr )?
П					<u> </u>	OFFICE	SR D	X Yes	<u> </u>	JNo∥
	Sigr	ature of office or trustee			Date	Title	Obest Date			
		Print/Type preparer's n	ame	Preparer's s	ignature	Date	Check if PTIN			
_	• •			1.1		[ , , , , ]	self- employed			
	aid	JODY MARSH		LXOUL	<i>morsh</i>	11/13/17		<u> </u>		
	eparer	Fırm's name ► CAL	JIBER ACCO	UNTING	& TAX, LLP		Firm's EIN ► 26-20	)605	65	
U	se Only									
		Fırm's address ▶ 57								
		PI	SMO BEACH	<u>, CA 9</u>	3449		Phone no. (805)			
							Fo	rm <b>99</b> 0	)-PF	(2016)

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

Name of the organization

Employer identification number

	THE PLUM SPRING FOUNDATION	46-4170079						
Organization type(che	eck 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	ation						
	527 political organization							
Form 990-PF	X 501(c)(3) exempt private foundation							
	4947(a)(1) nonexempt charitable trust treated as a private foundation	1						
	501(c)(3) taxable private foundation							
	tion is covered by the <b>General Rule</b> or a <b>Special Rule.</b> 01(c)(7), (8), or (10) organization can check boxes for both the General Rule and a	Special Rule See instructions						
General Rule								
_	zation filing Form 990, 990-EZ, or 990-PF that received, during the year, contribution any one contributor. Complete Parts I and II. See instructions for determining a contributor.							
Special Rules								
sections 509( any one contr	zation described in section 501(c)(3) filing Form 990 or 990 EZ that met the 33 1/3 (a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990 EZ), Part II, Iii ributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% or 0.0 EZ, line 1 Complete Parts I and II	ine 13, 16a, or 16b, and that received from						
year, total cor	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							
year, contribu is checked, ei purpose Don	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.							
but it must answer "No	on that isn't covered by the General Rule and/or the Special Rules doesn't file Scl o" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ neet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)							

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

Name of organization

Employer identification number

## THE PLUM SPRING FOUNDATION

46-4170079

Part I	Contributors (See instructions) Use duplicate copies of Part I if	additional space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	SHIHRUEY THOMAS CHEN  11369 DONA LISA DRIVE  NORTH HOLLYWOOD, CA 91604	\$\$	Person X Payroll
(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 Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		<b>\$</b>	Person Payroll 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

Employer identification number

## THE PLUM SPRING FOUNDATION

46-4170079

art II Non	cash Property (See instructions) Use duplicate copies of I	Part 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
		  \$	
		Ψ	
(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
<u></u>		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		<b></b>   \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
			<u></u>
		\$	990, 990-EZ, or 990-PF)

Schedule B (Form 990, 990-EZ, or 990-PF) (2016) Page 4 Employer identification number Name of organization THE PLUM SPRING FOUNDATION 46-4170079 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for Part III the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc , contributions of \$1,000 or less for the year (Enter this Info once) > \$ Use duplicate copies of Part III if additional space is needed (a) No. from Part I (c) Use of gift (d) Description of how gift is held (b) Purpose 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 (c) Use of gift (b) Purpose of gift Part I (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No. from (d) Description of how gift is held (c) Use of gift (b) Purpose 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 Part I (e) Transfer of gift

Relationship of transferor to transferee

Transferee's name, address, and ZIP + 4

Part XV Supplementary Informatio		_		
3 Grants and Contributions Paid During the	Year (Continuation)			
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	CONTRACTION	Amount
FRIENDS OF THE PARADISE THEATRE		NC	ARTS.	
215 GRAND AVENUE, PO BOX 886			ARIS.	
PAONIA, CO 81428				15,000
UNICEF		PC	INTERNATIONAL	
125 MAIDEN LANE			CHILDREN'S HEALTH AND	
NEW YORK, NY 10038			EDUCATION.	10,000
				• .
			•	
-				
Total from continuation sheets				25,000

