

## 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** 

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.

Department of the Treasury ▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf. Open to Public Inspection Internal Revenue Service For calendar year 2016 or tax year beginning 2016, and ending Name of foundation \* THE LESTER FAMILY FOUNDATION A Employer identification number C/O KIRK LESTER 94-3205279 Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number (see instructions) 1140 WALL STREET #2089 (858) 456-2168 City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here. . . LA JOLLA, CA 92038 G Check all that apply. Initial return Initial return of a former public charity 1 Foreign organizations, check here. Final return Amended return 2 Foreign organizations meeting the 85% test, check here and attach Address change Name change computation . . . . . . . H Check type of organization X Section 501(c)(3) exempt private foundation E If private foundation status was terminated Other taxable private foundation Section 4947(a)(1) nonexempt charitable trust under section 507(b)(1)(A), check here . J Accounting method X Cash Fair market value of all assets at If the foundation is in a 60-month termination end of year (from Part II, col (c), line Other (specify) under section 507(b)(1)(B), check here 5,333,282. (Part I, column (d) must be on cash basis) 16) **►** \$ Part I Analysis of Revenue and Expenses (The (d) Disbursements (a) Revenue and total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in (b) Net investment (c) Adjusted net for charitable expenses per income income purposes books (cash basis only) column (a) (see instructions) ) Contributions, gifts, grants, etc., received (attach schedule) if the foundation is not required to 2 Check > attach Sch B. . . . . . . . . 11 11 ATCH 1 3 Interest on savings and temporary cash investments. 144,907 144,907. ATCH 2 Dividends and interest from securities . . . . 5a Gross rents . . . . . . . . . . . . Net rental income or (loss) 133,-452 Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a 3,409 176,080. Capital gain net income (from Part IV, line 2) 7 Net short-term capital gain. ñ Income modifications 10a Gross sales less returns ( and allowances . . . Less Cost of goods sold . Gross profit or (loss) (attach schedule) 915. 915. 11 Other income (attach schedule) ATCH 3... 279,285. 321,913. 12 Total, Add lines 1 through 11 . . . Ο. 13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages
15 Pension plans, employee benefits .
16a Legal fees (attach schedule) . . . .
b Accounting fees (attach schedule)A Other employee salaries and wages . . . . . Pension plans, employee benefits . . . . . . 2,500. 1,250. 1,250 Accounting fees (attach schedule)ATCH 4 26,767 26,767. Other professional fees (attach schedule). [5] 17 2,220. 920 18 Taxes (attach schedule) (see instructions)[6]. 19 Depreciation (attach schedule) and depletion. 20 21 Travel, conferences, and meetings . . . . . and, 22 Printing and publications . . . . . 80 80 Operating 23 Other expenses (attach schedule) ATCH . 7. 24 Total operating and administrative expenses. 31,567 28,937 1,330. Add lines 13 through 23. . . . . . . . . . . 763,000 763,000. 25 Contributions, gifts, grants paid . . . . . . . 794,567 28,937 Ō. 764,330 Total expenses and disbursements Add lines 24 and 25 26 27 Subtract line 26 from line 12 -515,282 a Excess of revenue over expenses and disbursements . . 292,976. b Net investment income (if negative, enter -0-)

3980-8

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

| Part I                                                            | Balanca Shoots                                    | Attached schedules and amounts in the description column should be for end-of-year | Beginning of year            | End of          | year                      |
|-------------------------------------------------------------------|---------------------------------------------------|------------------------------------------------------------------------------------|------------------------------|-----------------|---------------------------|
| r all l                                                           | Balance Sheets                                    | amounts only (See instructions )                                                   | (a) Book Value               | (b) Book Value  | (c) Fair Market Value     |
| 1                                                                 | Cash - non-interest-bear                          | ing                                                                                |                              |                 |                           |
| 2                                                                 | Savings and temporary                             | cash investments                                                                   | 113,189.                     | 104,050.        | 104,050.                  |
| 3                                                                 | Accounts rèceivable                               | ı                                                                                  |                              |                 | :- <del>_</del>           |
|                                                                   | Less allowance for dou                            | btful accounts ▶                                                                   |                              |                 |                           |
| 4                                                                 | Pledges receivable ▶                              |                                                                                    |                              |                 | <del>_</del>              |
| 1                                                                 | Less allowance for dou                            | btful accounts ▶                                                                   |                              |                 |                           |
| 5                                                                 |                                                   |                                                                                    |                              |                 |                           |
| 6                                                                 | Receivables due from                              | officers, directors, trustees, and other                                           |                              |                 |                           |
|                                                                   | disqualified persons (at                          | tach schedule) (see instructions)                                                  |                              |                 |                           |
| 7                                                                 | Other notes and loans                             | receivable (attach schedule)                                                       |                              |                 |                           |
|                                                                   | Less allowance for dou                            | btful accounts >                                                                   |                              |                 |                           |
| 8 ا <u>ت</u>                                                      | Inventories for sale or us                        | se                                                                                 |                              |                 |                           |
| Assets<br>8 9 10 a                                                | Prepaid expenses and d                            | leferred charges                                                                   |                              |                 |                           |
| <b>∛</b> 10a                                                      | Investments - U S and stat                        | te government obligations (attach schedule)                                        |                              |                 |                           |
| b                                                                 | Investments - corporate                           | e stock (attach schedule) ATCH 8                                                   | 5,560,378.                   | 5,055,650.      | 5,227,491.                |
| 11 C                                                              | Investments - land, building and equipment, basis |                                                                                    |                              |                 |                           |
| 1                                                                 | Less accumulated deprecial (attach schedule)      | ation >                                                                            |                              |                 |                           |
| 12                                                                | Investments - mortgage                            |                                                                                    |                              |                 |                           |
| 13                                                                |                                                   | ach schedule)                                                                      |                              |                 |                           |
| 14                                                                | equipment basis                                   | · •                                                                                |                              |                 |                           |
|                                                                   | Less accumulated depreca<br>(attach schedule)     | - 1                                                                                |                              |                 |                           |
| 15                                                                |                                                   | ATCH 9 )                                                                           | 3,156.                       | 1,741.          | 1,741.                    |
| 16                                                                |                                                   | completed by all filers - see the                                                  |                              |                 |                           |
|                                                                   | instructions Also, see p                          | page 1, item I)                                                                    | 5,676,723.                   | 5,161,441.      | 5,333,282.                |
| 17                                                                | Accounts payable and a                            | accrued expenses                                                                   |                              |                 |                           |
| 18                                                                | Grants payable                                    | <i> </i>                                                                           |                              |                 |                           |
| S 19                                                              | Deferred revenue                                  |                                                                                    |                              |                 |                           |
| <b>≓</b> 20                                                       | Loans from officers, direct                       | ors, trustees, and other disqualified persons                                      |                              |                 |                           |
| Liabilities                                                       |                                                   | otes payable (attach schedule)                                                     |                              |                 | •                         |
| 그 22                                                              | Other liabilities (describ                        | e ▶)                                                                               |                              |                 |                           |
|                                                                   |                                                   |                                                                                    |                              |                 | i .                       |
| 23                                                                |                                                   | es 17 through 22)                                                                  | 0.                           | 0.              |                           |
| S                                                                 |                                                   | llow SFAS 117, check here . ►                                                      |                              |                 |                           |
| S                                                                 | -                                                 | 24 through 26 and lines 30 and 31.                                                 |                              |                 |                           |
| 등 24                                                              |                                                   |                                                                                    | <del></del>                  | <del></del>     | . '                       |
| <b>E</b> 25                                                       |                                                   |                                                                                    |                              |                 | •                         |
| 일 26                                                              | =                                                 | not follow SEAS 117                                                                |                              |                 | ,                         |
| Net Assets or Fund Balances 2 2 2 2 2 2 2 3 3 3 3 3 3 3 3 3 3 3 3 |                                                   | / 110t 10110W 31 A0 117, - L                                                       |                              | •               | •                         |
| ٦<br>ا                                                            |                                                   | nplete lines 27 through 31.                                                        |                              |                 |                           |
| g 27                                                              |                                                   | ncipal, or current funds                                                           |                              |                 |                           |
| 28                                                                | •                                                 | or land, bldg, and equipment fund                                                  | 5,676,723.                   | 5,161,441.      |                           |
| 8 29                                                              | • .                                               | nulated income, endowment, or other funds                                          | 5,676,723.                   | 5,161,441.      |                           |
| 30                                                                |                                                   | d balances (see instructions)                                                      | 3,010,123.                   | 3,101,441.      |                           |
| Ž 31                                                              |                                                   | , , , , , , , , , , , , , , , , , , , ,                                            | 5,676,723.                   | 5,161,441.      | <b>' \$</b>               |
| Dort                                                              |                                                   | nage in Not Accets or Fund Rala                                                    | <del></del>                  | 3,101,441.      |                           |
|                                                                   |                                                   | anges in Net Assets or Fund Bala                                                   |                              | yuet earne with |                           |
|                                                                   |                                                   | balances at beginning of year - Part ed on prior year's return)                    |                              | - , ,           | 5,676,723                 |
|                                                                   | -                                                 | l, line 27a                                                                        |                              |                 | -515,282                  |
|                                                                   |                                                   | ıded ın line 2 (ıtemize) ▶                                                         |                              |                 | 313,202                   |
|                                                                   |                                                   | (Remize)                                                                           |                              |                 | 5,161,441.                |
|                                                                   | ecreases not included                             |                                                                                    |                              | 5               | 3/101/441                 |
| 6 Ta                                                              | stal net assets or fund                           | balances at end of year (line 4 minus                                              | line 5) - Part II, column (h |                 | 5,161,441.                |
| <u> </u>                                                          | rtar flot assets of fulld                         | Salariood at one of year (line 4 millios                                           |                              | <u>,, 0   </u>  | Form <b>990-PF</b> (2016) |

