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Form 990-PF

Department of the Treasury

Internal Revenue Service

DLN: 93491129019157

2016

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.
 Information about Form 990-PF and its instructions is at <a href="www.irs.gov/form990pf">www.irs.gov/form990pf</a>.

**Return of Private Foundation** 

Open to Public Inspection

For	caler	ndar year 2016, or tax year	beginning 01-01-20	16 , a	nd er	nding 12-31-	2016	
		ndation Family Foundation				A Employer ıd	entification numbe	r
		reld & Co CPAs Inc				68-0397208		
		street (or P O box number if mail is not	t delivered to street address)	Room/suite		<b>B</b> Telephone nu	mber (see instructio	ns)
50	)T AA AA	eber Street				(209) 465-2270		·
		, state or province, country, and ZIP or f	oreign postal code	1		<u> </u>	application is pendin	a chack hara
Stoc	kton, C	<b>4</b> 95203				C II exemption	аррисасіон із ренаш	b
G Ch	eck al	l that apply $\Box$ Initial return	☐ Initial return of a	former public charity		<b>D 1.</b> Foreign or	ganızatıons, check h	ere 🕨
		Final return	Amended return				rganizations meeting k here and attach co	
		Address change	e 🔲 Name change					· -
H Ch	eck ty	pe of organization 🗹 Section 50	01(c)(3) exempt private t	foundation			undation status was t n 507(b)(1)(A), chec	
	ection	4947(a)(1) nonexempt charitable		•				
		ket value of all assets at end in a contract	<u> </u>	🗹 Cash 🔲 Accri	ıal		ation is in a 60-mont n 507(b)(1)(B), chec	
		<b>\$</b> 1.496.345	Other (specify)  (Part I, column (d) must	he on cash hasis		andor section		Tione
				De on cash basis )	1			1
Pa	rt I	Analysis of Revenue and E of amounts in columns (b), (c), and (d	•	(a) Revenue and	(b)	Net investment	(c) Adjusted net	(d) Disbursements for charitable
		equal the amounts in column (a) (see		expenses per books		ıncome	income	purposes (cash basis only)
	1	Contributions, gifts, grants, etc., r	received (attach	74,102	:			(cash basis only)
	_	schedule)		,				
	2	Check $\blacktriangleright$ $\square$ if the foundation is <b>n</b>	not required to attach					
	,	Sch B	v cach investments	26		26		
	3 4	Dividends and interest from securi	•	29,514		29,514		
	<del>т</del> 5а	Gross rents	ides i i	25,51-		25,514		
	b	Net rental income or (loss)						
<u>e</u>	6a	Net gain or (loss) from sale of ass	sets not on line 10					
e,	b	Gross sales price for all assets on						
Revenue	7	Capital gain net income (from Part	<u> </u>					
ш	8	Net short-term capital gain	•					
	9	Income modifications						
	10a	Gross sales less returns and allow	ances					
	b	Less Cost of goods sold						
	С	Gross profit or (loss) (attach schee	dule)					
	11	Other income (attach schedule)						
	12	<b>Total.</b> Add lines 1 through 11 .		103,642		29,540		
	13	Compensation of officers, directors	s, trustees, etc					
	14	Other employee salaries and wage	es					
es	15	Pension plans, employee benefits						
SII.	16a	Legal fees (attach schedule)						
Operating and Administrative Expenses	b	Accounting fees (attach schedule)		2,700		2,700		
e E	С	Other professional fees (attach sci	hedule)					
ξ	17	Interest					-	
Str	18	Taxes (attach schedule) (see instr	ructions)	536		536		
≣	19	Depreciation (attach schedule) and	d depletion					
Ē	20	Occupancy						
Ψ D	21	Travel, conferences, and meetings	5	5,427		5,427		
a	22	Printing and publications						
Eu	23	Other expenses (attach schedule)		150		150		
rat	24	Total operating and administra	·					
<u>8</u>		Add lines 13 through 23		8,813		8,813		(
_	25	Contributions, gifts, grants paid		60,991	1			60,993
	26	Total expenses and disbursements	ents. Add lines 24 and	69,804		8,813		60,99
	27	Subtract line 26 from line 12		09,802		0,013		00,99
	a	Excess of revenue over expens	ses and	33,838				
	L.	disbursements	ativo enter 0 )			20,727		
	b	Net investment income (if negative Adjusted net income(if negative	•			20,727		
	C		inchurchions		<u> </u>	- I II 44555	<u> </u>	000 PE (2215

