

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





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



efile GRAPHIC print - DO NOT PROCESS

Form 990-PF

Department of the Treasury

Internal Revenue Service

As Filed Data -

DLN: 93491271006557

2016

OMB No 1545-0052

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.
 Information about Form 990-PF and its instructions is at www.irs.gov/form990pf.

Open to Public Inspection

For	caler	ndar year 2016, or tax year beginning 01-01-20)16 , ar	nd ending 12-31-	2016		
		indation K AND CLEDITH M		A Employer ıd	entification numbe	r	
		FOUNDATION	94-3363468	94-3363468			
	ber and D BOX 1	d street (or P O box number if mail is not delivered to street address) 111	B Telephone nu	B Telephone number (see instructions)			
City	or town	, state or province, country, and ZIP or foreign postal code		(530) 274-8009	9		
		r, state of province, country, and 21P of foreign postal code PY, CA 95946		C If exemption	application is pending	g, check here	
G Cł	neck al	Il that apply $igsqcup$ Initial return $igsqcup$ Initial return of a	former public charity	D 1. Foreign or	ganızatıons, check he	ere 📘	
		☐ Final return ☑ Amended return			rganizations meeting :k here and attach coi		
		\square Address change \square Name change				· · · —	
		pe of organization $\mathbf{\nabla}$ Section 501(c)(3) exempt private			undation status was t n 507(b)(1)(A), chec		
<u></u>	Section	n 4947(a)(1) nonexempt charitable trust					
of		from Part II, col (c),	✓ Cash ☐ Accru		ation is in a 60-month n 507(b)(1)(B), chec		
Pa	rt I	Analysis of Revenue and Expenses (The total	(a) Royanya and			(d) Disbursements	
		of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	for charitable purposes (cash basis only)	
	1	Contributions, gifts, grants, etc , received (attach				(Casil basis offiy)	
		schedule)					
	2	Check ► ✓ If the foundation is not required to attach Sch B					
	3	Interest on savings and temporary cash investments					
	4	Dividends and interest from securities	112,614	75,819			
	5a	Gross rents					
σ.	Ь	Net rental income or (loss)	66.1 22.002				
Ž	6a	Net gain or (loss) from sale of assets not on line 10	-33,982				
Revenue	b	Gross sales price for all assets on line 6a 4,229,094 Capital gain net income (from Part IV, line 2)		44,989			
~	7 8	Net short-term capital gain		44,969			
	9	Income modifications					
	10a	Gross sales less returns and allowances					
	ь	Less Cost of goods sold					
	С	Gross profit or (loss) (attach schedule)					
	11	Other income (attach schedule)					
	12	Total. Add lines 1 through 11	78,632	120,808			
	13	Compensation of officers, directors, trustees, etc					
	14	Other employee salaries and wages					
es	15	Pension plans, employee benefits					
ens	16a	Legal fees (attach schedule)					
Ξxp	b	Accounting fees (attach schedule)	m.1				
ve l	С	Other professional fees (attach schedule)	2,795	2,795	2,795		
rati	17	Interest	66-1 6 274	C 274	6 274		
and Administrative Expenses	18	Taxes (attach schedule) (see instructions)	6,274	6,274	6,274		
E	19	Depreciation (attach schedule) and depletion					
Ad	20 21	Occupancy					
pu	22	Printing and publications					
ig a	23	Other expenses (attach schedule)	37,054	37,054	37,054		
Operating	24	Total operating and administrative expenses.		· ·	·		
Der.		Add lines 13 through 23	46,123	46,123	46,123	0	
Ō	25	Contributions, gifts, grants paid	368,550			368,550	
	26	Total expenses and disbursements. Add lines 24 and 25	414,673	46,123	46,123	368,550	
	27	Subtract line 26 from line 12	.2.,575	,220	,.23	,-20	
	а	Excess of revenue over expenses and	-336,041				
	ь	disbursements Net investment income (if negative, enter -0-)		74,685			
	С	Adjusted net income(if negative, enter -0-)		,			
For		work Reduction Act Notice, see instructions.	l	Cat No 11289)	I For	<u> </u> m 990-PF (2016)	