|                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | etmont Incomo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                              |                                                    |                                                                                                           |
|---------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|----------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| Par                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | and Losses for Tax on Inve                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | /SV                          | <del>,</del>                                       |                                                                                                           |
|                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | describe the kind(s) of property sold (e                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (b) How<br>acquired          | (c) Date acquired                                  | (d) Date sold                                                                                             |
|                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ick warehouse, or common stock, 200 s                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | shs MLC Co)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | P - Purchase<br>D - Donation |                                                    | (mo , day, yr )                                                                                           |
| 1 a                             | SEE PART IV SCHEI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | DULE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                                                    |                                                                                                           |
| <u>b</u>                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                                                    |                                                                                                           |
| С                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                                                    |                                                                                                           |
| d                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                                                    |                                                                                                           |
| е                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                                                    |                                                                                                           |
|                                 | (e) Gross sales price                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | (f) Depreciation allowed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | (g) Cost or other basis                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                              | (h) Gain or (los                                   |                                                                                                           |
|                                 | (0)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (or allowable)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | plus expense of sale                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                              | (e) plus (f) minu                                  | s (g)                                                                                                     |
| <u>a</u>                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              | <del></del>                                        |                                                                                                           |
| <u>b</u>                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                                                    |                                                                                                           |
| <u>c</u>                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <del></del>                  |                                                    |                                                                                                           |
| <u>d</u>                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                                                    |                                                                                                           |
| е                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                                                    |                                                                                                           |
|                                 | Complete only for assets sl                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | howing gain in column (h) and owned                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | by the foundation on 12/31/69                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                              | Gains (Col (h) ga                                  |                                                                                                           |
| (i)                             | ) F M V as of 12/31/69                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | (j) Adjusted basis<br>as of 12/31/69                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (k) Excess of col (i)<br>over col (j), if any                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | col                          | (k), but not less the Losses (from col             |                                                                                                           |
| a                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                                                    |                                                                                                           |
| b                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                                                    |                                                                                                           |
| С                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                                                    |                                                                                                           |
| d                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                                                    |                                                                                                           |
| е                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                                                    |                                                                                                           |
|                                 | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ( If ga                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ain, also enter in Part I, line 7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                              |                                                    |                                                                                                           |
| 2                               | Capital gain net income                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | or (net capital loss)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | oss), enter -0- in Part I, line 7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 2                            |                                                    | 176,080.                                                                                                  |
| 3                               | Net short-term capital ga                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ain or (loss) as defined in sections                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                                                    |                                                                                                           |
|                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>\</b>                     |                                                    |                                                                                                           |
|                                 | it dain, aiso enter in Pa                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | art I. line &. Column (C) (see ins                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | tructions) it (ioss), enter -U- in L                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                              |                                                    |                                                                                                           |
|                                 | <del>-</del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | art I, line 8, column (c) (see ins                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | · · · · · · · · · · · · · · · · · · ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 3                            |                                                    | 0.                                                                                                        |
| (For                            | Part I, line 8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Under Section 4940(e) for Receptive foundations subject to the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | · · · · · · · · · · · · · · · · · · ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                              | ome )                                              | 0.                                                                                                        |
| (For<br>If se<br>Was            | Part I, line 8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Inder Section 4940(e) for Recommendations subject to the leave this part blank.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | duced Tax on Net Investment Inves | ment inco                    | ·<br>                                              | 0.                                                                                                        |
| (For<br>If se<br>Was            | Part I, line 8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Inder Section 4940(e) for Recommendations subject to the leave this part blank.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | duced Tax on Net Investment Inves | ment inco                    | ·<br>                                              |                                                                                                           |
| (For<br>If se<br>Was            | Part I, line 8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Inder Section 4940(e) for Receptive private foundations subject to the leave this part blank.  The section 4942 tax on the distribution qualify under section 4940(e).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | duced Tax on Net Investment Inves | ment inco                    | ntries.                                            |                                                                                                           |
| (For<br>If se<br>Was            | Part I, line 8  t V Qualification U optional use by domestic ction 4940(d)(2) applies, the foundation liable for es," the foundation does in the appropriate ar                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Inder Section 4940(e) for Recomplete private foundations subject to the leave this part blank.  The section 4942 tax on the distribution and qualify under section 4940(e).  The section 4940 tax on the distribution and qualify under section 4940(e).  The section 4940 tax on the distribution and qualify under section 4940(e).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | duced Tax on Net Investment In e section 4940(a) tax on net investr  outable amount of any year in the back Do not complete this part ar; see the instructions before making                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ment inco                    | ntries.                                            | Yes X No                                                                                                  |
| (For<br>If se<br>Was<br>If "You | Part I, line 8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Under Section 4940(e) for Recomplete private foundations subject to the leave this part blank.  The section 4942 tax on the distribution 4940(e).  The mount in each column for each year (b).  Adjusted qualifying distributions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | duced Tax on Net Investment Inves | ment inco                    | ntries. (d) Distribution ra (col (b) divided by    | Yes X No                                                                                                  |
| (For<br>If se<br>Was<br>If "You | Part I, line 8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Under Section 4940(e) for Receptive private foundations subject to the leave this part blank.  The section 4942 tax on the distributed qualify under section 4940(e).  The section 4942 tax on the distribution 4940(e).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | outable amount of any year in the bear; see the instructions before making the section of the se | ment inco                    | ntries. (d) Distribution ra (col (b) divided by    | Yes X No                                                                                                  |
| (For<br>If se<br>Was<br>If "You | Part I, line 8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Under Section 4940(e) for Receptive private foundations subject to the leave this part blank.  The section 4942 tax on the distributed qualify under section 4940(e).  The mount in each column for each year (b)  Adjusted qualifying distributions  268,485.  318,080.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | outable amount of any year in the become the instructions before making the value of nonchantable-use assets  5,777,932. 5,475,776.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ment inco                    | ntries. (d) Distribution ra (col (b) diwded by     | Yes X Notice (c) (c) 0.046467                                                                             |
| (For<br>If se<br>Was<br>If "You | Part I, line 8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Under Section 4940(e) for Receptive private foundations subject to the leave this part blank.  The section 4942 tax on the distributed qualify under section 4940(e).  The section 4942 tax on the distribution 4940(e).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | outable amount of any year in the bear; see the instructions before making the section of the se | ment inco                    | ntries. (d) Distribution ra (col (b) diwded by     | Yes X No                                                                                                  |
| (For<br>If se<br>Was<br>If "You | Part I, line 8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Under Section 4940(e) for Receptive private foundations subject to the leave this part blank.  The section 4942 tax on the distributed qualify under section 4940(e).  The mount in each column for each year (b)  Adjusted qualifying distributions  268,485.  318,080.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | outable amount of any year in the become the instructions before making the value of nonchantable-use assets  5,777,932. 5,475,776.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ment inco                    | ntries.  (d)  Distribution ra (col (b) divided by  | Yes X Notice (c) (c) 0.046467                                                                             |
| (For<br>If se<br>Was<br>If "You | Part I, line 8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Inder Section 4940(e) for Receptive private foundations subject to the leave this part blank.  The section 4942 tax on the distributed qualify under section 4940(e).  The mount in each column for each year (b)  Adjusted qualifying distributions  268, 485.  318, 080.  206, 760.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | outable amount of any year in the become the complete this part ar; see the instructions before making (c)  Net value of nonchantable-use assets  5,777,932.  5,475,776. 4,377,796.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ment inco                    | ntries. (d) Distribution ra (col (b) divided by    | Yes X No.                                                                                                 |
| (For<br>If se<br>Was<br>If "You | Part I, line 8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Inder Section 4940(e) for Receptivate foundations subject to the leave this part blank.  The section 4942 tax on the distribution qualify under section 4940(e).  The mount in each column for each year (b)  Adjusted qualifying distributions  268, 485.  318, 080.  206, 760.  269, 430.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | outable amount of any year in the beautable amount of any year in the beautable amount of any year in the beautar; see the instructions before making (c)  Net value of nonchantable-use assets  5,777,932.  5,475,776.  4,377,796.  2,802,460.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ment inco                    | ntries. (d) Distribution ra (col (b) divided by    | Yes X No (co) (co) (0.046467 (0.058089 (0.047229 (0.096141                                                |
| (For<br>If se<br>Was<br>If "You | Part I, line 8  Qualification U optional use by domestic ction 4940(d)(2) applies, the foundation liable for es," the foundation does in Enter the appropriate ar  (a) Base penod years endar year (or tax year beginning in) 2015 2014 2013 2012 2011                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Jnder Section 4940(e) for Receptive private foundations subject to the leave this part blank.  the section 4942 tax on the distributed qualify under section 4940(e).  mount in each column for each year (b)  Adjusted qualifying distributions  268, 485.  318, 080.  206, 760.  269, 430.  374, 135.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | duced Tax on Net Investment Interpretation of the section 4940(a) tax on net investment in the base of the section 4940(a) tax on net investment and the section of the sec | ment inco                    | ntries. (d) Distribution ra (col (b) divided by    | Yes X No (co) (co) (0.046467 (0.058089 (0.047229 (0.096141                                                |
| (For                            | Part I, line 8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Inder Section 4940(e) for Receptive private foundations subject to the leave this part blank.  Ithe section 4942 tax on the distributed qualify under section 4940(e).  Mount in each column for each year (b)  Adjusted qualifying distributions  268,485.  318,080.  206,760.  269,430.  374,135.  d)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | duced Tax on Net Investment It is section 4940(a) tax on net investre outable amount of any year in the bar Do not complete this part ar; see the instructions before making (c)  Net value of nonchantable-use assets  5,777,932.  5,475,776.  4,377,796.  2,802,460.  1,946,390.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ase perio                    | ntries. (d) Distribution ra (col (b) divided by    | Yes X No not not not not not not not not not no                                                           |
| (For                            | Part I, line 8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Inder Section 4940(e) for Receptive private foundations subject to the private foundations and the distribution of qualify under section 4940(e).  (b)  Adjusted qualifying distributions  268, 485.  318, 080.  206, 760.  269, 430.  374, 135.  d)  o for the 5-year base period - division of the foundation | duced Tax on Net Investment Interpretation and the section 4940(a) tax on net investre the section and | ase perio                    | ntries.  (d)  Distribution ra  (col (b) diwided by | Yes X No not not not not not not not not not no                                                           |
| (For                            | Part I, line 8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Inder Section 4940(e) for Receptive private foundations subject to the private foundations and the distribution of qualify under section 4940(e).  (b)  Adjusted qualifying distributions  268, 485.  318, 080.  206, 760.  269, 430.  374, 135.  d)  o for the 5-year base period - division of the foundation | duced Tax on Net Investment It is section 4940(a) tax on net investre outable amount of any year in the bar Do not complete this part ar; see the instructions before making (c)  Net value of nonchantable-use assets  5,777,932.  5,475,776.  4,377,796.  2,802,460.  1,946,390.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ase perio                    | ntries.  (d)  Distribution ra  (col (b) diwided by | Yes X No col (c)) 0.046467 0.058089 0.047229 0.096141 0.192220 0.440146                                   |
| (For                            | Part I, line 8  Qualification U optional use by domestic ction 4940(d)(2) applies, the foundation liable for ses," the foundation does in Enter the appropriate ar  (a) Base period years endar year (or tax year beginning in) 2015 2014 2013 2012 2011  Total of line 1, column (Average distribution rationumber of years the foundation use in the column of the co | Inder Section 4940(e) for Receptive private foundations subject to the leave this part blank.  Ithe section 4942 tax on the distributed qualify under section 4940(e).  Mount in each column for each year (b)  Adjusted qualifying distributions  268, 485.  318, 080.  206, 760.  269, 430.  374, 135.  Indication has been in existence if leading to the section 4940(e).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | duced Tax on Net Investment Interpretation and the section 4940(a) tax on net investre the section and | ase perio                    | ntries. (d) Distribution ra (col (b) divided by    | Yes X No col (c)) 0.046467 0.058089 0.047229 0.096141 0.192220 0.440146                                   |
| (For lf se Was lf "Yo           | Part I, line 8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Jnder Section 4940(e) for Receptive private foundations subject to the leave this part blank.  the section 4942 tax on the distributed qualify under section 4940(e).  mount in each column for each year (b)  Adjusted qualifying distributions  268, 485.  318, 080.  206, 760.  269, 430.  374, 135.  d)  of or the 5-year base period - division dation has been in existence if leading the procharitable-use assets for 2016 for the concharitable-use asset | duced Tax on Net Investment Is a section 4940(a) tax on net investre the section 4 part ar; see the instructions before making (c)  Net value of nonchantable-use assets  5,777,932.  5,475,776.  4,377,796.  2,802,460.  1,946,390.  de the total on line 2 by 5, or by the sess than 5 years.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ase perio                    | ntries.  (d)  Distribution ra (col (b) diwded by   | Yes X No col (c)) 0.046467 0.058089 0.047229 0.096141 0.192220 0.440146 0.088029                          |
| (For If se Wass If "You Table 1 | Part I, line 8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Inder Section 4940(e) for Receptive private foundations subject to the private foundations subject to the private foundations subject to the private foundations are the distributed for the section 4942 tax on the distributed for the section 4940(e).  (b)  Adjusted qualifying distributions  268, 485.  318, 080.  206, 760.  269, 430.  374, 135.  d)  of or the 5-year base period - divindation has been in existence if less on charitable-use assets for 2016 for the section 4940(e).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | duced Tax on Net Investment Inves | ase perio                    | ntries.  (d)  Distribution ra (col (b) diwded by   | Yes X No color (c)) 0.046467 0.058089 0.047229 0.096141 0.192220 0.440146 0.088029 372,332. 472,921.      |
| If se Was If "You 1 Cate 2 3    | Part I, line 8  Qualification U optional use by domestic ction 4940(d)(2) applies, the foundation liable for es," the foundation does in Enter the appropriate ar  (a)  Base penod years endar year (or tax year beginning in)  2015  2014  2013  2012  2011  Total of line 1, column (Average distribution ration number of years the foundation the foundation with the foundation of the fou | Inder Section 4940(e) for Receptive private foundations subject to the private foundations subject to the private foundations subject to the private foundations are the private foundation 4942 tax on the distribution and qualify under section 4940(e).  Mount in each column for each year for the foundation has been in existence if leading to the private for the foundation has been in existence if leading the private for the foundation has been in existence if leading the private for the foundation has been in existence if leading the private for the foundation has been in existence if leading the private for the foundation has been in existence if leading the private for the foundation has been in existence if leading the private for the foundation has been in existence if leading the private for the foundation has been in existence if leading the private for the foundation has been in existence if leading the private for the foundation has been in existence if leading the private for the foundation has been in existence if leading the private for the foundation has been in existence if leading the private for the foundation has been in existence if leading the private for the foundation has been in existence if leading the private for the foundation has been in existence if leading the private for the foundation has been in existence if leading the private for the foundation has been in existence if leading the private for the foundation has been in existence if leading the private for the foundation has been in existence if leading the private for the foundation has been in existence if leading the foundation has been in existence if | duced Tax on Net Investment Inves | ase perio                    | ntries. (d) Distribution ra (col (b) divided by    | Yes X No col (c)) 0.046467 0.058089 0.047229 0.096141 0.192220 0.440146 0.088029 372,332. 472,921. 2,930. |
| (For If se Wass If "You Table 1 | Part I, line 8  Qualification U optional use by domestic ction 4940(d)(2) applies, the foundation liable for es," the foundation does in Enter the appropriate ar  (a)  Base penod years endar year (or tax year beginning in)  2015  2014  2013  2012  2011  Total of line 1, column (Average distribution ration number of years the foundation the foundation with the foundation of the fou | Inder Section 4940(e) for Receptive private foundations subject to the private foundations subject to the private foundations subject to the private foundations are the private foundation 4942 tax on the distribution and qualify under section 4940(e).  Mount in each column for each year for the foundation has been in existence if leading to the private for the foundation has been in existence if leading the private for the foundation has been in existence if leading the private for the foundation has been in existence if leading the private for the foundation has been in existence if leading the private for the foundation has been in existence if leading the private for the foundation has been in existence if leading the private for the foundation has been in existence if leading the private for the foundation has been in existence if leading the private for the foundation has been in existence if leading the private for the foundation has been in existence if leading the private for the foundation has been in existence if leading the private for the foundation has been in existence if leading the private for the foundation has been in existence if leading the private for the foundation has been in existence if leading the private for the foundation has been in existence if leading the private for the foundation has been in existence if leading the private for the foundation has been in existence if leading the private for the foundation has been in existence if leading the private for the foundation has been in existence if leading the private for the foundation has been in existence if leading the foundation has been in existence if | duced Tax on Net Investment Inves | ase perio                    | ntries. (d) Distribution ra (col (b) divided by    | Yes X No color (c)) 0.046467 0.058089 0.047229 0.096141 0.192220 0.440146 0.088029 372,332. 472,921.      |