466,671

624,009

624,009

2

3

4

5

6

636,431

33,838

670,269

46,260

624,009 Form 990-PF (2016)

1,339,007

1,496,345

Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30

Decreases not included in line 2 (itemize) ▶

		/	
		1	
		/	
	ţ		
		/1//7	
		/1//1	
		/ 1//7	

		Less allowance for doubtful accounts		
	5	Grants receivable		
	6	Receivables due from officers, directors, trustees, and other		
		disqualified persons (attach schedule) (see instructions)		
	7	Other notes and loans receivable (attach schedule)		
		Less allowance for doubtful accounts ▶		
ا ي	8	Inventories for sale or use		
Assets	9	Prepaid expenses and deferred charges		
¥	10a	Investments—U S and state government obligations (attach schedule)		
	b	Investments—corporate stock (attach schedule)	320,362	
	С	Investments—corporate bonds (attach schedule)		
	11	Investments—land, buildings, and equipment basis ▶		
		Less accumulated depreciation (attach schedule) ▶		
	12	Investments—mortgage loans		
	13	Investments—other (attach schedule)		
	14	Land, buildings, and equipment basis ▶		
		Less accumulated depreciation (attach schedule) ▶		
	15	Other assets (describe)		
	16	Total assets (to be completed by all filers—see the		
		ınstructions Also, see page 1, item I)	636,431	
	17	Accounts payable and accrued expenses		
	18	Grants payable		
es	19	Deferred revenue		
를	20	Loans from officers, directors, trustees, and other disqualified persons		
Liabilities	21	Mortgages and other notes payable (attach schedule)		
ا ت	22	Other liabilities (describe >)		
	23	Total liabilities(add lines 17 through 22)		
		Foundations that follow SFAS 117, check here ▶		
es		and complete lines 24 through 26 and lines 30 and 31.		
Fund Balances	24	Unrestricted		
<u>ğ</u>	25	Temporarily restricted		
d E	26	Permanently restricted		
اڃ		<u> </u>		
or F		Foundations that do not follow SFAS 117, check here		
ets o	27	and complete lines 27 through 31.		
set	27	Capital stock, trust principal, or current funds	164.074	
As	28	Paid-in or capital surplus, or land, bldg , and equipment fund	164,974	
Net Ass	29	Retained earnings, accumulated income, endowment, or other funds	471,457	
2	30	Total liabilities and not assets (fund balances (see instructions)	636,431	
	31	Total liabilities and net assets/fund balances (see instructions) .	636,431	
	rt III	Analysis of Changes in Net Assets or Fund Balances	20 / 1	<del>, ,</del> ,
1		net assets or fund balances at beginning of year—Part II, column (a), line ar figure reported on prior year's return)	: 30 (must agree with	end-
2	-	ramount from Part I, line 27a		.
3		r increases not included in line 2 (itemize)		·
		• • • • • • • • • • • • • • • • • • • •		

ě	and complete lines 24 through 26 and lines 30 and 31.		
24 25	Unrestricted		
25	Temporarily restricted		
26	Permanently restricted		
Pund 10	Foundations that do not follow SFAS 117, check here  and complete lines 27 through 31.		
<u>27</u>	Capital stock, trust principal, or current funds		
28	Paid-in or capital surplus, or land, bldg , and equipment fund	164,974	164,974
27 28 29 30	Retained earnings, accumulated income, endowment, or other funds	471,457	459,035
30 ع	Total net assets or fund balances (see instructions)	636,431	624,009

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

instructions

Form 990-PF (2016)		Page <b>7</b>
Part VIII Information About Officers, Directors, Trustees, and Contractors (continued)	Foundation Managers, Highly P	aid Employees,
3 Five highest-paid independent contractors for professional service	es (see instructions). If none, enter	"NONE".
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services	<u> </u>	<b>&gt;</b>
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include rele organizations and other beneficiaries served, conferences convened, research papers produ		er of Expenses
1	iced, etc	
2		
3		
4		
Part IX-B Summary of Program-Related Investments (see	instructions)	
Describe the two largest program-related investments made by the foundation during the	ne tax year on lines 1 and 2	Amount
1		
2		
All other program-related investments. See instructions		
3		
Takal Addition of the control		
Total. Add lines 1 through 3		
		Form <b>990-PF</b> (2016)

1a

1b

2

За 3b

4

5

60,991

60.991

60,991

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Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes

Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

Adjusted qualifying distributions. Subtract line 5 from line 4. . . . . . . . . .