4,049,419

2,093,151

6,753,854

6,753,854

6,753,854

6,753,854

4,135,626

1,980,285

6,417,813

6,417,813

6,417,813

6,417,813

2

3

4

5

6

6,753,854

-336,041

6,417,813

6,417,813 Form **990-PF** (2016)

Prepaid expenses and deferred charges

Investments—land, buildings, and equipment basis ▶ __

Less accumulated depreciation (attach schedule) ▶

Total assets (to be completed by all filers—see the

Foundations that follow SFAS 117, check here ▶

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

Less accumulated depreciation (attach schedule)

Land, buildings, and equipment basis ▶ _

instructions Also, see page 1, item I)

Other assets (describe > _

Other liabilities (describe -_

Unrestricted

Temporarily restricted

Permanently restricted . .

and complete lines 27 through 31.

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

Decreases not included in line 2 (itemize) ▶.

Other increases not included in line 2 (itemize) ▶ _____

Investments—U S and state government obligations (attach schedule)

Investments—corporate stock (attach schedule)

Accounts payable and accrued expenses

Loans from officers, directors, trustees, and other disqualified persons

Mortgages and other notes payable (attach schedule).

Total liabilities(add lines 17 through 22)

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

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

Capital stock, trust principal, or current funds

Retained earnings, accumulated income, endowment, or other funds

Total net assets or fund balances (see instructions)

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

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

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

Analysis of Changes in Net Assets or Fund Balances

	5
	6
	7
S	8
sets	9

10a

11

12

13

14

15 16

17 18

19

20 21

22

23

24

25

26

28

29

31

Part III

2

3

Liabilities

Balances

Fund

5

Assets 27

Net 30

b C

ınstructions

		(a) the kınd(s) of property sold (e g , re ehouse, or common stock, 200 shs		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1a						
-						
-						
-						
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	Cost or	(g) other basis ense of sale	Gain d	h) or (loss) i) minus (g)
а						
b						
С						
d						
e						
	Complete only for assets	s showing gain in column (h) and ow	vned by the foundation	on 12/31/69	1	(I)
	(i) F M V as of 12/31/69	(j)	Excess	(k) s of col (ı) l (յ), ıf any	Gains (Col (col (k), but not	h) gain minus less than -0-) or om col (h))
а						
b						
С						
d						
е						
3	•	gain or (loss) as defined in sections art I, line 8, column (c) (see instruct	, , , , ,	Part I, line 7	3	44,989
	<u> </u>			J		
Part	V Qualification I	Under Section 4940(e) for R	educed Tax on Net	Investment Ir	ncome	
For op	otional use by domestic p	private foundations subject to the se	ection 4940(a) tax on ne	et investment incor	ne)	
f cocti	on 4940(d)(2) applies, le	anyo this part blank				
Vas th	e foundation liable for th	ne section 4942 tax on the distributa ot qualify under section 4940(e) Do		· ·	d? 🗹 Y	es 🗌 No
1	Enter the appropriate an	nount in each column for each year,	see instructions before	making any entrie	es	
	(a) se period years Calendar (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitab	ple-use assets	(d) Distribution rat (col (b) divided by c	
	2015					
	2014					
	2013					
	2012					
٠.	Total of line 1, column (٦١		2		
	,	•				
		o for the 5-year base period—divide ndation has been in existence if less		, or by the		
		incharitable-use assets for 2016 from		4		
5	Multiply line 4 by line 3			5		
6	Enter 1% of net investm	ent income (1% of Part I, line 27b)		6		
				7		
8		ions from Part XII, line 4 ,				
		eater than line 7, check the box in P			ng a 1% tax rate Se	e the Part VI
					<u> </u>	e the Part VI

