DLN: 93491320002007

OMB No 1545-0052

Form 990-PF

Return of Private Foundation

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

2016

Open to Public

Department of the Treasury ▶ 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 www.irs.gov/form990pf. Internal Revenue Service

7			Inspection
or calendar year 2016, or tax yea	r beginning 01-01-20)16 , a	and ending 12-31-2016
Name of foundation AMIN FOUNDATION			A Employer identification number
			80-0075857
Number and street (or P O box number if mail is i 3166 SHANDWICK CIRCLE	not delivered to street address)	Room/suite	B Telephone number (see instructions)
			(909) 208-5655
City or town, state or province, country, and ZIP of CORONA, CA 92882	or foreign postal code		C If exemption application is pending, check here
Check all that applyInitial return	Initial return of a	former public charity	y D 1. Foreign organizations, check here
☐ Final return ☐ Address chai	\square Amended return		2. Foreign organizations meeting the 85% test, check here and attach computation
	501(c)(3) exempt private f	foundation	E If private foundation status was terminated under section 507(b)(1)(A), check here
Section 4947(a)(1) nonexempt charitab			
Fair market value of all assets at end of year (from Part II, col (c), line 16)▶\$ 3,480,117	J Accounting method Other (specify) (Part I, column (d) must	☐ Cash ☑ Accr	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here
Part I Analysis of Revenue and of amounts in columns (b), (c), and equal the amounts in column (a). (s)	(d) may not necessarily	(a) Revenue and expenses per books	(b) Net investment income (c) Adjusted net for charitable purposes
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3,480,117

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3,192,979

-35,464

322,602

3,480,117

3,480,117 Form **990-PF** (2016)

21

22

23

24

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28

29

31

Part III

2

3

Balances

Fund 26

ō

Assets 27

Net 30 Other liabilities (describe ▶_

Unrestricted

and complete lines 27 through 31.

of-year figure reported on prior year's return)

Decreases not included in line 2 (itemize) ▶

Enter amount from Part I, line 27a

Other increases not included in line 2 (itemize) > ____

Permanently restricted . .

Temporarily restricted

Total liabilities(add lines 17 through 22)

Foundations that do not follow SFAS 117, check here ▶ ✓

Paid-in or capital surplus, or land, bldg, and equipment fund

Retained earnings, accumulated income, endowment, or other funds

Total net assets or fund balances (see instructions)

Total liabilities and net assets/fund balances (see instructions) .

Total net assets or fund balances at beginning of year-Part II, column (a), line 30 (must agree with end-

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

Analysis of Changes in Net Assets or Fund Balances

Foundations that follow SFAS 117, check here ▶

and complete lines 24 through 26 and lines 30 and 31.

Form 990-P	F (2016)			Page 3
Part IV	Capital Gains and Losses for Tax on Investment Income			
	(a) List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse. or common stock. 200 shs MLC Co	(b) How acquired P—Purchase	(c) Date acquired (mo . day. vr)	(d) Date sold (mo_ dav. yr)
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Form 990-PF (2016)		Page 7
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		>
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include released organizations and other beneficiaries served, conferences convened, research papers produced to the conference of the conferen		er of Expenses
1		
2		
3		
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		
,		
•		
All other program-related investments See instructions		
3		
Total. Add lines 1 through 3		•
Total Add Intes I dillough 5		Form 990-PF (2016)
		FULLI 220-FF (2010)

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

3a 3h

4

5

160,000

160,000

Form 990-PF (2016)

Amounts set aside for specific charitable projects that satisfy the

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

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

income Enter 1% of Part I. line 27b (see instructions).

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.

3

4

5

Page 9

164,657

160.000

Form **990-PF** (2016)

4,657

distributed Income (see instructions)

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.

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))

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

a Corpus Add lines 3f, 4c, and 4e Subtract line 5

6 Enter the net total of each column as

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 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 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

indicated below:

4 Qualifying distributions for 2016 from Part XII, line 4 🕨 \$ 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

90-PF (20	016)
YTTT	Hn

b Total for prior years

a From 2011.

e From 2015.

b From 2012. . . . c From 2013. . .

d From 2014. . . .