Amounts set aside for specific charitable projects that satisfy the

the section 4940(e) reduction of tax in those years

Expenses, contributions, gifts, etc —total from Part I, column (d), line 26. . . . . . . . . . . .

Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for

1

2

3

4

5

**b** Total for prior years

XII, line 4 > \$

indicated below:

(If an amount appears in column (d), the

a Corpus Add lines 3f, 4c, and 4e Subtract line 5 **b** Prior years' undistributed income Subtract line 4b from line 2b . . . . . . . . . c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. . . . . . d Subtract line 6c from line 6b Taxable amount —see instructions . . . . . . . . . . . . . e Undistributed income for 2015 Subtract line 4a from line 2a Taxable amount—see instructions . . . . . . . . f Undistributed income for 2016 Subtract lines 4d and 5 from line 1 This amount must

6 Enter the net total of each column as

be distributed in 2017 . . . . . . 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) . . . . . . . . . 8 Excess distributions carryover from 2011 not applied on line 5 or line 7 (see instructions) . . .

9 Excess distributions carryover to 2017.

10 Analysis of line 9

a Excess from 2012. . . **b** Excess from 2013. . . c Excess from 2014. . . . d Excess from 2015. . . e Excess from 2016. . .

Subtract lines 7 and 8 from line 6a . . . . . .

a From 2011. . . . . **b** From 2012. . . . . c From 2013. . . . d From 2014. . . . . e From 2015. . . . . Page 9

70.931

60.991

9,940

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## Part XIII Undistributed Income (see instructions) (a) Corpus 1 Distributable amount for 2016 from Part XI, line 7

2 Undistributed income, if any, as of the end of 2016 a Enter amount for 2015 only. . . . . . Excess distributions carryover, if any, to 2016

f Total of lines 3a through e. . . . . . . 4 Qualifying distributions for 2016 from Part

a Applied to 2015, but not more than line 2a **b** Applied to undistributed income of prior years (Election required—see instructions). . . . . c Treated as distributions out of corpus (Election required—see instructions). . . . . . . . . .

d Applied to 2016 distributable amount. . . . .

e Remaining amount distributed out of corpus

**5** Excess distributions carryover applied to 2016

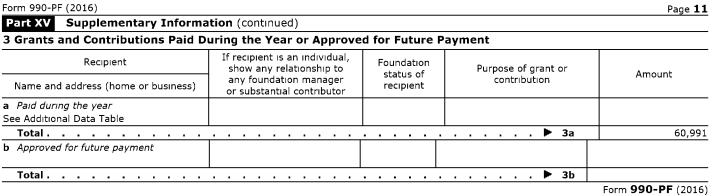
same amount must be shown in column (a) )

(b)

Years prior to 2015

(c)

2015



nter gross amounts unless otherwise indicated		Unrelated bus	siness income	Excluded by section	512, 513, or 514	(e) Related or exempt
Program	n service revenue	(a) Business code	<b>(b)</b> Amount	(c) Exclusion code	<b>(d)</b> Amount	function income (See instructions
				+		
е						
_	and contracts from government agencies					
Intere	rship dues and assessments st on savings and temporary cash ments			14	26	
	ds and interest from securities			14	29,514	
	tal income or (loss) from real estate					
	financed property					
	ebt-financed property ntal income or (loss) from personal property			+		
	nvestment income			+		
	or (loss) from sales of assets other than					
	ory					
	ome or (loss) from special events profit or (loss) from sales of inventory					
Other r	revenue a					
b						
	_					
Culabase	al Add columns (b), (d), and (e).				20.540	
Total.	Add columns (b), (d), and (e)				29,540	<u> </u>   29,54
e worksl	neet in line 13 instructions to verify calculatio	ns 1				
irt XVI			nent of Exem	pt Purposes		
	Explain below how each activities to the the accomplishment of the foundation's ex	e Accomplishi	d ın column (e) d	f Part XVI-A contribut		
ne No.	Relationship of Activities to th  Explain below how each activity for which	e Accomplishi	d ın column (e) d	f Part XVI-A contribut		
ne No.	Explain below how each activities to the the accomplishment of the foundation's ex	e Accomplishi	d ın column (e) d	f Part XVI-A contribut		
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ne No.	Explain below how each activities to the the accomplishment of the foundation's ex	e Accomplishi	d ın column (e) d	f Part XVI-A contribut		