Page **3**

				∟ Yes ∟	NO I			
If "Yes," attach the statement requi	red b	y Regulations section 53 ·	4945–5(d)					
Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on								
'	No							
	, pay	premiums, directly or ind		6b	No	J		
,								
	No							
				transaction?				
rt VIII Information About 6 and Contractors	Offic	ers, Directors, Trust	ees, Foundation Ma	nagers, Highly Paid En	nploy	ees,		
List all officers, directors, truste	es, fo	oundation managers an	d their compensation	(see instructions).				-
1 List all officers, directors, trustees, (a) Name and address		Title, and average hours per week b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation				
ARD JENNINGS			0	0				C
	5 00							
N DEVINE			0	0				C
	5 00							
EW BERNADETT			0	0				C
VALLEY, CA 95946								
Compensation of five highest-pa	id er	nployees (other than th	ose included on line 1		ne, en	ter "NC	NE."	_
(a) ame and address of each employee p more than \$50,000	aıd	Title, and average hours per week (b) devoted to position	(c) Compensation	Contributions to employee benefit plans and deferred (d) compensation				
E								
								-
								_
								_
	Did the foundation, during the year a personal benefit contract? Did the foundation, during the year If "Yes" to 6b, file Form 8870 At any time during the tax year, wa If yes, did the foundation receive at Information About (and Contractors) List all officers, directors, truste (a) Name and address ARD JENNINGS OX 111 I VALLEY, CA 95946 N DEVINE OX 111 I VALLEY, CA 95946 REW BERNADETT OX 111 I VALLEY, CA 95946 Compensation of five highest-pa (a) ame and address of each employee pa	Did the foundation, during the year, rece a personal benefit contract? Did the foundation, during the year, pay If "Yes" to 6b, file Form 8870 At any time during the tax year, was the If yes, did the foundation receive any product of the foundation receive a	Did the foundation, during the year, receive any funds, directly or a personal benefit contract?	a personal benefit contract? Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit "Yes" to 6b, file Form 8870 At any time during the tax year, was the foundation a party to a prohibited tax shelter transfer if yes, did the foundation receive any proceeds or have any net income attributable to the Information About Officers, Directors, Trustees, Foundation Mand Contractors List all officers, directors, trustees, foundation managers and their compensation (a) Name and address Title, and average hours per week (b) devoted to position (b) devoted to position PRESIDENT ONDITICALLEY, CA 95946 N DEVINE OX 111 VALLEY, CA 95946 REW BERNADETT OX 111 VALLEY, CA 95946 Compensation of five highest-paid employees (other than those included on line 1 and address of each employee paid more than \$50,000 Title, and average hours per week (b) devoted to position (c) Compensation (c) Compensation (d) Title, and average hours per week (c) Compensation (d) Title, and average hours per week (b) devoted to position	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

Form 990-PF (2016)		Page 7
Part VIII Information About Officers, Directors, Truste and Contractors (continued)	es, Foundation Managers, Highly P	Paid Employees,
3 Five highest-paid independent contractors for professional se	ervices (see instructions). If none, ente	r "NONE".
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services.		<u> </u>
Part IX-A Summary of Direct Charitable Activities List the foundation's four largest direct charitable activities during the tax year Includ	e relevant statistical information such as the numb	er of
organizations and other beneficiaries served, conferences convened, research papers	produced, etc	Expenses
1		
2		
<u>*</u>		
3		
4		
Part IX-B Summary of Program-Related Investments (s	coo instructions)	
Describe the two largest program-related investments made by the foundation dur		Amount
1 N/A	ing the tax year of lines I and E	, amount
2		
All other program-related investments See instructions		
3		
Total. Add lines 1 through 3		•
<u>-</u>		Form 990-PF (2016)

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

1b

2

За 3b

4

5

368.550

368.550

Form 990-PF (2016)

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

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

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

Adjusted qualifying distributions. Subtract line 5 from line 4.

Amounts set aside for specific charitable projects that satisfy the

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

2

3

4

5

b Total for prior years

c From 2013. . .

a From 2011.

b From 2012.

d From 2014.

e From 2015.