| Par | Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see in                                         | <u>struc</u> | tions)   | <u> </u>        |
|-----|----------------------------------------------------------------------------------------------------------------------------------|--------------|----------|-----------------|
| 1a  | Exempt operating foundations described in section 4940(d)(2), check here                                                         |              |          |                 |
|     | 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                                                 |              | 2,9      | 930.            |
|     | here $\blacktriangleright X$ and enter 1% of Part I, line 27b                                                                    |              |          |                 |
| С   | All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of J Part I, line 12, col (b)          |              |          |                 |
| 2   | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)                        |              |          |                 |
| 3   | Add lines 1 and 2                                                                                                                |              | 2,9      | 930.            |
| 4   | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)                      |              |          | 0.              |
| 5   | Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0                                            |              | 2,9      | 930.            |
| 6   | Credits/Payments                                                                                                                 |              |          |                 |
| а   | 2016 estimated tax payments and 2015 overpayment credited to 2016 6a 6, 047.                                                     |              |          |                 |
| b   | Exempt foreign organizations - tax withheld at source 6b                                                                         |              |          |                 |
| C   | Tax paid with application for extension of time to file (Form 8868) 6c                                                           |              |          |                 |
| d   | Backup withholding erroneously withheld                                                                                          |              |          |                 |
| 7   | Total credits and payments Add lines 6a through 6d                                                                               |              | 6,0      | 047.            |
| 8   | Enter any penalty for underpayment of estimated tax. Check here X if Form 2220 is attached                                       |              |          |                 |
| 9   | Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed                                                    |              |          |                 |
| 10  | Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid                                        |              | 3,1      | 117.            |
| 11  | Enter the amount of line 10 to be Credited to 2017 estimated tax > 3, 117. Refunded > 11                                         |              |          |                 |
|     | t 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                 |              | Yes      | No              |
|     | participate or intervene in any political campaign?                                                                              | 1a_          |          | X               |
| Ь   | Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see                         | 4.           |          | X               |
|     | Instructions for the definition)?                                                                                                | _1b_         |          | _^              |
|     | If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials                  |              | i        |                 |
|     | published or distributed by the foundation in connection with the activities                                                     |              |          | X               |
|     | Did the foundation file Form 1120-POL for this year?                                                                             | 1c           |          | _ <u>^</u>      |
| d   | Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year  (1) On the foundation ▶ \$    |              |          |                 |
| е   | Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed                    |              |          |                 |
|     | on foundation managers > \$                                                                                                      |              | ı        | ļ               |
| 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 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?                                                                 | _4b_         |          |                 |
| 5   | Was there a liquidation, termination, dissolution, or substantial contraction during the year?                                   | 5            |          | X               |
|     | 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                       |              | v        |                 |
|     | conflict with the state law remain in the governing instrument?                                                                  | 6            | X        | <del>├-</del> - |
| 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>X</u> | <del> </del>    |
| 8a  | Enter the states to which the foundation reports or with which it is registered (see instructions) ► CA,                         |              |          |                 |
| b   | If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General                     |              | v        |                 |
|     | (or designate) of each state as required by General Instruction G? If "No," attach explanation                                   | 8b           | X        | <b>├</b>        |
| 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 year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes,"               | )            |          |                 |
|     | complete Part XIV                                                                                                                | 9            |          | X               |
| 10  | Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their                   |              |          | x               |
|     | names and addresses                                                                                                              | 10           | 0.55     | <u> </u>        |
|     | E                                                                                                                                | .m 44        | 0-PF     | (2016)          |