•	, , , , , , , , , , , , , , , , , , ,
111	Information Regarding Transfers To and Transactions and Relationships With Noncharitable
	Exempt Organizations

Par	t XVI		ormation Re mpt Organi		ransı	rers 10 a	and Iransaci	IOI	ns and i	Relatio	nsnips With No	ncnarit	abie		
		rganızatıo	n dırectly or ın	dırectly enga			e following with or in section 527				n described in sect organizations?	ion 501		Yes	No
a Tr	ansfers	from the	reporting foun	dation to a n	oncha	ırıtable ex	empt organizati	on (	of						
(1	) Casl	Cash											1a(1)		No
(2	.) Oth	Other assets.											1a(2)		No
<b>b</b> Ot	- her tra	ansactions													
(1	) Sale	es of asset	s to a nonchar	itable exemp	t orga	nization.							1b(1)		No
(2	) Purc	chases of a	ssets from a r	noncharitable	exem	pt organi	zation					[	1b(2)		No
(2) Purchases of assets from a noncharitable exempt organization											[	1b(3)		No	
(4	) Reir	nburseme	nt arrangemen	ts								. [	1b(4)		No
(5	) Loai	ns or Ioan	guarantees.									[	1b(5)		No
(6	) Perfo	ormance o	services or m	embership oi	r fund	raising so	licitations					. [	1b(6)		No
c Sh	arıng d	of facilities	, equipment, r	nailing lists, d	other	assets, or	paid employees	5.				. [	1c		No
											ways show the fair				
											d less than fair ma ts, or services rece		!		
ın	any tra	ansaction	or snaring arra	ngement, sn	ow in	column (c	u) the value or t	.ne	goods, ot	ner asse	is, or services rece	eivea			
(a) Lir	ne No	<b>(b)</b> Amo	unt involved	(c) Name of	noncha	arıtable exe	mpt organization		(d) Desc	cription of	transfers, transaction:	s, and sharı	ng arrar	ngemen	ts
								_							
								$\vdash$							
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								_							
	-							$\vdash$							
								$\vdash$							
								$\vdash$							
								$\vdash$							
<b>2a</b> Is	the fo	undation d	rectly or indire	ectly affiliated	d with	, or relate	ed to, one or mo	re t	ax-exem	pt organı	zations				
de	scribed	d in sectioi	n 501(c) of the	Code (other	than	section 50	01(c)(3)) or in s	ecti	on 527?.			$\square$	] <sub>Yes</sub>	<b>✓</b> N	0
			he following s	•											
		( <b>a)</b> Na	me of organization	on		(	<b>b)</b> Type of organiz	atıo	n		(c) Descriptio	n of relation	nship		
											ng schedules and s than taxpayer) is b				
Sigr			er has any kno		orrect,	, and com	piete Deciaratio	טוו כ	n prepare	er (other	than taxpayer) is t	Jaseu on a	111 111101	mation	1 01
_	•	*****					2017-05-09		\ **	****		May the IR	S discus	s this re	eturn
Her							2017-03-09		— <b>)</b> –			with the pr	eparer s	shown b	elow
		Signature	of officer or t	rustee			Date		<b>▼</b> Tit	tle		(see instr )	っ 🗹 γ	es 🗆 N	lo
	-	Drunt/T	·		Dran							DTIN			
		Pillicy	ype preparer's	i iiaiiie	Frep.	arer's Sıgı	nature		Date		Check if self-	PTIN			
											employed ▶ 🔲	F	01431	065	
Paid	i	Jerr	y W Butterfield	l											
	pare	r	N. D. H.		A = 7::-				1						
_	Only	11 11 11 0	name 🕨 Butt	erfield Co CP	AS INC	;						Fırm's EI	N ►		
<b>-</b> 5-5-	<b>-</b> 1111		address ▶ PC	BOX 2382											
					. =							Phone no	(209)	242-9	9971
			St	ockton, CA	5201								,_55,	, _ · <del>-</del> -	

Form 990PF Part XV Line 1a - List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000).

than \$5,000).