4 Qualifying distributions for 2016 from Part XII, line 4 🕨 \$ a Applied to 2015, but not more than line 2a **b** Applied to undistributed income of prior years (Election required—see instructions). c Treated as distributions out of corpus (Election required—see instructions).

d Applied to 2016 distributable amount. . . . e Remaining amount distributed out of corpus

same amount must be shown in column (a))

5 Excess distributions carryover applied to 2016 (If an amount appears in column (d), the

a Corpus Add lines 3f, 4c, and 4e Subtract line 5 **b** Prior years' undistributed income Subtract c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. d Subtract line 6c from line 6b Taxable amount e Undistributed income for 2015 Subtract line 4a from line 2a Taxable amount-see f Undistributed income for 2016 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2017 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) 8 Excess distributions carryover from 2011 not applied on line 5 or line 7 (see instructions). . . .

9 Excess distributions carryover to 2017.

10 Analysis of line 9

a Excess from 2012. . . **b** Excess from 2013. .

c Excess from 2014. . . .

d Excess from 2015. . . e Excess from 2016. . .

Subtract lines 7 and 8 from line 6a

6 Enter the net total of each column as

indicated below:

Page 9

360,900

360,900

Form **990-PF** (2016)

Part XII

Distributable amount for 2016 from Part XI, line 7

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

Undistributed Income (see instruc	ctions)
	(a) Corpu

Corpus	

(b)

Years prior to 2015

(c)

2015

Excess distributions carryover, if any, to 2016

96,702 43.516 24.063 1,637 f Total of lines 3a through e.