| Par        | VII-A Statements Regarding Activities (continued)                                                                                                                                       |     |     | <del></del> - |
|------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|---------------|
| 11         | at any time during the year, did the foundation, directly or indirectly, own a controlled entity within the                                                                             | 11  | Yes | No<br>X       |
| 40         | <b>3</b>                                                                                                                                                                                |     |     |               |
| 12         | ord the foundation make a distribution to a donor advised fund over which the foundation or a disqualified erson had advisory privileges? If "Yes," attach statement (see instructions) | 12  |     | X             |
| 13         | Vebsite address ► N/A                                                                                                                                                                   | 13  | Х   |               |
| 14         | the books are in care of ▶ KIRK LESTER Telephone no ▶                                                                                                                                   |     |     |               |
|            | ocated at ► SAME AS ON PAGE 1 LA JOLLA, CA ZIP+4 ► 92038                                                                                                                                |     |     |               |
| 15         | section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here                                                                                     |     | . ▶ |               |
| 16         | at any time during calendar year 2016, did the foundation have an interest in or a signature or other authority                                                                         |     | Yes | No            |
|            | · · · · · · · · · · · · · · · · · · ·                                                                                                                                                   | 16  |     | Х             |
|            | See the instructions for exceptions and filing requirements for FinCEN Form 114 If "Yes," enter the name of                                                                             |     |     |               |
|            | he foreign country                                                                                                                                                                      |     |     |               |
| Par        | VII-B Statements Regarding Activities for Which Form 4720 May Be Required                                                                                                               |     |     |               |
|            | ile Form 4720 if any item is checked in the "Yes" column, unless an exception applies.                                                                                                  |     | Yes | No            |
| 1a         | Ouring the year did the foundation (either directly or indirectly)                                                                                                                      |     |     |               |
|            | 1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No                                                                                          |     |     |               |
|            | 2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a                                                                                                |     |     |               |
|            | disqualified person?                                                                                                                                                                    |     |     | •             |
|            | 3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?                                                                                               | ľ   |     |               |
|            | 4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No                                                                                            |     |     |               |
|            | 5) Transfer any income or assets to a disqualified person (or make any of either available for                                                                                          |     |     |               |
|            | the benefit or use of a disqualified person)?                                                                                                                                           |     | `   |               |
|            | 6) Agree to pay money or property to a government official? (Exception. Check "No" if the                                                                                               | - , |     | ,             |
|            | foundation agreed to make a grant to or to employ the official for a period after                                                                                                       | l   |     |               |
|            | termination of government service, if terminating within 90 days ) Yes X No                                                                                                             | - 1 |     |               |
| b          | f any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations                                                                   |     |     |               |
|            | section 53 4941(d)-3 or ın a current notice regarding disaster assistance (see instructions)?                                                                                           | 1b  |     | X             |
|            | Organizations relying on a current notice regarding disaster assistance check here                                                                                                      |     | 5   |               |
| C          | Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that                                                                            |     |     |               |
|            | vere not corrected before the first day of the tax year beginning in 2016?                                                                                                              | 1c  |     | Х             |
| 2          | Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private                                                                             |     |     |               |
|            | operating foundation defined in section 4942(j)(3) or 4942(j)(5))                                                                                                                       |     |     |               |
| а          | At the end of tax year 2016, did the foundation have any undistributed income (lines 6d and                                                                                             |     | -   | ŀ             |
|            | Se, Part XIII) for tax year(s) beginning before 2016?                                                                                                                                   |     |     | ļ             |
|            | f "Yes," list the years  ,,,,,,,                                                                                                                                                        |     | ,   | }             |
| b          | Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2)                                                                   | •   |     |               |
|            | relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to                                                                       |     |     |               |
|            | all years listed, answer "No" and attach statement - see instructions)                                                                                                                  | 2b  |     | Х             |
| С          | f the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here                                                                          | -   |     |               |
| 3a         | Old the foundation hold more than a 2% direct or indirect interest in any business enterprise                                                                                           |     |     |               |
|            | at any time during the year?                                                                                                                                                            | ٠,  |     | ,             |
| b          | f "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                                                                           | .   |     | 1             |
|            | Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of                                                                          | '   |     |               |
|            | the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the                                                                                    |     |     |               |
|            | foundation had excess business holdings in 2016 )                                                                                                                                       | 3b  |     |               |
| <b>4</b> a | Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?                                                                         | 4a  |     | Х             |
| b          | Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its                                                                          |     |     |               |
|            | charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2016?                                                                      | 4b  |     | X             |
|            |                                                                                                                                                                                         | ~~  |     |               |

| Par      | t VII-B         | Statements Regarding Activities                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | for Which Form                        | 4720 May Be Req                       | uired (continued)                              |              |                          |
|----------|-----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|---------------------------------------|------------------------------------------------|--------------|--------------------------|
| 5a       | During th       | e year did the foundation pay or incur any amo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | unt to                                |                                       |                                                |              |                          |
|          | (1) Carry       | on propaganda, or otherwise attempt to influe                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ence legislation (section             | n 4945(e))?                           | Yes X No                                       | ,            |                          |
|          |                 | nce the outcome of any specific public ele                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                       |                                       |                                                |              | }                        |
|          | direct          | ly or indirectly, any voter registration drive?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |                                       | Yes X No                                       |              |                          |
|          |                 | de a grant to an individual for travel, study, or o                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                       |                                       |                                                | , ]          | ] ]                      |
|          | • •             | de a grant to an organization other than a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                       |                                       |                                                |              |                          |
|          | • •             | on 4945(d)(4)(A)? (see instructions)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                       |                                       |                                                | ,            |                          |
|          |                 | de for any purpose other than religious, ch                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                       |                                       |                                                | 1            | <b>\</b>                 |
|          |                 | uses, or for the prevention of cruelty to children                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                       | •                                     |                                                |              |                          |
| ь        |                 | nswer is "Yes" to 5a(1)-(5), did any of the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                       |                                       |                                                | J            |                          |
| Б        | •               | ns section 53 4945 or in a current notice regar                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |                                       | •                                              | l l          | l x                      |
|          |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |                                       |                                                | 5b_          |                          |
|          |                 | tions relying on a current notice regarding disas                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                       |                                       |                                                | ۱            |                          |
| С        |                 | swer is "Yes" to question 5a(4), does the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                       | •                                     |                                                |              | 1 1                      |
|          |                 | It maintained expenditure responsibility for the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | _                                     |                                       | , Yes X No                                     | <b>'</b>     | <u> </u>                 |
|          |                 | attach the statement required by Regulations se                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ' '                                   |                                       |                                                |              |                          |
| 6a       |                 | foundation, during the year, receive any fur                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | •                                     |                                       |                                                |              |                          |
|          |                 | onal benefit contract?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                       |                                       | Yes X No                                       | •            | \ \ \ ,                  |
| b        |                 | oundation, during the year, pay premiums, dire                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ectly or indirectly, on a             | personal benefit contra               | ıct <sup>?</sup>                               | 6b           | X                        |
|          |                 | o 6b, file Form 8870                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                       |                                       |                                                |              |                          |
| 7a       |                 | ne during the tax year, was the foundation a p                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                       |                                       |                                                | I .          | }                        |
| <u>b</u> |                 | did the foundation receive any proceeds or ha                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                       |                                       |                                                |              | <u> </u>                 |
| Pa       | rt VIII         | Information About Officers, Directo and Contractors                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | rs, Trustees, Fou                     | indation Managers                     | s, Highly Paid Emp                             | oloyees,     |                          |
| 1        | List all o      | fficers, directors, trustees, foundation r                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | nanagers and their                    | compensation (see                     | instructions).                                 |              | •                        |
|          |                 | (a) Name and address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (b) Title, and average hours per week | (c) Compensation<br>(If not paid,     | (d) Contributions to<br>employee benefit plans |              | se account,              |
|          |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | devoted to position                   | enter -0-)                            | and deferred compensation                      | other al     | lowances                 |
|          | 10              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       | •                                     |                                                |              |                          |
| ATC      | H 10            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       | 0.                                    | 0.                                             |              | 0.                       |
|          |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |                                       |                                                |              |                          |
|          |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |                                       |                                                |              |                          |
|          |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ]                                     |                                       |                                                |              |                          |
|          |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |                                       |                                                |              |                          |
|          |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |                                       |                                                |              |                          |
|          |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |                                       | <u> </u>                                       |              |                          |
| 2        | Compens "NONE." | sation of five highest-paid employees                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | (other than thos                      | se included on line                   | e 1 - see instructi                            | ons). If n   | one, enter               |
|          | NUNE.           | <del></del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (b) Tills and                         |                                       | (d) Contributions to                           |              | <del></del>              |
| (a)      | Name and        | address of each employee paid more than \$50,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | (b) Title, and average hours per week | (c) Compensation                      | employee benefit plans and deferred            |              | se account,<br>llowances |
|          |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | devoted to position                   |                                       | compensation                                   |              |                          |
|          |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |                                       |                                                |              |                          |
|          | NONE            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |                                       |                                                | <del>.</del> |                          |
|          |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ŀ                                     |                                       |                                                |              |                          |
|          |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |                                       |                                                |              |                          |
|          |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |                                       |                                                |              |                          |
|          |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       | •                                     |                                                |              |                          |
|          |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       | · · · · · · · · · · · · · · · · · · · |                                                |              |                          |
|          |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |                                       | [                                              |              |                          |
|          |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |                                       |                                                |              |                          |
|          | <del></del>     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |                                       |                                                |              |                          |
| Tota     | Inumber         | of other employees paid over \$50,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                       |                                       |                                                |              |                          |
|          |                 | The state of the s |                                       |                                       | · · · · · · · · · · · · · ·                    |              | 0 DE                     |

THE LESTER FAMILY FOUNDATION 94-3205279 Page 7 Form 990-PF (2016) Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, Part VIII and Contractors (continued) Five highest-paid independent contractors for professional services (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 0. Part IX-A **Summary of Direct Charitable Activities** List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of Expenses organizations and other beneficianes served, conferences convened, research papers produced, etc NONE Summary of Program-Related Investments (see instructions) Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 Amount NONE

Form 990-PF (2016)