Form 9

Part

620 6,474

14.256

5,709

2.437 14,256

5.709

Corpus

(a)

Years prior to 2015

27.059

4.657

22,402

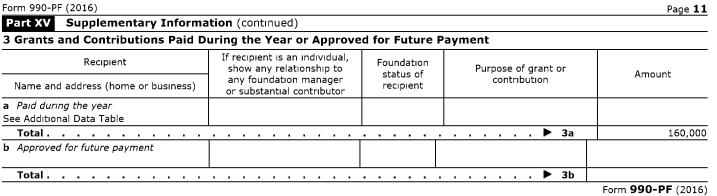
22,402

(b)

(c)

2015

Forr	n 990-PF (2016)					Page 10
P	art XIV Private Operating Found	ations (see instr	uctions and Part \	/II-A, question 9)		
	If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2016, enter the date of the ruling					
b	Check box to indicate whether the organization	on is a private oper	ating foundation des	scribed in section L	ا 4942(ر)(3) or ل	4942(j)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		(e) Total
	income from Part I or the minimum investment return from Part X for each year listed	(a) 2016	(b) 2015	(c) 2014	(d) 2013	(5) 1514.
b	85% of line 2a					
С	Qualifying distributions from Part XII, line 4 for each year listed					
d	Amounts included in line 2c not used directly for active conduct of exempt activities					
e	Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c					
	Complete 3a, b, or c for the alternative test relied upon					
а	"Assets" alternative test—enter					
	(1) Value of all assets					
b	"Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
С	"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) (3) Largest amount of support					
	from an exempt organization (4) Gross investment income					
	Supplementary Information	(Complete this	part only if the	organization ha	d \$5.000 or more	e in
Pa	assets at any time during th				- 4-,	
1 a	Information Regarding Foundation Man List any managers of the foundation who hav before the close of any tax year (but only if	e contributed more				n
	CHIRAG AMIN					
D	List any managers of the foundation who own ownership of a partnership or other entity) of CHIRAG AMIN				arge portion of the	
4 [•
2	Information Regarding Contribution, Gra	ant, Gift, Loan, Sc	holarship, etc., Pr	ograms:		
	Check here \times \square if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d					
a	The name, address, and telephone number of	or e-mail address of	the person to whon	n applications should	l be addressed	
	CHIRAG AMIN MD 3166 SHANDWICK CIRCLE CORONA, CA 92882 (909) 208-5655					
b	The form in which applications should be sull PLEASE SEE ATTACHED GRANT GUIDELINES		ation and materials t	hey should include		
С	Any submission deadlines PLEASE SEE ATTACHED GRANT GUIDELINES	į				
d	Any restrictions or limitations on awards, su factors		cal areas, charitable	fields, kinds of instit	utions, or other	
	PLEASE SEE ATTACHED GRANT GUIDELINES	;				



Form 990-F						Page 12
Part XV	I-A Analysis of Income-Producing	Activities				
Enter gross	s amounts unless otherwise indicated	Unrelated bus	siness income	Excluded by section	512, 513, or 514	(e) Related or exempt
1 Progran	n service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions)
f						
	and contracts from government agencies					
3 Intere	ership dues and assessments est on savings and temporary cash tments			14	179	
	nds and interest from securities.			14	95,711	
5 Net rer	ntal income or (loss) from real estate				·	
	-financed property					
	lebt-financed property					
	ental income or (loss) from personal property					
	nvestment income					
	tory			18	84,806	122
	come or (loss) from special events					
	profit or (loss) from sales of inventory revenue a					
	revenue a					
d						
	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e)			1	180,696	122 180,818
	theet in line 13 instructions to verify calculation			13	3	180,818
Part XV			ment of Exem	pt Purposes		
Line No. ▼	Explain below how each activity for which the accomplishment of the foundation's exinstructions)					
478	THE ORGANIZATION INVESTS ITS FUNDS TO HOUSING AND RELATED EXPENSES THE FO					
	PROVIDE SOCIAL AND EDUCATIONAL ASSIS	STANCE TO ECONO	MICALLY DISAD	VANTAGED MEMBERS	OF OUR COMMUN	NITY
-						
					Fo	rm 990-PF (2016)

Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

Part	XVII	Exempt Organiz	zations									
		ganization directly or inc Code (other than section	directly enga							on 501	Yes	No
a Tra	nsfers	from the reporting found	dation to a n	oncharitable	e exe	mpt organization	of					
(1)	Cash									. 1a(1)	No
(2)	Othe	rassets								. 1a(2)	No
b Oth	er tran	sactions										
(1)	Sales	of assets to a noncharr	table exemp	t organizatio	on.					. 1b(1)	No
(2)	Purch	ases of assets from a n	oncharitable	exempt orga	anız	ation				1b(2)	No
(3)	Renta	al of facilities, equipmen	it, or other a	ssets						1b(3)	No
(4)	Reim	bursement arrangement	ts							. 1b(4)	No
(5)	Loans	s or loan guarantees. .								. 1b(5)	No
(6)	Perfor	mance of services or me	embership oi	r fundraising	, solı	citations				. 1b(6)	No
c Sha	arıng of	facılıtıes, equipment, m	nailing lists, d	other assets,	, or _l	paid employees.				. 10	:	No
		wer to any of the above										
		ds, other assets, or serv nsaction or sharing arrai										
111 6	illy Liai	isaction or snaring arrai	ngement, sin	ow iii coluiiii	ıı (u) the value of the	goods, i	otilei asse	is, or services receiv	/eu		
(a) Line	No	(b) Amount involved	(c) Name of	noncharitable	exen	npt organization	(d) De	scription of	transfers, transactions,	and sharing a	rrangeme	ents
2a Is t	he four	ndation directly or indire	ectly affiliated	d with, or rel	lated	to, one or more	tax-exer	npt organ	zations			
des	cribed	in section 501(c) of the	Code (other	than section	n 50	1(c)(3)) or in sec	tion 527			. 🗆 Ye	s 🗹	No
		omplete the following so	•			. , . , ,						
	,	(a) Name of organizatio		ĺ	(b) Type of organizati	on	1	(c) Description	of relationship	1	
		er penalties of perjury, I										
c:	1	iy knowledge and belief, :h preparer has any kno		orrect, and co	omp	piete Declaration	or prepa	rer (otner	tnan taxpayer) is ba	ised on all in	Tormatio	on or
Sign		*****	mouge		- 1	2017-11-15	, ,	*****	M	lay the IRS dis	cuss this	return
Here	-					2017-11-13	<u> </u>			ith the prepar		
	 7 :	Signature of officer or tr	rustee		- 1	Date	7 -	Tıtle	(9	see instr)? 互	Yes 🗆	No
		I			_							
		Print/Type preparer's	name	Preparer's S	Sign	ature	Date		Check if self-	PTIN		
									employed ▶ ☑	P015	07677	
Paid		ADAM JONES										
Prep	arar											
			n Jones & As	sociates CPA	4				F	rm's EIN ▶		
Use	Unity		25 Townsast	e Rd Suite 3	330							
		7 mm 3 address > 20	20 TOWINSYAL	.c Nu Juite 3	,,,				_	Ohana n= /O	NE\ 447	-2505
		We	estlake Villag	e, CA 9136:	1					Phone no (8	UD) 413	-2303

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation (a) Name and address Title, and average (c) Compensation (If (d) Expense account, hours per week not paid, enter Contributions to (e) other allowances (b) devoted to position -0-) employee benefit plans and deferred compensation CHIRAG AMIN Co-Trustee 7 50 3166 SHANDWICK CIRCLE CORONA, CA 92882 KELLY AMIN Co-Trustee 0.50 29407 PINELEAF ST MENIFEE, CA 92584 JOSEPH HAMMOND Co-trustee 0.50 PO BOX 470 CLEMSON, SC 29633 DEREK MURO Co-trustee 0 50 5511 MARTINGALE WAY FONTANA, CA 92336 DAVID EVANS Co-trustee 0.50 9383 COCA RD

ALTA LOMA, CA 91737

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 status of contribution

	show any relationship to	Status of	Contribution	
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
HARVEST CHRISTIAN FELLOWSHIP 6115 ARLINGTON AVE RIVERSIDE, CA 92504	SUPPORTED ORG	PC	FOR FELLOWSHIP	25,000
HARVEST BIBLE CHAPEL 800 ROHLWING RD ROLLING MEADOWS, IL 60008	SUPPORTED ORG	PC	FOR FELLOWSHIP	20,000
FRESH LIFE CHURCH 120 2ND ST E KALISPELL, MT 59901	SUPPORTED ORG	PC	FOR FELLOWSHIP	7,500
SARAH BUSH LINCOLN HEALTH FOUNDATION 1000 HEALTH CENTER DR PO BOX 372 MATTOON, IL 61938	SUPPORTED ORG	EOF	FOR ASSISTANCE TO INDIGENT FAMILIES	5,000
AMERICAN BIBLE SOCIETY	SUPPORTED ORG	PC	FOR FELLOWSHIP	10,000

1865 BROADWAY

NEW YORK, NY 10023

За

160,000 Total .

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						
SAMARITANS PURSE PO BOX 3000 BOONE, NC 28607	SUPPORTED ORG	PC	FOR ASSISTANCE TO INDIGENT FAMILIES	7,500		
BIBLE LEAGUE INTERNATIONAL 1 BIBLE LEAGUE PLAZA CRETE, IL 60417	SUPPORTED ORG	PC	FOR FELLOWSHIP	15,000		
CORE CHURCH PO BOX 34789 LOS ANGELES, CA 90034	SUPPORTED ORG	PC	FOR FELLOWSHIP	10,000		
LEGACY CITY CHURCH PO BOX 1793 STUDIO CITY, CA 91604	SUPPORTED ORG	PC	FOR FELLOWSHIP	20,000		
BIBLES FOR AMERICA PO BOX 17537 IRVINE, CA 92623	SUPPORTED ORG	PC	FOR FELLOWSHIP	7,500		