165.918

7.650

173,568

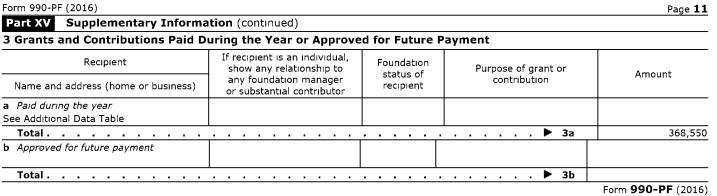
173,568

96,702

43.516 24,063

1,637

7.650



	I-A Analysis of Income-Producing	Activities				
nter gros	s amounts unless otherwise indicated	Unrelated b	usiness income	Excluded by section	n 512, 513, or 514	(e) Related or exempt
1 Program	m service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions
a						
-	and contracts from government agencies					
2 Membe	ership dues and assessments					
	est on savings and temporary cash					
	tments			1.4	75.010	36 701
	nds and interest from securities			14	75,819	36,795
	-financed property					
	debt-financed property.					
	ental income or (loss) from personal property					
7 Other	investment income					
	or (loss) from sales of assets other than					
	tory					-33,982
	come or (loss) from special events					
	profit or (loss) from sales of inventory					
h Other	revenue a					
2 Subto	tal Add columns (b), (d), and (e)				75,819	2,813
				1	.3	78,632
	sheet in line 13 instructions to verify calculatio					
		e Accomplish	ment of Exem	nt Purnoses		
Line No. ▼	Explain below how each activities to the the accomplishment of the foundation's ex	ıncome ıs report	ed ın column (e) o	f Part XVI-A contribi		
Line No.	Relationship of Activities to th Explain below how each activity for which	ıncome ıs report	ed ın column (e) o	f Part XVI-A contribi		
Line No.	Explain below how each activities to the the accomplishment of the foundation's ex	ıncome ıs report	ed ın column (e) o	f Part XVI-A contribi		
ine No.	Explain below how each activities to the the accomplishment of the foundation's ex	ıncome ıs report	ed ın column (e) o	f Part XVI-A contribi		
ine No.	Explain below how each activities to the the accomplishment of the foundation's ex	ıncome ıs report	ed ın column (e) o	f Part XVI-A contribi		
ine No.	Explain below how each activities to the the accomplishment of the foundation's ex	ıncome ıs report	ed ın column (e) o	f Part XVI-A contribi		
ine No.	Explain below how each activities to the the accomplishment of the foundation's ex	ıncome ıs report	ed ın column (e) o	f Part XVI-A contribi		
Line No.	Explain below how each activities to the the accomplishment of the foundation's ex	ıncome ıs report	ed ın column (e) o	f Part XVI-A contribi		
ine No.	Explain below how each activities to the the accomplishment of the foundation's ex	ıncome ıs report	ed ın column (e) o	f Part XVI-A contribi		
ine No.	Explain below how each activities to the the accomplishment of the foundation's ex	ıncome ıs report	ed ın column (e) o	f Part XVI-A contribi		
ine No.	Explain below how each activities to the the accomplishment of the foundation's ex	ıncome ıs report	ed ın column (e) o	f Part XVI-A contribi		
ine No.	Explain below how each activities to the the accomplishment of the foundation's ex	ıncome ıs report	ed ın column (e) o	f Part XVI-A contribi		
ine No.	Explain below how each activities to the the accomplishment of the foundation's ex	ıncome ıs report	ed ın column (e) o	f Part XVI-A contribi		
ine No.	Explain below how each activities to the the accomplishment of the foundation's ex	ıncome ıs report	ed ın column (e) o	f Part XVI-A contribi		
ine No.	Explain below how each activities to the the accomplishment of the foundation's ex	ıncome ıs report	ed ın column (e) o	f Part XVI-A contribi		
ine No.	Explain below how each activities to the the accomplishment of the foundation's ex	ıncome ıs report	ed ın column (e) o	f Part XVI-A contribi		
ine No.	Explain below how each activities to the the accomplishment of the foundation's ex	ıncome ıs report	ed ın column (e) o	f Part XVI-A contribi		
Line No.	Explain below how each activities to the the accomplishment of the foundation's ex	ıncome ıs report	ed ın column (e) o	f Part XVI-A contribi		
ine No.	Explain below how each activities to the the accomplishment of the foundation's ex	ıncome ıs report	ed ın column (e) o	f Part XVI-A contribi		
ine No.	Explain below how each activities to the the accomplishment of the foundation's ex	ıncome ıs report	ed ın column (e) o	f Part XVI-A contribi		
Line No.	Explain below how each activities to the the accomplishment of the foundation's ex	ıncome ıs report	ed ın column (e) o	f Part XVI-A contribi		
Line No.	Explain below how each activities to the the accomplishment of the foundation's ex	ıncome ıs report	ed ın column (e) o	f Part XVI-A contribi		
Line No.	Explain below how each activities to the the accomplishment of the foundation's ex	ıncome ıs report	ed ın column (e) o	f Part XVI-A contribi		

. •	10)
	Information Regarding Transfers To and Transactions and Relationships With Noncharitable
ı	Exempt Organizations

Form 990-P	F (20	<u> </u>										Pa	ge 13
Part XV		Exempt Organiz	zations						nships With Nor		able		
		nization directly or inc de (other than section								on 501		Yes	No
a Transfei	rs fro	om the reporting found	dation to a n	oncha	rıtable exe	empt organ	ization d	of					
(1) Ca	sh.										1a(1)		No
• •		ssets								•	1a(2)		No
b Other tr			k-1-1								41.743		
		f assets to a noncharr ses of assets from a n	•	-						• •	1b(1) 1b(2)		No No
		of facilities, equipmen									1b(2)		No
` '		irsement arrangement	•								1b(4)		No
		or loan guarantees.									1b(5)		No
(6) Peri	form	ance of services or me	embership o	r fundr	raising sol	icitations.					1b(6)		No
c Sharing	of fa	acılıtıes, equipment, m	nailing lists, i	other a	assets, or	paid emplo	yees.			•	1 c		No
of the g	joods ransa	r to any of the above , other assets, or servaction or sharing arrai (b) Amount involved	vices given b ngement, sh	y the i	reporting column (c	foundation	If the fe of the	oundation receive goods, other asse	ed less than fair mar	ket valu ved	e	ngemen	ts
	<u> </u>												
		ation directly or indire	•	•				, -		г	٦.,		
		section 501(c) of the	•	than s	section 50	01(c)(3)) or	ın secti	on 527?		L	⊥ Yes	✓ N	О
b If "Yes,"	con	nplete the following so (a) Name of organizatio		ı	l (1	b) Type of or	ganizatior	n	(c) Description	of relation	nshin		
		(a) Harrie or organization			(-	5) 1) pe of of	garnzado		(C) Bescription	r or relation	ж		
of	f my hich	penalties of perjury, i knowledge and belief, preparer has any kno ****	, it is true, co				aration o		than taxpayer) is ba		all infor	mation	n of eturn
	Sıg	gnature of officer or tr	ustee			Date		Title	((see ınstr)? V Y	es 🗆 N	lo
•		Print/Type preparer's		Prepa	arer's Sıgr	nature		Date	Check if self- employed ▶ ✓	PTIN	P00020)277	
Paid		DOUGLAS I SUMMI	LIVO					2017-09-22					
Prepare Use On		Firm's name ► ROBE	ERTSON WO	ODFOF	RD & SUM	MERS LLP		•	•	Fırm's E	IN ▶20	-19623	360
USE UIII		Firm's address ▶ 11	03 SUTTON	WAY									
			ASS VALLEY		95945517	'4			1	Phone n	o (530) 477-0	6468