FORM 990-PF INTERE	ST ON SAVIN	NGS AND TEM	PORARY	CASH IN	VESTMENTS	STATEMENT	1	
SOURCE  JP MORGAN (4000)  JP MORGAN (9972)		(A) REVENUE NET PER BOOKS			(B) VESTMENT COME		(C) ADJUSTED NET INCOME	
			367. 322.		367. 322.		<u> </u>	
TOTAL TO PART I, LI	NE 3		689.		689.			
FORM 990-PF	DIVIDENDS	S AND INTER	EST FRO	OM SECUR	ITIES	STATEMENT	2	
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	RI	(A) EVENUE R BOOKS	(B) NET INVES MENT INCO			
JP MORGAN (4000) JP MORGAN (4000) JP MORGAN (4000)	89,523, 20,752, 46,	. 20,75	0. 2. 0.	89,523. 0. 46.	89,52	23.		
TO PART I, LINE 4	110,321.	20,75	2. ====================================	89,569.	89,52	13.		
FORM 990-PF		ACCOUNTI	NG FEES	3		STATEMENT	3	
DESCRIPTION		(A) EXPENSES PER BOOKS	NET II	3) NVEST- INCOME	(C) ADJUSTED NET INCOM			
ACCOUNTING FEES	<del></del>	8,360.		0.		8,3	60.	
TO FORM 990-PF, PG	 1, LN 16B	8,360.		0.	<del></del>	8,3	60.	

FORM 990-PF	XAT	ES		STATEMENT 4		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME				
PA BCO-10 FTB OTHER TAXES PAYROLL TAXES FOREIGN TAXES	15. 10. 388. 9,868. 1,753.		•	15. 10. 0. 9,868.		
TO FORM 990-PF, PG 1, LN 18	12,034.	1,753	•	9,893.		
FORM 990-PF	OTHER E	XPENSES		STATEMENT 5		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME				
JP MORGAN ACCOUNT MANAGEMENT FEE PAYROLL TAX PENALTIES AND	32,731.	32,731	•	0.		
INTEREST	2,662.	0	•	0.		
TO FORM 990-PF, PG 1, LN 23	35,393.	32,731	•	0.		
FORM 990-PF	CORPORAT	E STOCK		STATEMENT 6		
DESCRIPTION		В	OOK VALUE	FAIR MARKET VALUE		
EQUITY AND OTHER INVESTMENTS	<del></del>	4,199,030.	4,410,418.			
		4,199,030. 4,410,4				

	IST OF OFFICERS, DI ND FOUNDATION MANAG		STATI	EMENT 7
NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	
DAISY HUTTON 6301 ARROWHEAD PLACE LOS ANGELES, CA 90068	PRESIDENT 20.00	26,000.	0.	0.
EVELYN KOW 4507 ATOLL AVE SHERMAN OAKS, CA 91423	SECRETARY 2.00	0.	0.	0.
JEFF HUTTON 6301 ARROWHEAD PLACE LOS ANGELES, CA 90068	TREASURER 2.00	0.	0.	0.
DONNY YALE CHEN 4507 ATOLL AVE SHERMAN OAKS, CA 91423	VICE PRESIDENT 2.00	0.	0.	0.
SHIHRUEY THOMAS CHEN 11369 DONA LISA DRIVE NORTH HOLLYWOOD, CA 91604	DIRECTOR 2.00	0.	0.	0.
LIHWA WANG CHEN 11369 DONA LISA DRIVE NORTH HOLLYWOOD, CA 91604	DIRECTOR 2.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE	6, PART VIII =	26,000.	0.	0.
	RT XV - LINE 1A FOUNDATION MANAGER		STATE	EMENT 8

NAME OF MANAGER

SHIHRUEY THOMAS CHEN LIHWA WANG CHEN