JUDITH M HACHMAN

TIMOTHY J HACHMAN

Form 990PF Part XV Line 3 - Grant	s and Contributions Paid	During the `	Year or Approved for Future	Payment
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
ALPINE COUNTY HISTORICAL SOCIETY PO BOX 517 MARKLEEVILLE, CA 96120		PC	GENERAL SUPPORT	100
ANNUNCIATION CATHEDRAL SCHOOL 425 WEST MAGNOLIA STREET STOCKTON, CA 95203		PC	GENERAL SUPPORT	3,950
BANCROFT LIBRARY UC BERKELEY 131 DOE LIBRARY BERKELEY, CA 94720		PC	GENERAL SUPPORT	5,080
CATE SCHOOL PO BOX 5005 CARPINTERIA, CA 93014		PC	GENERAL SUPPORT	1,500
CHILDREN'S HOME OF STOCKTON 430 NORTH PILGRIM STREET STOCKTON, CA 95205		PC	GENERAL SUPPORT	350
CHILDREN'S MUSEUM 402 WEST WEBER AVE STOCKTON, CA 95203		PC	GENERAL SUPPORT	1,500
DELTA HUMANE SOCIETY PO BOX 30908 STOCKTON, CA 95213		PC	GENERAL SUPPORT	600
HAGGIN MUSEUM 1201 N PERSHING AVE STOCKTON, CA 95203		PC	GENERAL SUPPORT	1,100
HOOVER INSTITUTION 434 GALVEZ MALL STANFORD, CA 94305		PC	GENERAL SUPPORT	1,000
HOSPICE OF SAN JOAQUIN COUNTY 3888 PACIFIC AVE STOCKTON, CA 95204		PC	GENERAL SUPPORT	1,250
JUNIOR LEAGUE OF SAN JOAQUIN PO BOX 7363 STOCKTON, CA 95267		PC	GENERAL SUPPORT	325
KVIE PO BOX 669 SACRAMENTO, CA 95812		PC	GENERAL SUPPORT	1,000
NORTH LAKE TAHOE HISTORICAL SOCIETY PO BOX 6141 TAHOE CITY, CA 96145		PC	GENERAL SUPPORT	2,165
PETS IN NEED PO BOX 7363 STOCKTON, CA 95267		PC	GENERAL SUPPORT	1,255
PRESENTATION CHURCH 6715 LEESBURG PLACE STOCKTON, CA 95207		PC	GENERAL SUPPORT	876

Total . 3a 60,991

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment								
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount				
Name and address (home or business)	any foundation manager or substantial contributor	recipient						
a Paid during the year								
SANTA CATALINA SCHOOL 1500 MARK THOMAS ROAD MONTEREY, CA 93940		PC	GENERAL SUPPORT	7,000				
SAN JOAQUIN COUNTY MUSEUM PO BOX 30 LODI, CA 95241		PC	GENERAL SUPPORT	4,929				
SMART 1345 MISSION STREET SAN FRANCISCO, CA 94103		PC	GENERAL SUPPORT	2,000				
SOCIETY OF CALIFORNIA PIONEERS 300 4TH STREET SAN FRANCISCO, CA 94107		PC	GENERAL SUPPORT	1,906				
STOCKTON OLIVE OIL PROJECT CORPORAT PO BOX 248 STOCKTON, CA 95201		PC	GENERAL SUPPORT	500				
ST HILLARY'S SCHOOL 765 HILARY DRIVE TIBURON, CA 94920		PC	GENERAL SUPPORT	3,550				
ST VINCENT'S SCHOOL FOR BOYS 1 ST VINCENTS DRIVE SAN RAFAEL, CA 94903		PC	GENERAL SUPPORT	250				
STOCKTON BEAUTIFUL 10904 PLEASANT VALLEY COURT STOCKTON, CA 95209		PC	GENERAL SUPPORT	600				
STOCKTON CIVIC THEATER 2312 ROSEMARIE LANE STOCKTON, CA 95207		PC	GENERAL SUPPORT	1,000				
STOCKTON SYMPHONY ASSOCIATION 46 WEST FREMONT STREET STOCKTON, CA 95202		PC	GENERAL SUPPORT	500				
UNIVERSITY OF CALIFORNIA UNIVERSITY OF CALIFORNIA BERKELEY, CA 94720		PC	GENERAL SUPPORT	3,000				
UNIVERISITY OF THE PACIFIC 3601 PACIFIC AVENUE STOCKTON, CA 95211		PC	GENERAL SUPPORT	2,169				
TLC SCHOOL SJ COUNTY OFFICE OF EDUCATION STOCKTON, CA 95206		PC	GENERAL SUPPORT	1,000				
DISTRICT 10 WILD DUCK EGGS 9512 MATTHEWS LN MARYSVILLE, CA 95901		PC	GENERAL SUPPORT	350				
AMERICAN BRITTANY RESCUE 114 MARLIN COURT CENTERVILLE, MD 21617		PC	GENERAL SUPPORT	1,520				
Total				60,991				