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

AMERICAN CANCER SOCIETY 250 WILLIAMS STREET ATLANTA, GA 30303		GENERAL USE	1,000
AMERICAN CIVIL LIBERTIES UNION		GENERAL USE	35,000

AMERICAN CIVIL LIBERTIES UNION 125 BROAD STREET NEW YORK, NY 10004		GENERAL USE	35,000
AMERICAN HEART ASSOCIATION 7272 GREENVILLE AVENUE		GENERAL USE	35,000

AMERICAN HEART ASSOCIATION 7272 GREENVILLE AVENUE DALLAS, TX 75231	GENERAL USE	35,000
NEW YORK, NY 10004		

7272 GREENVILLE AVENUE DALLAS, TX 75231			
AMERICAN RED CROSS 2025 E STREET WASHINGTON, DC 20006		GENERAL USE	500

DALLAS, 1X 75251			
AMERICAN RED CROSS 2025 E STREET WASHINGTON, DC 20006		GENERAL USE	500
AMNESTY INTERNATIONAL USA		GENERAL USE	2,000

WASHINGTON, DC 20006			
AMNESTY INTERNATIONAL USA FIVE PENN PLAZA		GENERAL USE	2,000
NEW YORK NY 10001			1

AMNESTY INTERNATIONAL USA FIVE PENN PLAZA NEW YORK, NY 10001		GENERAL USE	2,00
Total			368,550

3a

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year CARE 151 ELLIS STREET NE **GENERAL USE** 25,000 ATLANTA, GA 30303 CHILD ADVOCATES OF NEVADA COUNTY **GENERAL USE** 30,000

PO BOX 1553 NEVADA CITY, CA 95959 CORP ACCOUNTABILITY **GENERAL USE**

150 INTERNATIONAL 10 MILK STREET BOSTON, MA 02108

DOCTORS WITHOUT BORDERS 333 SEVENTH NEW YORK, NY 10001		GENERAL USE	20,000
DRUG POLICY ALLIANCE 131 33RD STREET		GENERAL USE	300

NEW YORK, NY 10001

Total . 3a

368,550

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year **ENVIRONMENTAL DEFENSE FUND GENERAL USE** 1,000 257 PARK AVENUE NEW YORK, NY 10010

FOOD AND WATER WATCH 1616 P STREET WASHINGTON, DC 20036	GENERAL USE	150
FRIENDS OF THE EARTH 1100 15TH STREET WASHINGTON, DC 20005	GENERAL USE	100
GAP(GOVT ACCOUNTABILITY PROJ) 1612 K STREET WASHINGTON DC 20006	GENERAL USE	1,500