Total

За

160,000

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 status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year THE GIDEONS INTERNATIONAL SUPPORTED ORG PC FOR FELLOWSHIP 7,500 PO BOX 140800 NASHVILLE, TN 37214 SUPPORTED ORG PC FOR FELLOWSHIP 5,000 BILLY GRAHAM EVANGELISTIC ASSOC 1 BILLY GRAHAM PARKWAY

CHARLOTTE, NC 28201				
FEEDING AMERICA 35 E WACKER DR SUITE 2000 CHICAGO, IL 60601	SUPPORTED ORG	PC	FOR ASSISTANCE TO INDIGENT FAMILIES	5,000
THE NAVIGATORS 3820 N 30TH ST COLORADO SPRINGS, CO 80904	SUPPORTED ORG	PC	FOR FELLOWSHIP	2,500

CHICAGO, IL 60601				
THE NAVIGATORS 3820 N 30TH ST COLORADO SPRINGS, CO 80904	SUPPORTED ORG	PC	FOR FELLOWSHIP	2,5
THE POCKET TESTAMENT LEAGUE 11 TOLL GATE RD	SUPPORTED ORG	PC	FOR FELLOWSHIP	5,0

THE NAVIGATORS 3820 N 30TH ST COLORADO SPRINGS, CO 80904	SUPPORTED ORG	PC	FOR FELLOWSHIP	2,!
THE POCKET TESTAMENT LEAGUE 11 TOLL GATE RD LITITZ. PA 17543	SUPPORTED ORG	PC	FOR FELLOWSHIP	5,0

302010100 0110211007 00 00701				
THE POCKET TESTAMENT LEAGUE 11 TOLL GATE RD LITITZ, PA 17543	SUPPORTED ORG	PC	FOR FELLOWSHIP	5

3a

THE POCKET TESTAMENT LEAGUE 11 TOLL GATE RD LITITZ, PA 17543	SUPPORTED ORG	PC	FOR FELLOWSHIP	5,000
Total				160,000

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				
CAMPUS CRUSADE FOR CHRIST 100 LAKE HART DR ORLANDO, FL 32832	SUPPORTED ORG	PC	FOR FELLOWSHIP	2,500
COMPASSION INTERNATIONAL 12290 VOYAGER PKWY COLORADO SPRINGS, CO 80921	SUPPORTED ORG	PC	FOR ASSISTANCE TO INDIGENT FAMILIES	2,500
GODS WORD TO THE NATIONS MISSION SO PO BOX 400	SUPPORTED ORG	PC	FOR FELLOWSHIP	2,500

COMPASSION INTERNATIONAL 12290 VOYAGER PKWY COLORADO SPRINGS, CO 80921	SUPPORTED ORG	PC	FOR ASSISTANCE TO INDIGENT FAMILIES	2,500
GODS WORD TO THE NATIONS MISSION SO PO BOX 400 ORANGE PARK, FL 32067	SUPPORTED ORG	PC	FOR FELLOWSHIP	2,500

160,000

efile GRAPHIC print - DO NOT PROCESS	As Filed D	ata -	DI	N: 93491320002007		
TY 2016 Accounting Fees Schedule						
Name:	AMIN FO	UNDATION				
EIN:	80-00758	857				
Software ID: 16000303						
Software Version:	2016v3.0)				
Category Amount Net Investment Adjusted Net Income Income				Disbursements for Charitable Purposes		
ACCOUNTING	6,475	6,475	0	0		

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491320002007
TY 2016 Investments Corpora	ite Stock Schedule	
Name:	AMIN FOUNDATION	
EIN:	80-0075857	
Software ID:	16000303	
Software Version:	2016v3.0	

Software Version: 2016v3.0			
Name of Stock		End of Year Book Value	End of Year Fair Market Value
ASSETMARK		2,817,182	2,817,182

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DI	N: 93491320002007			
TY 2016 Investments - Other Schedule						
Name:	AMIN FOUNDATION					
EIN:	80-0075857					
Software ID:	16000303					
Software Version:	2016v3.0					
Category/ Item	Listed at Cost FMV	or Book Value	End of Year Fair Market Value			

FMV

ASSETMARK

662,935

662,935

efile GRAPHIC print - DO NOT PROCE	ESS As Filed Data	-1	DLN	N: 93491320002007	
TY 2016 Other Professional Fees Schedule					
Na	me: AMIN FOUND	OITAC			
EIN: 80-0075857					
Software	ID: 16000303				
Software Versi	ion: 2016v3.0				
Income Income for Charital				Disbursements for Charitable Purposes	
ADVISOR FEES 48,617 48,617 0 0					
ADVISOR FEES	488	488	0	0	
ADVISOR FEES	548	548	0	0	

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TY 2016 Taxes Schedule					
				!	
Nam	ne: AMIN FOUND	NOITAC		•	
EI	EIN: 80-0075857				
Software I	ID: 16000303			,	
Software Versio	n: 2016v3.0				
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes	
FOREIGN TAXES	154	154			