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual. Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year CALIFORNIA PACIFIC MEDICAL CENTER PC GENERAL SUPPORT 1,000 2324 SACRAMENTO STREET SUITE 150 SAN FRANCISCO, CA 94115 SUNFLOWER PRESENTS PC GENERAL SUPPORT 350 6037 N PERSHING AVE STOCKTON, CA 95207 WORLDS OF WONDER SCIENCE PC GENERAL SUPPORT 500 MUSEUM 2 NORTH SACRAMENTO STREET LODI, CA 95240 **NEVADA STATE ART MUSEUM** PC GENERAL SUPPORT 200 160 WEST LIBRARY STREET RENO, NV 89501 PC. GENERAL SUPPORT ALZHEIMER'S ASSOCIATION 250 225 N Michigan Ave FI 17 CHICAGO, IL 60601 ITALIAN CULTURAL SOCIETY PC **PUBLICATIONS** 60 6821 FAIR OAKS BLVD CARMICHAEL, CA 95608 PC PACE UNIVERSAL GENERAL SUPPORT 1,000 1 NORTH CALLE CESAR CHAVEZ 102 SANTA BARBARA, CA 93103 SAN FRANCISCO FINE ARTS MUSEUM PC. GENERAL SUPPORT 306 50 Hagiwara Tea Garden Drive SAN FRANCISCO, CA 94118 UCSF FOUNDATION PC RESEARCH 5,000 DEPT OF ANATOMY 1349-UCSF MAIL 0452 SAN FRANCISCO, CA 94134

Total . . 3a

60,991

efile GRAPHIC print - DO NOT PROCESS   As Filed Data -   DLN: 93491129019157										
TY 2016 Accounting Fees Schedule										
Name: Hachman Family Foundation										
co Butterfield & Co CPAs Inc										
	<b>EIN:</b> 68-0397208									
Softv	ware ID:	1600030	3							
Software \	Version:	2016v3.0	)							
Category Amount Net Investment Adjusted Net Disbursements Income Income Purposes										
TAX PREPARATION		2,700		2,700		0 0				

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 93491129019157					
TY 2016 Other Decreases Schedule								
Name:	Hachman Fam	ily Foundation						
	co Butterfield	& Co CPAs Inc						
<b>EIN:</b> 68-0397208								
Software ID:	16000303							
Software Version:	2016v3.0							
De	escription		Amount					
CONTRIBUTED PROPERTY FMV OVER CO	ST BASIS		29,880					
NET ADJUSTMENT TO STOCK BASIS -TO	DONOR COST		16,380					

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN	: 93491129019157
TY 2016 Other Expenses Schedule				
Name:	Name: Hachman Family Foundation			
	co Butterfield & Co CPAs Inc			
EIN:	<b>N:</b> 68-0397208			
Software ID:	<b>):</b> 16000303			
Software Version: 2016v3.0				
Other Expenses Schedule				
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
UBS FEES	150	150		

efile GRAPHIC print - DO NOT PROCESS	As Filed Data	-	DI	LN: 93491129019157
TY 2016 Taxes Schedule				_
Name:	: Hachman Family Foundation			
	co Butterfield & Co CPAs Inc			
EIN:	68-0397208			
Software ID:	16000303			
Software Version:	2016v3.0			
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
CALIFORNIA ATTORNEY GENERAL	25	25		
CALIFORNIA SECRETARY OF STATE	20	20		
FRANCHISE TAX BOARD	10	10		
INTERNAL REVENUE SERVICE	481	481		

efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 93491129019157					
Schedule B (Form 990, 990-EZ,	Schedule of Co	ontributors	-	OMB No 1545-0047	
or 990-PF)  Department of the Treasury Internal Revenue Service	► Attach to Form 990, 9 ► Information about Schedule B (Form 990, 990 <u>www.irs.gov/fo</u>	D-EZ, or 990-PF) and its instructio	ns is at	2016	
Name of the organizat Hachman Family Foundat			Employer ide	entification number	
co Butterfield & Co CPAs			68-0397208		
Organization type (che	ck one)				
Filers of:	Section:				
Form 990 or 990-EZ	501(c)( ) (enter number) organization				
	4947(a)(1) nonexempt charitable trust i	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation			
	☐ 527 political organization				
Form 990-PF	▼ 501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3) taxable private foundation				
<b>V</b>	ation filing Form 990, 990-EZ, or 990-PF that rece property) from any one contributor Complete Pai		_	•	
Special Rules					
under sections to received from ai	ion described in section 501(c)(3) filing Form 990 09(a)(1) and 170(b)(1)(A)(vi), that checked Sched by one contributor, during the year, total contribution to th, or (ii) Form 990-EZ, line 1 Complete Parts I	ule A (Form 990 or 990-EZ), Pa ons of the greater of <b>(1)</b> \$5,000 o	art II, line 13, 1	16a, or 16b, and that	
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					
during the year, If this box is che purpose Do not	ion described in section 501(c)(7), (8), or (10) filing contributions exclusively for religious, charitable, ecked, enter here the total contributions that were recomplete any of the parts unless the <b>General Rul</b> ble, etc., contributions totaling \$5,000 or more dur	etc , purposes, but no such conti eceived during the year for an e le applies to this organization be	ributions total exclusively reli ecause it rece	ed more than \$1,000 glous, charitable, etc , ived nonexclusively	
990-EZ, or 990-PF), but	n that is not covered by the General Rule and/or t it <b>must</b> answer "No" on Part IV, line 2, of its Form orm 990PF, Part I, line 2, to certify that it does not	990, or check the box on line H	l of its		
For Paperwork Reduction a for Form 990, 990-EZ, or 99		No 30613X Schedul	е В (Form 990,	990-EZ, or 990-PF) (2016)	

001104410 2 (1 01111			. ug
<b>Name of organiza</b> Hachman Family Fo	ation	Employer identification 68-0397208	number
co Butterfield & Co	CPAs Inc		
Part I	Contributors (see instructions) Use duplicate copies of Part I if ad		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	TIMOTHY JUDITH HACHMAN		Person 🗸 Payroll 🗆
	3621 Country Club Blvd	\$ 74,102	Noncash ✓
	STOCKTON, CA95204		(Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-			Payroll
		<u>\$</u>	Noncash
			(Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-			Payroll
		<u>\$</u>	Noncash
			(Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-			Payroll
			Noncash
			(Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-			Payroll
		\$	Noncash
			(Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-			Payroll
		\$	Noncash
			(Complete Part II for noncash contributions )
		0.1.1.0.75	orm 990 990-E7 or 990-DE\ /2016\

Schedule B (Forn	n 990, 990-EZ, or 990-PF) (2016)		Page <b>3</b>
Name of organization Hachman Family Foundation			fication number
co Butterfield & Co		68-03	97208
Part II	Noncash Property		
(a) No.from Part I	(see instructions) Use duplicate copies of Part II if additional space is needed (b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	58 SHARES OF ALPHABET CLASS C COMMON STOCK	\$ 46 282	2016-12-15
(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
		\$	
		Schedule B (Form 9	990, 990-EZ, or 990-PF) (2016)

Schedule B (Form 9	90, 990-EZ, or 990-PF) (2016)		Page <b>4</b>
Name of organization Hachman Family Four co Butterfield & Co CF	ndation		Employer identification number 68-0397208
Part III Exclusive than \$1,0 organiza the year.	ely religious, charitable, etc., contributio 100 for the year from any one contributor	r. Complete columns (a) throu of exclusively religious, chari ctions.) ► \$	d in section 501(c)(7), (8), or (10) that total more ugh <b>(e) and</b> the following line entry. For table, etc., contributions of <b>\$1,000 or less</b> for
(a) No.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and	(e) Transfer of gift	Relationship of transferor to transferee
(a) No.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	Transferee's name, address, and	(e) Transfer of gift ZIP 4 F	Relationship of transferor to transferee
(a) No.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	Transferee's name, address, and	(e) Transfer of gift	Relationship of transferor to transferee
(a) No.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gift	
	Transferee's name, address, and	ZIP 4 F	Relationship of transferor to transferee

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