WASHINGTON, DC 20006 GLSEN EDUCATION NETWORK **GENERAL USE** 100 90 BROAD STREET

NEW YORK, NY 10004

Total . 368,550 3a

form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment					
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount	
Name and address (home or business)	any foundation manager or substantial contributor	recipient			
a Paid during the year					
HABITAT FOR HUMANITY NEVADA COUNTY 236 S CHURCH ST GRASS VALLEY, CA 95945			RESTRICTED	15,000	
HOSPICE OF THE FOOTHILLS 11270 ROUGH READY HIGHW GRASS VALLEY, CA 95945			GENERAL USE	10,000	
HOSPITALITY HOUSE 1262 SUTTON WAY GRASS VALLEY, CA 95945			GENERAL USE	8,000	
KVIE-TV 2030 WEST EL CAMINO SACRAMENTO, CA 95833			GENERAL USE	300	
LEAGUE OF WOMEN VOTERS EDUCATION FUND 1730 M STREET WASHINGTON, DC 20036			GENERAL USE	50	
Total				368,550	

Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
LEUKEMIA & LYMPHOMA SOCIETY 1311 MAMARONECK AVE WHITE PLAINS, NY 10605			GENERAL USE	1,500
MACULAR DEGENERATION RESEARCH PO BOX 515 NORTHAMPTON, MA 01061			GENERAL USE	100
MAKE A WISH FOUNDATION 4742 N 24TH STREET PHOENIX, AZ 85016			GENERAL USE	400
NATURAL RESOURCES DEFENSE COUNCIL 40 WEST 20TH STREET NEW YORK, NY 10011			GENERAL USE	200
NATURE CONSERVANCY 4245 NORTH FAIRFAX DRIVE ARLINGTON, VA 22203			GENERAL USE	100
Total				368,550

За

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year NEVADA COUNTY SUPERINTENDENT OF **GENERAL USE**

200

10,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

NEVADA CITY, CA 95959			
PEOPLE FOR THE AMERICAN WAY FOUNDATION 1101 15TH STREET WASHINGTON DC 20005		GENERAL USE	

ASHINGTON, DC 20005			
ANNED PARENTHOOD FEDERATION 34 WEST 33RD STREET EW YORK, NY 10001		GENERAL USE	

За

THIRD LINE LOSS			
PLANNED PARENTHOOD FEDERATION 434 WEST 33RD STREET NEW YORK, NY 10001		GENERAL USE	6,000
PROJECT HOPE 255 CARTER HALL LANE		GENERAL USE	500

NEW YORK, NY 10001			
PROJECT HOPE 255 CARTER HALL LANE MILLWOOD, VA 22646		GENERAL USE	500
DUBLIC CITIZEN FOUNDATION		CENEDAL LISE	200

PROJECT HOPE 255 CARTER HALL LANE MILLWOOD, VA 22646		GENERAL USE	500
PUBLIC CITIZEN FOUNDATION 1600 20TH STREET		GENERAL USE	200

MILLWOOD, VA 22646			
PUBLIC CITIZEN FOUNDATION 1600 20TH STREET WASHINGTON, DC 20009		GENERAL USE	20

PUBLIC CITIZEN FOUNDATION 1600 20TH STREET WASHINGTON, DC 20009	GENERAL USE	200
Total	 	368,550

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year STERRA FUND **GENERAL USE** 8.000 206 SACRAMENTO STREET

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

NEVADA CITY, CA 95959

256 BUENA VISTA STREET

1133 NINETEENTH STREET WASHINGTON DC 20036

3a

SIERRA NEVADA CHILDREN'S SERVICES

GRASS VALLEY, CA 95945 SOUTHERN POVERTY LAW CENTER GENERAL USE 30,000 400 WASHINGTON AVENUE MONTGOMERY, AL 36104 SPECIAL OLYMPICS

GENERAL USE

15,000

300

	GENERAL USE	
	GENERAL USE	

UNICEF 125 MAIDEN LANE NEW YORK, NY 10038		GENERAL USE	15,000
Total	 		368,550

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year UNION OF CONCERNED SCIENTISTS **GENERAL USE** 500 TWO BRATTLE SQUARE CAMBRIDGE, MA 02138

CURE AL THERMERIC FUND			
WOMEN FOR WOMEN INTERNATIONAL 2000 M STREET WASHINGTON, DC 20036		GENERAL USE	200
UNITED WAY OF NEVADA COUNTY 743 MALTMAN DRIVE GRASS VALLEY, CA 95945		GENERAL USE	15,000