3 NONE

All other program-related investments. See instructions

Page 8

| Part | Minimum Investment Return (All domestic foundations must complete this part. see instructions.)                                                                               | Foreign foundat  | ions,                 |
|------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------------------|
| 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               | 5,295,043.            |
| b    | Average of monthly cash balances                                                                                                                                              | 1b               | 159,101.              |
| С    | Fair market value of all other assets (see instructions)                                                                                                                      |                  |                       |
| d    | Total (add lines 1a, b, and c)                                                                                                                                                | 1d               | 5,454,144.            |
| е    |                                                                                                                                                                               |                  |                       |
|      | 1c (attach detailed explanation)                                                                                                                                              |                  |                       |
| 2    | Acquisition indebtedness applicable to line 1 assets                                                                                                                          | 2                |                       |
| 3    | Subtract line 2 from line 1d                                                                                                                                                  | 3                | 5,454,144.            |
| 4    | Cash deemed held for charitable activities Enter 1 1/2 % of line 3 (for greater amount,                                                                                       | see              |                       |
|      | instructions)                                                                                                                                                                 | 4                | 81,812.               |
| 5    | Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, Ir                                                                              | ne 4 5           | 5,372,332.            |
| 6_   | Minimum investment return. Enter 5% of line 5                                                                                                                                 | 6                | 268,617.              |
| Par  | rt XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating and certain foreign organizations check here ▶ and do not complete this part.) | g foundations    |                       |
| 1    | Minimum investment return from Part X, line 6                                                                                                                                 | 1                | 268,617.              |
| 2 a  |                                                                                                                                                                               | 930.             |                       |
| b    |                                                                                                                                                                               |                  |                       |
| С    |                                                                                                                                                                               | 2c               | 2,930.                |
| 3    | Distributable amount before adjustments Subtract line 2c from line 1                                                                                                          |                  | 265,687.              |
| 4    | Recoveries of amounts treated as qualifying distributions                                                                                                                     |                  |                       |
| 5    | Add lines 3 and 4                                                                                                                                                             |                  | 265,687.              |
| 6    | Deduction from distributable amount (see instructions)                                                                                                                        |                  |                       |
| 7    | Distributable amount as adjusted. Subtract line 6 from line 5 Enter here and on Part                                                                                          |                  |                       |
|      | line 1                                                                                                                                                                        |                  | 265,687.              |
| Par  | rt XII Qualifying Distributions (see instructions)                                                                                                                            |                  |                       |
| 1    | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes                                                                                     |                  | 764 330               |
| a    |                                                                                                                                                                               |                  | 764,330.              |
| b    |                                                                                                                                                                               |                  |                       |
| 2    | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, purposes                                                                           | 1 - 1            |                       |
| 3    | Amounts set aside for specific charitable projects that satisfy the                                                                                                           |                  |                       |
| а    | Suitability test (prior IRS approval required)                                                                                                                                | 3a               |                       |
| b    | b Cash distribution test (attach the required schedule)                                                                                                                       | 3b               |                       |
| 4    | Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII,                                                                            |                  | 764,330.              |
| 5    | Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment inc                                                                              | come.            |                       |
|      | Enter 1% of Part I, line 27b (see instructions)                                                                                                                               | 5                | 2,930.                |
| 6    | Adjusted qualifying distributions. Subtract line 5 from line 4                                                                                                                | 6                | 761,400.              |
|      | Note: The amount on line 6 will be used in Part V, column (b), in subsequent years whe qualifies for the section 4940(e) reduction of tax in those years.                     | en calculating w | hether the foundation |

Form 990-PF (2016)

Form 990-PF (2016)

Page 9

| Part XIII Undistributed Income (see Instru                                                      | ctions)       |                            | <del></del> | Page 9             |
|-------------------------------------------------------------------------------------------------|---------------|----------------------------|-------------|--------------------|
|                                                                                                 | (a)<br>Corpus | (b)<br>Years prior to 2015 | (c)<br>2015 | (d)<br>2016        |
| 1 Distributable amount for 2016 from Part XI,                                                   | 00,500        | Today prior to 2010        |             | 265,687.           |
| 2 Undistributed income, if any, as of the end of 2016                                           |               |                            |             |                    |
| a Enter amount for 2015 only                                                                    |               |                            |             |                    |
| <b>b</b> Total for pnor years 20 14 ,20 13 ,20 12                                               |               |                            |             |                    |
| 3 Excess distributions carryover, if any, to 2016                                               |               |                            |             |                    |
| a From 2011                                                                                     |               |                            |             |                    |
| b From 2012 130, 481.                                                                           |               |                            |             |                    |
| c From 2013                                                                                     |               |                            |             |                    |
|                                                                                                 |               |                            |             |                    |
| f Total of lines 3a through e                                                                   | 524,313.      |                            |             |                    |
| 4 Qualifying distributions for 2016 from Part XII,                                              | <u> </u>      |                            |             |                    |
| line 4 ▶ \$ 764,330.                                                                            |               | ]                          |             |                    |
| a Applied to 2015, but not more than line 2a                                                    |               |                            |             |                    |
| b Applied to undistributed income of prior years                                                |               |                            |             |                    |
| (Election required - see instructions)                                                          |               | <del></del>                | <del></del> |                    |
| c Treated as distributions out of corpus (Election required - see instructions)                 |               |                            | <u></u>     |                    |
| d Applied to 2016 distributable amount                                                          | 400 642       |                            | <del></del> | 265,687.           |
| e Remaining amount distributed out of corpus                                                    | 498,643.      |                            |             |                    |
| 5 Excess distributions carryover applied to 2016. (If an amount appears in column (d), the same |               |                            |             |                    |
| amount must be shown in column (a)                                                              |               |                            |             |                    |
| 6 Enter the net total of each column as indicated below:                                        |               |                            |             |                    |
| a Corpus Add lines 3f, 4c, and 4e Subtract line 5                                               | 1,022,956.    |                            |             |                    |
| b Prior years' undistributed income Subtract                                                    | <del></del>   |                            |             |                    |
| line 4b from line 2b,                                                                           |               |                            |             |                    |
| c Enter the amount of prior years' undistributed                                                |               |                            |             |                    |
| been issued, or on which the section 4942(a)                                                    |               |                            |             |                    |
| tax has been previously assessed                                                                |               |                            |             | <del></del>        |
| d Subtract line 6c from line 6b Taxable                                                         |               |                            |             |                    |
| amount - see instructions                                                                       |               | <del></del>                |             |                    |
| 4a from line 2a Taxable amount - see                                                            |               | ļ                          |             |                    |
|                                                                                                 |               |                            |             |                    |
| f Undistributed income for 2016 Subtract lines 4d and 5 from line 1. This amount must be        |               |                            |             |                    |
| distributed in 2017                                                                             | <u></u>       |                            |             |                    |
| 7 Amounts treated as distributions out of corpus                                                |               | 1                          |             | Ì                  |
| 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)   | 339,187.      |                            |             |                    |
| 9 Excess distributions carryover to 2017.                                                       | 683,769.      |                            |             | 1                  |
| Subtract lines 7 and 8 from line 6a                                                             | 003,709.      |                            |             | <del> </del>       |
| 10 Analysis of line 9                                                                           |               | [                          |             |                    |
| a Excess from 2012                                                                              |               |                            |             |                    |
| b Excess from 2013 54,645.                                                                      |               |                            |             |                    |
| d Excess from 2015                                                                              |               |                            |             |                    |
| e Excess from 2016                                                                              |               |                            |             | 1                  |
|                                                                                                 | <del></del>   | <del></del>                |             | Form 990-PF (2016) |

| Pai                                                                            | rt XIV Private Ope                                      | erating Foundations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | (see instructions ar                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | nd Part VII-A, question | on 9)                                                                                                                                                                                                                                                                                                                                                                                                                       | NOT APPLICABLE         |
|--------------------------------------------------------------------------------|---------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|
| 1 a                                                                            |                                                         | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                         | - 1                                                                                                                                                                                                                                                                                                                                                                                                                         |                        |
| foundation, and the ruling is effective for 2016, enter the date of the ruling |                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                         |                                                                                                                                                                                                                                                                                                                                                                                                                             |                        |
| _                                                                              |                                                         | Tax year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Prior 3 years           |                                                                                                                                                                                                                                                                                                                                                                                                                             | (2) 7 - 4 - 1          |
| 2 a                                                                            |                                                         | (a) 2016                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>(b)</b> 2015                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | (c) 2014                | (d) 2013                                                                                                                                                                                                                                                                                                                                                                                                                    | (e) rotar              |
|                                                                                | I or the minimum investment return from Part X for each |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                         |                                                                                                                                                                                                                                                                                                                                                                                                                             |                        |
| b                                                                              | •                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                         |                                                                                                                                                                                                                                                                                                                                                                                                                             |                        |
| С                                                                              | · -                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                         |                                                                                                                                                                                                                                                                                                                                                                                                                             |                        |
| d                                                                              | •                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                         | <del></del>                                                                                                                                                                                                                                                                                                                                                                                                                 |                        |
|                                                                                | •                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                         |                                                                                                                                                                                                                                                                                                                                                                                                                             |                        |
| е                                                                              | directly for active conduct of                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                         |                                                                                                                                                                                                                                                                                                                                                                                                                             |                        |
| 3                                                                              | Complete 3a, b, or c for the                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                         | <del>-</del>                                                                                                                                                                                                                                                                                                                                                                                                                |                        |
| а                                                                              |                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                         |                                                                                                                                                                                                                                                                                                                                                                                                                             |                        |
|                                                                                | • •                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                         |                                                                                                                                                                                                                                                                                                                                                                                                                             |                        |
|                                                                                | under section                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                         |                                                                                                                                                                                                                                                                                                                                                                                                                             |                        |
| b                                                                              |                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                         |                                                                                                                                                                                                                                                                                                                                                                                                                             |                        |
|                                                                                |                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                         |                                                                                                                                                                                                                                                                                                                                                                                                                             |                        |
|                                                                                | line 6 for each year listed                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                         |                                                                                                                                                                                                                                                                                                                                                                                                                             |                        |
| С                                                                              |                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                         |                                                                                                                                                                                                                                                                                                                                                                                                                             |                        |
|                                                                                | gross investment income<br>(interest, dividends, rents, |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                         |                                                                                                                                                                                                                                                                                                                                                                                                                             |                        |
|                                                                                | loans (section 512(a)(5)),                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                         |                                                                                                                                                                                                                                                                                                                                                                                                                             |                        |
|                                                                                | (2) Support from general                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                         |                                                                                                                                                                                                                                                                                                                                                                                                                             |                        |
|                                                                                | exempt organizations as<br>provided in section 4942     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                         |                                                                                                                                                                                                                                                                                                                                                                                                                             |                        |
|                                                                                | (3) Largest amount of sup-<br>port from an exempt       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                         |                                                                                                                                                                                                                                                                                                                                                                                                                             |                        |
|                                                                                | organization (4) Gross investment income.               | <del> </del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                         |                                                                                                                                                                                                                                                                                                                                                                                                                             |                        |
| Pa                                                                             |                                                         | ntary Information (                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Complete this part                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | only if the founda      | tion had \$5,000 o                                                                                                                                                                                                                                                                                                                                                                                                          | r more in assets at    |
|                                                                                | any time d                                              | <u>-</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                         |                                                                                                                                                                                                                                                                                                                                                                                                                             |                        |
| 1                                                                              | _                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 4 - 00/ 14/- 14         |                                                                                                                                                                                                                                                                                                                                                                                                                             |                        |
| а                                                                              | before the close of any                                 | y tax year (but only if th                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ney have contributed r                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | nore than \$5,000) (Se  | ee section 507(d)(2))                                                                                                                                                                                                                                                                                                                                                                                                       | •                      |
|                                                                                |                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                         |                                                                                                                                                                                                                                                                                                                                                                                                                             |                        |
| D                                                                              |                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                         |                                                                                                                                                                                                                                                                                                                                                                                                                             | y large portion of the |
|                                                                                | N/A                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                         |                                                                                                                                                                                                                                                                                                                                                                                                                             |                        |
| 2                                                                              | — —                                                     | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | • • •                   | e foundation had \$5,000 or more in assets at of the total contributions received by the foundation 5,000) (See section 507(d)(2))  89, LA JOLLA, CA 92038 of a corporation (or an equally large portion of the or greater interest.  grams: cted charitable organizations and does not accept ee instructions) to individuals or organizations under to whom applications should be addressed: erials they should include: |                        |
|                                                                                | unsolicited requests f                                  | cerved a ruling or determination letter that it is a private operating settled to racing and the ruling.  Setflective for 2016, enter the date of the ruling.  Tay year Prior 3 years  (e) 2016 (b) 2015 (c) 2014 (d) 2013 (e) Total  Tay year (b) 2016 (b) 2015 (c) 2014 (d) 2013 (e) Total  Tay year (b) 2016 (b) 2015 (c) 2014 (d) 2013 (e) Total  Tay year (b) 2016 (e) 2016 (e) 2016 (e) 2016 (e) 2017 (e) Total  Tay year (b) 2016 (e) 2016 (e) 2016 (e) 2017 (e) 2018 ( |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                         |                                                                                                                                                                                                                                                                                                                                                                                                                             |                        |
| a                                                                              |                                                         | <u> </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | determination letter that it is a private operating enter the date of the ruling.    Second   Prior 3 years   Prior 3 years |                         |                                                                                                                                                                                                                                                                                                                                                                                                                             |                        |
|                                                                                | The form in which can                                   | Tournation has received a ruling or determination latter that it is a private operating attention, and the ruling is effective for 2015, enter the detail of the ruling is effective for 2015, enter the detail of the ruling is effective for 2015, enter the detail of the ruling is effective for 2015. The ruling is effective for 2015 and 2014 (e) 2013  To syear Prior 3 years  First 4 years  First 3 years  First 3 years  First 3 years  First 3 years  First 4 years  First  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                         |                                                                                                                                                                                                                                                                                                                                                                                                                             |                        |
| C                                                                              |                                                         | moations should be su                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ommed and knormati                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | on and materials they   | anould include.                                                                                                                                                                                                                                                                                                                                                                                                             |                        |
|                                                                                | N/A<br>Any submission dead                              | lines:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                         | <del> </del>                                                                                                                                                                                                                                                                                                                                                                                                                |                        |
|                                                                                | N / 2                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                         |                                                                                                                                                                                                                                                                                                                                                                                                                             |                        |
|                                                                                |                                                         | imitations on awards                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | s, such as by geogr                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | aphical areas, charita  | able fields, kinds of                                                                                                                                                                                                                                                                                                                                                                                                       | institutions, or other |
|                                                                                | factors                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | , , ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                         | ·                                                                                                                                                                                                                                                                                                                                                                                                                           | ,                      |

| Form 990-PF (2016)                                                                 |                                                 |            |                                  | Page <b>11</b> |
|------------------------------------------------------------------------------------|-------------------------------------------------|------------|----------------------------------|----------------|
| Part XV Supplementary Information (                                                | continued)                                      |            |                                  |                |
| 3 Grants and Contributions Paid Duri Recipient Name and address (home or business) | ng the Year or Appr                             | oved for F | uture Payment                    | <del></del>    |
| Necipient (home or hypness)                                                        | show any relationship to any foundation manager | status of  | Purpose of grant or contribution | Amount         |
| a Paid during the year                                                             | or substantial contributor                      | recipient  |                                  | ļ              |
| a raid during the year                                                             |                                                 |            |                                  |                |
| ATCH 11                                                                            |                                                 |            |                                  |                |
|                                                                                    |                                                 |            |                                  |                |
|                                                                                    |                                                 |            |                                  |                |
|                                                                                    |                                                 |            |                                  |                |
|                                                                                    |                                                 |            |                                  |                |
|                                                                                    |                                                 |            |                                  |                |
|                                                                                    |                                                 | }          |                                  |                |
|                                                                                    |                                                 |            |                                  |                |
|                                                                                    |                                                 |            |                                  |                |
|                                                                                    |                                                 |            |                                  |                |
|                                                                                    |                                                 |            |                                  |                |
|                                                                                    |                                                 |            |                                  |                |
|                                                                                    |                                                 | i          |                                  |                |
|                                                                                    |                                                 |            | 1                                |                |
|                                                                                    |                                                 |            |                                  |                |
|                                                                                    |                                                 | Ì          |                                  |                |
|                                                                                    |                                                 |            |                                  |                |
|                                                                                    |                                                 |            |                                  |                |
|                                                                                    |                                                 | 1          |                                  |                |
|                                                                                    |                                                 |            |                                  |                |
|                                                                                    |                                                 |            |                                  |                |
|                                                                                    |                                                 |            |                                  |                |
|                                                                                    |                                                 |            |                                  |                |
|                                                                                    |                                                 |            |                                  |                |
|                                                                                    |                                                 |            | İ                                |                |
|                                                                                    |                                                 |            | 1                                |                |
|                                                                                    |                                                 |            |                                  |                |
|                                                                                    |                                                 |            |                                  |                |
|                                                                                    |                                                 |            |                                  |                |
| Total                                                                              |                                                 | <u> </u>   |                                  | 763,000        |
| b Approved for future payment                                                      | 1                                               | 1          | 1                                | <u> </u>       |
|                                                                                    |                                                 |            |                                  |                |
|                                                                                    |                                                 |            |                                  |                |
|                                                                                    |                                                 |            |                                  |                |
|                                                                                    |                                                 |            |                                  |                |
|                                                                                    |                                                 |            |                                  |                |
|                                                                                    |                                                 |            |                                  |                |
|                                                                                    |                                                 |            |                                  |                |
|                                                                                    |                                                 |            |                                  |                |
|                                                                                    |                                                 |            |                                  |                |
|                                                                                    |                                                 |            |                                  |                |
|                                                                                    |                                                 |            |                                  |                |
|                                                                                    |                                                 |            |                                  |                |
|                                                                                    | 1                                               | }          |                                  |                |
|                                                                                    |                                                 |            |                                  |                |
|                                                                                    |                                                 |            |                                  |                |
|                                                                                    |                                                 |            |                                  |                |
| Total                                                                              |                                                 |            |                                  |                |

JSA 6E1491 1 000

Form 990-PF (2016)

Page **12** 

**Analysis of Income-Producing Activities** 

| Enter gross amounts unless otherwise indicated        | Unrela               | ated business income    | Excluded by                           | section 512, 513, or 514  | (e)                                                        |
|-------------------------------------------------------|----------------------|-------------------------|---------------------------------------|---------------------------|------------------------------------------------------------|
| 1 Program service revenue                             | (a)<br>Business code | (b)<br>Amount           | (c)<br>Exclusion code                 | (d)<br>Amount             | Related or exempt<br>function income<br>(See instructions) |
|                                                       | <del></del>          |                         |                                       |                           | (See instructions)                                         |
|                                                       |                      |                         | 1                                     |                           |                                                            |
|                                                       | li e                 |                         | <del></del>                           |                           |                                                            |
| С                                                     |                      | <del></del>             | <del>-</del>                          | <del></del>               |                                                            |
| d                                                     | 1                    | <del> </del>            | <del> </del>                          |                           |                                                            |
| e                                                     |                      |                         | <del> </del>                          |                           |                                                            |
| f                                                     |                      |                         | <del> </del>                          |                           |                                                            |
| g Fees and contracts from government agence           |                      | <del></del>             |                                       |                           |                                                            |
| 2 Membership dues and assessments                     | ••                   |                         | 14                                    | 11.                       |                                                            |
| 3 Interest on savings and temporary cash investmen    | nts •                |                         | 14                                    | 144,907.                  |                                                            |
| 4 Dividends and interest from securities              | ì                    |                         | 1                                     | 144, 507.                 |                                                            |
| 5 Net rental income or (loss) from real estate        |                      |                         |                                       |                           | <del></del>                                                |
| a Debt-financed property                              |                      |                         | <del> </del> -                        | <del></del>               | <del></del>                                                |
| <b>b</b> Not debt-financed property                   | 1                    |                         | <del> </del>                          |                           |                                                            |
| 6 Net rental income or (loss) from personal property  | ·                    | <del>-</del>            | 15                                    | 915.                      |                                                            |
| 7 Other investment income                             | 1                    | <del>  -</del>          | 18                                    |                           |                                                            |
| 8 Gain or (loss) from sales of assets other than inve | ntory                | <del> </del>            | 10-                                   | 133,452.                  |                                                            |
| 9 Net income or (loss) from special events .          |                      | <del> </del>            | <del></del>                           | <del> </del>              |                                                            |
| 10 Gross profit or (loss) from sales of inventory     |                      | <del> </del>            | <del> </del>                          |                           |                                                            |
| 11 Other revenue a                                    |                      | <del> </del>            | <del></del>                           | <del>  </del>             |                                                            |
| b                                                     | _                    | <del> </del>            |                                       |                           |                                                            |
| С                                                     | _                    | <u> </u>                | <del></del>                           |                           |                                                            |
| d                                                     | _                    | ļ                       | <del></del>                           | <del> </del>              |                                                            |
| e                                                     | _                    |                         |                                       | 070 005                   | <del></del>                                                |
| 12 Subtotal Add columns (b), (d), and (e)             |                      | <u> </u>                | <u> </u>                              | 279,285.                  |                                                            |
| 13 Total. Add line 12, columns (b), (d), and (e)      |                      |                         |                                       | 13                        | 279,285.                                                   |
| (See worksheet in line 13 instructions to verify      |                      | <del></del>             |                                       |                           |                                                            |
| Part XVI-B Relationship of Activ                      | vities to the A      | ccomplishment of E      | xempt Pur                             | poses                     |                                                            |
| Line No. Explain below how each a                     | ctivity for whic     | h income is reported    | ın column (ı                          | e) of Part XVI-A contribu | uted importantly to the                                    |
| ▼ accomplishment of the foun                          | dation's exemp       | ot purposes (other than | by providing                          | funds for such purposes   | s) (See instructions.)                                     |
|                                                       |                      |                         |                                       |                           |                                                            |
|                                                       |                      | <del></del>             | <del></del>                           |                           |                                                            |
|                                                       |                      | ·                       |                                       |                           |                                                            |
|                                                       | <del></del>          | <del> </del>            |                                       |                           | <del></del>                                                |
|                                                       | <del></del>          | · <del></del> -         | <del></del>                           |                           |                                                            |
|                                                       |                      |                         |                                       |                           | <del></del>                                                |
|                                                       |                      |                         |                                       | <del> </del>              | <del></del>                                                |
|                                                       |                      |                         |                                       |                           |                                                            |
|                                                       |                      |                         |                                       |                           |                                                            |
|                                                       |                      |                         |                                       |                           |                                                            |
|                                                       |                      |                         |                                       |                           |                                                            |
|                                                       |                      |                         |                                       |                           |                                                            |
|                                                       |                      |                         |                                       |                           |                                                            |
|                                                       |                      | <u>-</u>                |                                       |                           |                                                            |
|                                                       | <del></del>          |                         |                                       |                           | <del></del>                                                |
|                                                       |                      | <del></del>             | · · · · · · · · · · · · · · · · · · · |                           |                                                            |
|                                                       |                      | <del></del>             |                                       |                           |                                                            |
|                                                       |                      |                         |                                       |                           |                                                            |
|                                                       |                      |                         |                                       |                           |                                                            |
|                                                       |                      |                         |                                       |                           |                                                            |
|                                                       |                      |                         |                                       |                           |                                                            |
|                                                       |                      |                         |                                       |                           |                                                            |
|                                                       |                      |                         |                                       |                           |                                                            |
|                                                       |                      |                         |                                       |                           |                                                            |
|                                                       |                      |                         |                                       |                           |                                                            |

## Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations Part XVII

| 1     |           | e organization directi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                       |                                       |                  |                |                        |                         |         | Yes       | No       |
|-------|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------------|------------------|----------------|------------------------|-------------------------|---------|-----------|----------|
|       |           | tion 501(c) of the Co                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | de (other than s      | section 501(c)(3) o                   | organizations    | s) or in sec   | ction 527, relat       | ing to political        |         |           |          |
|       | -         | zations?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                       |                                       | _                |                |                        |                         |         |           |          |
| а     |           | ers from the reporting                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | =                     |                                       | -                |                |                        |                         |         |           | v        |
|       | •         | sh                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                       |                                       |                  |                |                        |                         | 1a(1)   | _         | X        |
|       | •         | her assets                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                       |                                       |                  |                |                        |                         | 1a(2)   | _         | X        |
| b     | Other     | transactions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                       |                                       |                  |                |                        |                         |         |           |          |
|       | (1) Sa    | les of assets to a nor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ncharitable exen      | npt organization                      |                  |                |                        |                         | 1b(1)   |           | <u>X</u> |
|       | (2) Pu    | rchases of assets fro                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | m a noncharita        | ble exempt organiza                   | ation            |                |                        |                         | 1b(2)   |           | X        |
|       | (3) Re    | ental of facilities, equi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | pment, or other       | assets                                |                  |                |                        |                         | 1b(3)   |           | X        |
|       | (4) Re    | embursement arrange                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ements                |                                       |                  |                |                        |                         | 1b(4)   |           | X        |
|       | (5) Lo    | ans or loan guarantee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | s                     |                                       |                  |                |                        |                         | 1b(5)   |           | X        |
|       |           | erformance of service                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                       |                                       |                  |                |                        |                         |         |           | _X_      |
| C     | Sharin    | ng of facilities, equipm                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ent, mailing list     | ts, other assets, or                  | paid employe     | ees            |                        |                         | 1c      |           | _X       |
| d     | If the    | answer to any of the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | e above is "Ye:       | s," complete the fo                   | ollowing sc      | hedule Co      | olumn (b) shou         | ıld always show         | the     | fair m    | arket    |
|       | value     | of the goods, other a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | assets, or service    | ces given by the re                   | eporting fou     | indation If    | f the foundatio        | n received less         | than    | fair m    | arket    |
|       | value     | in any transaction or                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | sharing arrang        | jement, show in co                    | olumn (d) th     | e value of     | f the goods, ot        | her assets, or se       | ervice  | s rec     | eived    |
| (a) L | ine no    | (b) Amount involved                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | (c) Name of n         | oncharitable exempt org               | janization       | (d) Descri     | iption of transfers, t | ransactions, and shar   | ng arra | пдете     | nts      |
|       |           | N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                       |                                       |                  | N/A            |                        |                         |         |           |          |
|       |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |                                       |                  |                |                        |                         |         |           |          |
|       |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |                                       |                  |                |                        |                         |         |           |          |
|       |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |                                       |                  |                |                        |                         |         |           |          |
|       |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |                                       |                  |                |                        |                         |         |           |          |
|       |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |                                       |                  |                |                        |                         |         |           |          |
|       |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |                                       |                  |                |                        |                         |         |           |          |
|       | -         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |                                       |                  |                |                        |                         |         |           |          |
|       |           | <del></del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                       |                                       |                  |                |                        |                         |         |           |          |
|       |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |                                       |                  |                |                        |                         |         |           |          |
|       |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |                                       |                  |                |                        |                         |         |           |          |
|       |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |                                       |                  |                |                        |                         |         |           |          |
|       |           | <del></del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                       |                                       |                  |                | <del></del>            |                         |         |           |          |
|       |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |                                       |                  |                |                        | <del></del>             |         |           |          |
|       |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       | · · · · · · · · · · · · · · · · · · · |                  |                | <del></del>            |                         |         |           |          |
|       |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |                                       |                  |                |                        |                         |         |           |          |
|       |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |                                       |                  |                |                        |                         |         |           |          |
|       | descri    | foundation directly of<br>bed in section 501(c)<br>s," complete the follow                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | of the Code (ot       |                                       |                  |                |                        | - :                     | Ye      | es X      | ] No     |
|       | ,, , , 00 | (a) Name of organization                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                       | (b) Type of o                         | organization     |                | (c) D                  | escription of relations | hip     |           |          |
|       |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |                                       |                  |                |                        |                         | •       | -         |          |
|       |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |                                       |                  |                | <del>-</del>           |                         |         |           |          |
|       |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |                                       |                  |                |                        |                         |         |           |          |
|       |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |                                       |                  |                | -                      |                         |         |           |          |
|       |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |                                       |                  |                |                        |                         |         |           |          |
|       | Unde      | er penalties of penury, I decia                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | re that I have examin | ned this return, including a          | accompanying sci | nedules and st | atements, and to the   | best of my knowledg     | e and t | elief, it | is true, |
| _     | corre     | ect, and complete Declaration of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                       |                                       |                  |                |                        | ,                       |         |           |          |
| Sig   | n   📐     | 1 / [                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                       | 16-1                                  | -17              |                | FO                     | May the IRS             |         |           |          |
| Her   | e 🖯       | and the state of t |                       | Data                                  |                  | Title          |                        | with the pr             |         | Yes       |          |
|       | 218       | gnature of officer or trustee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                       | Date                                  |                  | Title          |                        | (see instruction        | s)' [^  | Tes _     | No       |
|       |           | Pent/Type propored ===                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                       | Prepared standing                     |                  |                | Date                   |                         | PTIN    |           |          |
| Paid  | d         | Print/Type preparer's na                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                       | Preparer's signature                  | 1/               |                | 5/26/17                |                         |         | 1677      |          |
|       |           | BRIAN KARMEL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                       | EBNET JAN                             | ~ <del>~~</del>  |                |                        |                         | P001    |           |          |
|       | parer     | * *************************************                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ARTHUR GR             |                                       | O. LLP           |                | Firm                   | n's EIN ▶ 95-2          | TTRR    | 09        |          |
| Use   | Only      | ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                       | RE BLVD. STE                          | 800              |                |                        | 2.2.                    |         |           |          |
|       |           | LO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | S ANGELES,            | CA                                    |                  | 900            | 24-4124 Pho            | one no 310-2            |         |           |          |
|       |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |                                       |                  |                |                        | F                       | 00/     | DE        | (0046)   |

FORM 990-PF - PART IV
CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME

| Kınd of F                              | Property                              |                            | Desc                                    | or Date Da<br>D acquired       |                              |                      |          |
|----------------------------------------|---------------------------------------|----------------------------|-----------------------------------------|--------------------------------|------------------------------|----------------------|----------|
| Gross sale price less expenses of sale | Depreciation<br>allowed/<br>allowable | Cost or other basis        | FMV<br>as of<br>12/31/69                | Adj basis<br>as of<br>12/31/69 | Excess of FMV over adj basis | Gain<br>or<br>(loss) | <u> </u> |
|                                        | 0.131134.5                            | TOTAL CAPITA               |                                         |                                | 20,0000                      | 39,170.              |          |
| 74,470.                                |                                       | MERRILL LYNG               | CH #43J-040                             | 81                             |                              | VARIOUS<br>-3,069.   | VARIOUS  |
| ,820,280.                              |                                       | MERRILL LYNG<br>1,683,780. | CH #43J-040                             | 81                             |                              | VARIOUS<br>137,230.  | VARIOUS  |
| 952,482.                               |                                       | MERRILL LYNG<br>951,603.   | CH #43J-040                             | 000                            |                              | VARIOUS<br>10,575.   | VARIOUS  |
| 523,370.                               |                                       | MERRILL LYNG<br>562,302.   | CH #43J-040                             | 000                            |                              | VARIOUS -6,221.      | VARIOUS  |
|                                        |                                       | MERRILL LYNG<br>1,605.     | СН 43Ј - 04                             | 081 BASIS A                    | ADJ                          | VARIOUS -1,605.      | VARIOUS  |
| TAL GAIN(L                             | OSS)                                  | • • • • • • • • • • •      | • • • • • • • • • • • • • • • • • • • • |                                |                              | 176,080.             |          |
|                                        |                                       |                            |                                         |                                |                              |                      |          |
|                                        |                                       |                            |                                         |                                |                              | 5                    |          |
|                                        |                                       |                            |                                         |                                |                              |                      |          |
|                                        |                                       |                            |                                         |                                |                              |                      |          |
| i                                      |                                       |                            |                                         |                                |                              |                      |          |
|                                        |                                       |                            |                                         |                                |                              |                      |          |
|                                        |                                       |                            |                                         |                                |                              |                      |          |
|                                        |                                       |                            |                                         |                                |                              |                      |          |
|                                        |                                       |                            |                                         |                                |                              |                      |          |
|                                        |                                       |                            |                                         |                                |                              |                      |          |