WASHINGTON, DC 20036			
CURE ALZHEIMER'S FUND 322 EIGHTH AVE 7TH FLOOR NEW YORK, NY 10001		GENERAL USE	30,000
EVERY VOICE CENTER		GENERAL USE	200

CURE ALZHEIMER'S FUND 322 EIGHTH AVE 7TH FLOOR NEW YORK, NY 10001		GENERAL USE	30,00
EVERY VOICE CENTER 1211 CONNECTICUT AVENUE		GENERAL USE	20

322 EIGHTH AVE 7TH FLOOR NEW YORK, NY 10001		SENERAL OSE	30,
EVERY VOICE CENTER		GENERAL USE	:

3a

NEW YORK, NY 10001			
EVERY VOICE CENTER 1211 CONNECTICUT AVENUE		GENERAL USE	2
MACHINETON DC 20026			

Total		.	368 550
1211 CONNECTICUT AVENUE WASHINGTON, DC 20036		GENERAL USE	200

Recipient If recipient is an individual, show any relationship to any foundation manager or substantial contributor

If recipient is an individual, show any relationship to any foundation manager or substantial contributor

Recipient If recipient is an individual, status of contribution

Purpose of grant or contribution

Amount recipient

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Daid during the year

Total .

3a

a Paid during the year			
FRIENDSHIP CLUB 138 NEW MOHAWK RD STE 275 NEVADA CITY, CA 95959		GENERAL USE	50,000

368,550

Note: To capture the full content of this document, please select landscape mode (11" $ imes$ 8.5") when printing.										
TY 2016 Gain/Loss from Sale of Other Assets Schedule										
	Name:		N K AND (S FOUNDA	CLEDITH M						
EIN: 94-3363468										
Name	Date Acquired	How A cquired	Date Sold	Purchaser Name	Gross Sales Price	Basis	Basis Method	Sales Expenses	Total (net)	Accumulated Depreciation

4,184,105 4,263,076

2016-12

PURCHASE

DLN: 93491271006557

-78,971

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

2014-12

COMMONWEALTH

FINANCIAL

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 93491271006557
TY 2016 Investments Corpora	to Bonds Schoo	dulo	
11 2010 lilvestillents corpora	te bolius schet	uule	
Namo	THE ALAN K AND (CLEDITH M	
Name:	THE ALAN K AND C	CLEDI I U M	
	JENNINGS FOUNDA	ATION	
EIN:	94-3363468		

214 31 3333100				
Name of Bond	End of Year Book Value	End of Year Fair Market Value		
COMMONWELTH FINANCIAL	1,980,285			

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 93491271006557
TY 2016 Investments Corpora	te Stock Sche	dule	
Name	THE ALAN K AND	CLEDITH M	
name.	JENNINGS FOUND		
EIN:	94-3363468		

EIN: 94-3303400				
Name of Stock	End of Year Book Value	End of Year Fair Market Value		
COMMONWEALTH FINANCIAL	4,135,626			

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN:	93491271006557			
TY 2016 Other Expenses Schedule							
Name:	THE ALAN K AN	D CLEDITH M					
JENNINGS FOUNDATION							
EIN:	94-3363468						
Other Expenses Schedule	Other Expenses Schedule						
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes			
EXPENSES							
ADMINISTRATIVE	37,054	37,054	37,054				

efile GRAPHIC print - DO NOT PROCI	ESS As Filed Data	-	DLI	N: 93491271006557				
TY 2016 Other Professional Fees Schedule								
Na	me: THE ALAN K	AND CLEDITH M						
	JENNINGS FOUNDATION							
EIN: 94-3363468								
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes				

2,795

2,795

2,795

ACCOUNTING, INVESTMENT AND LEGAL

efile GRAPHIC print - DO NOT PROCESS	As Filed Data	-	DLN	N: 93491271006557			
TY 2016 Taxes Schedule							
Name:	THE ALAN K	AND CLEDITH M					
JENNINGS FOUNDATION							
EIN:	94-3363468						
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes			
DEPARTMENT OF TREASURY	6,274	6,274	6,274				