ATTACHMENT

3980-8

- INTEREST ON TEMPORARY CASH INVESTMENTS FORM 990PF, PART I

10. NET INVESTMENT INCOME REVENUE AND EXPENSES PER BOOKS MERRILL LYNCH A/C 04081 MERRILL LYNCH A/C 04000 DESCRIPTION

TOTAL

## - DIVIDENDS AND INTEREST FROM SECURITIES FORM 990PF, PART I

| TEN            | INVESTMENT | INCOME      | 127,382.                            | 17,525.                             |
|----------------|------------|-------------|-------------------------------------|-------------------------------------|
| REVENUE<br>AND | EXPENSES   | PER BOOKS   | 127,382.                            | 17,525.                             |
|                |            | DESCRIPTION | DIVIDEND - MERRILL LYNCH #43J-04081 | DIVIDEND - MERRILL LYNCH #43J-04000 |

144,907.

144,907.

TOTAL

FORM 990PF, PART I - OTHER INCOME

REVENUE AND EXPENSES PER BOOKS

NET INVESTMENT

915.

915. INCOME

TOTALS

DESCRIPTION ROYALTIES

915.

915.

3980-8

ATTACHMENT

| ADJUSTED<br>NET<br>INCOME   |        |  |  |
|-----------------------------|--------|--|--|
| NET<br>INVESTMENT<br>INCOME | 1,250. |  |  |

1,250.

1,250.

2,500.

EXPENSES PER BOOKS

REVENUE AND

- ACCOUNTING FEES

FORM 990PF, PART I

2,500.

TOTALS

ACCOUNTING FEES

DESCRIPTION

CHARITABLE PURPOSES

FORM 990PF, PART I - OTHER PROFESSIONAL FEES

REVENUE

AND EXPENSES PER BOOKS

NET INVESTMENT INCOME

26,767.

TOTALS

INVESTMENT MANAGEMENT FEES

DESCRIPTION

26,767.

26,767.

26,767.

ATTACHMENT 5

| ,        | • |
|----------|---|
| -        |   |
| C        | ١ |
| ION      |   |
| DATI     | 1 |
| Ø        |   |
|          | ì |
| Z        |   |
| <u> </u> | ١ |
| =        |   |
| <u>_</u> | , |
| Ē        | ł |
| >:       | 1 |
| ٠.       | 1 |
|          |   |
| _        | 1 |
| Σ        |   |
| a        | 1 |
| FAMT     | ۹ |
| μ        | 4 |
|          |   |
| ρ        | ì |
| Œ        | 1 |
| Ε        |   |
| 5        | • |
| U.       | 1 |
| f-       | 1 |
|          |   |

THE

2016 FORM 990-PF

ATTACHMENT 6

94-3205279

FORM 990PF, PART I - TAXES

REVENUE AND EXPENSES PER BOOKS

NET INVESTMENT INCOME

1,300. 920.

920.

TOTALS

FEDERAL TAXES FOREIGN TAX PAID

DESCRIPTION

2,220.

920.

FORM 990PF, PART I - OTHER EXPENSES

94-3205279

ATTACHMENT

REVENUE AND EXPENSES PER BOOKS

CHARITABLE PURPOSES 80.

80.

DESCRIPTION FILING FEE

TOTALS

80.

ATTACHMENT 8

THE LESTER FAMILY FOUNDATION

FORM 990PF, PART II - CORPORATE STOCK

ENDING BOOK VALUE

ENDING FMV

DESCRIPTION

CORPORATE STOCKS & MUTUAL FUND

5,055,650.

5,227,491.

5,227,491.

TOTALS

5,055,650.

3980-8

ATTACHMENT 9

94-3205279

FORM 990PF, PART II - OTHER ASSETS

DESCRIPTION

DIVIDEND RECEIVABLES

ENDING BOOK VALUE

ENDING FMV

1,741.

1,741.

1,741.

1,741.

TOTALS

THE LESTER FAMILY FOUNDATION

3980-8

| ATTACHMENT 10                                                     | CONTRIBUTIONS EXPENSE ACCT TO EMPLOYEE AND OTHER BENEFIT PLANS ALLOWANCES | .0                                                          | .0                                                          | 0.           |
|-------------------------------------------------------------------|---------------------------------------------------------------------------|-------------------------------------------------------------|-------------------------------------------------------------|--------------|
|                                                                   | CONT<br>TO E<br>COMPENSATION BENE                                         | .0                                                          | • 0                                                         | 0.           |
| FORM 990PE, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES | TITLE AND AVERAGE HOURS PER<br>WEEK DEVOTED TO POSITION                   | PRESIDENT                                                   | TREAS.                                                      | GRAND TOTALS |
| FORM 990PF, PART VIII - LIST OF                                   | NAME AND ADDRESS                                                          | MARY LESTER<br>1140 WALL STREET #2089<br>LA JOLLA, CA 92038 | KIRK LESTER<br>1140 WALL STREET #2089<br>LA JOLLA, CA 92038 | . •          |

THE LESTER FAMILY FOUNDATION

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

1

ATTACHMENT 11

| FOUNDATION |  |
|------------|--|
| FAMILY     |  |
| LESTER     |  |
| THE        |  |

2016 FORM 990-PF

94-3205279

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

ţ

ATTACHMENT 11 (CONT'D)

| AMOUNT                                                                     | 20,000.                                                                  | 5,000.                                                                    | .000.                                                                       | 2,500.                                                                 | 2,000.                                                                          | 25,000.                                                                                                |
|----------------------------------------------------------------------------|--------------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------|------------------------------------------------------------------------|---------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| PURPOSE OF GRANT OR CONTRIBUTION                                           | GENERAL PURPOSE                                                          | GENERAL PURPOSE                                                           | GENERAL PURPOSE                                                             | GENERAL PURPOSE                                                        | GENERAL PURPOSE                                                                 | GENERAL PURPOSE                                                                                        |
| RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT | NONE<br>PC                                                               | NONE<br>PC                                                                | NONE<br>PC                                                                  | NONE<br>PC                                                             | NONE<br>PC                                                                      | NONE<br>PC                                                                                             |
| RECIPIENT NAME AND ADDRESS                                                 | AMERICAN HEART ASSOCIATION<br>7272 GREENVILLE AVENUE<br>DALLAS, TX 75231 | EXCEPTIONAL CHILDREN'S FOUNDATION 5350 MACHADO ROAD CULVER CITY, CA 90230 | LARKIN STREET YOUTH SERVICES 134 GOLDEN GATE AVENUE SAN FRANCISCO, CA 94102 | HILLSIDE CHRISTIAN CHURCH<br>3508 NE 24TH AVENUE<br>AMARILLO, TX 79107 | LOS ANGELES COUNTY MUSEUM OF ART<br>3905 WILSHIRE BLVD<br>LOS ANGELES, CA 90036 | AMERICAN ASSOCIATION FOR CANCER RESEARCH<br>615 CHESTNUT STREET., 17TH FLOOR<br>PHILADELPHIA, PA 19106 |

ATTACHMENT 11 (CONT'D)

FORM 990PE, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

|                                          | RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR |                                  |         |
|------------------------------------------|-----------------------------------------|----------------------------------|---------|
|                                          | AND                                     |                                  |         |
| RECIFIENT NAME AND ADDRESS               | FOUNDATION STATUS OF RECIPIENT          | PURPOSE OF GRANT OR CONTRIBUTION | AMOUNT  |
| AMERICAN DIABETES ASSOCIATION            | NONE                                    | GENERAL PURPOSE                  | 2,500.  |
| 611 WILSHIRE BLVD., SUITE 900            | PC                                      |                                  |         |
| LOS ANGELES, CA 90017                    |                                         |                                  |         |
| HELPERS                                  | NONE                                    | GENERAL PURPOSE                  | 1,000.  |
| 2626 FULTON STREET                       | PC                                      |                                  |         |
| SAN FRANCISCO, CA 94118                  |                                         |                                  |         |
| NATIONAL COWGIRL MUSEUM AND HALL OF FAME | NONE                                    | GENERAL PURPOSE                  | 20,000. |
| 1720 GENDY STREET                        | 5                                       |                                  |         |
| FORT WORTH, TX 76107                     |                                         |                                  |         |
| SAN FRANCISCO MUSEUM OF MODERN ART       | NONE                                    | GENERAL PURPOSE                  | 20,000. |
| 151 3RD STRET                            | 20                                      |                                  |         |
| SAN FRANCISCO, CA 94103                  |                                         |                                  |         |
| -MCCALLUM THEATER                        | NONE                                    | GENERAL PURPOSE                  | 10,000. |
| 73000 FRED WARING DR                     | PC                                      |                                  |         |
| PALM DESERT, CA 92260                    |                                         |                                  |         |
| PALM SPRINGS MUSEUM OF MODERN ART        | NONE                                    | GENERAL PURPOSE                  | 1,000.  |
| 101 N MUSEUM DR                          | PC                                      |                                  |         |
| PALM SPRINGS, CA 92262                   |                                         |                                  |         |

| 돲    |
|------|
|      |
| ġ    |
| 0    |
| FORM |
| ō    |
| щ    |
| 9    |
| 5    |
| õ    |

THE LESTER FAMILY FOUNDATION

į

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

4

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

FOUNDATION STATUS OF RECIPIENT

PURPOSE OF GRANT OR CONTRIBUTION

GENERAL PURPOSE

ATTACHMENT 11 (CONT'D)

50,000.

AMOUNT

505 PARNASSUS AVENUE

UCSF MEDICAL CENTER

RECIPIENT NAME AND ADDRESS

SAN FRANCISCO, CA 94143

2

NONE

TOTAL CONTRIBUTIONS PAID

763,000.

ATTACHMENT 11