R

Form 990-PF Department of the Treasury Internal Revenue Service

Return of Private Foundation

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

1710

B 140 1343-0032

Form **990-PF** (2016)

2016

► Do not enter social security numbers on this form as it may be made public.

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

Open to Public Inspection

Fo	r calen	dar year 2016 or tax year beginning	11-01 ,201	6, and ending	q	10-	-31 ,2017	
		foundation				identification number	<u> </u>	
		MOUS FOUNDATION	1	33-0935325				
- 1		and street (or P O box number if mail is not delivered to street address)		Room/suite		number (see instructions		
4		TON CENTER DR		860	(714) 54		•	
<i>y</i> —		own, state or province, country, and ZIP or foreign postal code	·	- :	C If exemption application is pending, check here			
a a	•	ANA, CA 92707	·		The exemption application is pending, check here			
.,			of a former public cl	harity	D 1 Foreigi	n organizations, check he	re ▶□	
-		Final return Amended re		····		·		
		Address change Name chang				n organizations meeting ti here and attach computat		
Н	Check	type of organization X Section 501(c)(3) exempt priv		HO	Į.	•		
Γ	_		taxable private found	dation		foundation status was teri 07(b)(1)(A), check here		
ī		arket value of all assets at J Accounting method		Accrual	1		 -	
		year (from Part II, col (c), Other (specify)		<u>.</u>]	1	ndation is in a 60-month te ction 507(b)(1)(B), check l	1 1	
	line 16		ne on cash hasis)			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
P		Analysis of Revenue and Expenses (The total of	direction business,				(d) Disbursements	
%	art I	amounts in columns (b), (c), and (d) may not necessarily equal	(a) Revenue and expenses per	(b) Net	investment	(c) Adjusted net	for charitable	
~		the amounts in column (a) (see instructions))	books		come	income	purposes (cash basis only)	
<u></u>	1	Contributions, gifts, grants, etc , received (attach schedule)	36,0	0.0			, , , ,	
=	2	Check ► if the foundation is not required to attach Sch B	36,0	-			<u> </u>	
77		Interest on savings and temporary cash investments		2 W		·	- ,	
\sim		Dividends and interest from securities	 				 	
	-	Gross rents	<u> </u>				 -	
يلا	b	Net rental income or (loss)	- , .		٠ ١ ١	RECEI	VED 1	
ŧ.	6a	Net gain or (loss) from sale of assets not on line 10					MED ()	
Revenue MANELL	b	-		,		9		
Sep.	, ,	Gross sales price for all assets on line 6a Capital gain net income (from Part IV, line 2)			,	S JUN 21	2018	
, a	. '			<u></u>			2010	
	"	Net short-term capital gain	·		, : ,	0000		
	9	Income modifications		1		OGDEN	UT	
	10a	Gross sales less returns and allowances			r ',' '		- 4,	
	b	Less Cost of goods sold			- ,	· · · · · · · · · · · · · · · · · · ·		
	111	Gross profit or (loss) (attach schedule)				-		
	12		36.0		1			
	13	Total. Add lines 1 through 11	36,0	01				
		-						
enses	15	Other employee salaries and wages						
ē	162	Legal fees (attach schedule)	<u> </u>					
Expe	- 16a b	Accounting fees (attach schedule)		- 				
ē	C	=						
Operating and Administrative	17	Other professional fees (attach schedule)						
stra	18	Interest		10			 	
ij	19	Depreciation (attach schedule) and depletion		10				
Ē	20	·	<u> </u>					
Ă	21	Occupancy						
p	22	Travel, conferences, and meetings						
0	23	Printing and publications		<u> </u>				
Ë	23	Other expenses (attach schedule) STM103	8	14	1	1		
era	24	Total operating and administrative expenses.	_		_	-	_	
ã	-	Add lines 13 through 23	·	24	1	1	0	
	25	Contributions, gifts, grants paid	6,9	* 4		<u> </u>	0	
	26	Total expenses and disbursements. Add lines 24 and 25 .	7,7			1	0	
	27	Subtract line 26 from line 12	134 YEAR (-* . **	, ,			
	a	Excess of revenue over expenses and disbursements .	28,2	36 ,		,	* 1	
	b	Net investment income (if negative, enter -0-)			0		*	
	С	Adjusted net income (if negative, enter -0-)			. '	_0	, `	

p:	art II	Balance Sheets Attached schedules and amounts in the description column	Beginning of year	End of y	ear
	21 (11	should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	23,998	52,234	52,234
	2	Savings and temporary cash investments			
	3	Accounts receivable •		and the second s	
	}	Less allowance for doubtful accounts	}		
	4	Pledges receivable			
)	Less allowance for doubtful accounts			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
	1	disqualified persons (attach schedule) (see instructions)	1		
	7	Other notes and loans receivable (attach schedule)			
	1	Less allowance for doubtful accounts	The same and the same and	man to the management to the second	
ts	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
AS	l i	Investments - U S and state government obligations (attach schedule)			
	١.	Investments - corporate stock (attach schedule)			
		Investments - corporate stock (attach schedule)			
	1				
	11	Investments - land, buildings, and equipment basis			y yan taka alah angkan manar
	1.	Less accumulated depreciation (attach schedule)			
	12	Investments - mortgage loans	·		
	13	Investments - other (attach schedule) STM118	365,335	365,335	365,335
	14	Land, buildings, and equipment basis			and a name of the second of the second of
	ĺ	Less accumulated depreciation (attach schedule)			
	15	Other assets (describe)			
	16	Total assets (to be completed by all filers - see the	{		
	L	Instructions Also, see page 1, item l)	389,333	417,569	417,569
	17	Accounts payable and accrued expenses			
10	18	Grants payable			
Ĕ.	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			-
ā	21	Mortgages and other notes payable (attach schedule)			
	22	Other liabilities (describe)			
	23	Total liabilities (add lines 17 through 22)	0	0	
S		Foundations that follow SFAS 117, check here · · · · · · ▶ and complete lines 24 through 26 and lines 30 and 31.			
alances	24	Unrestricted		{	-
횰	25	Temporarily restricted			1
Ä	26	Permanently restricted			
Б		Foundations that do not follow SFAS 117, check here ▶ X			· .
or Fund B	l	and complete lines 27 through 31.			- '
ō	27	Capital stock, trust principal, or current funds			:
sts	28	Paid-in or capital surplus, or land, bldg , and equipment fund			-
Assets	29	Retained earnings, accumulated income, endowment, or other funds	389,333	417,569	
¥	30	Total net assets or fund balances (see instructions)	389,333	417,569	'
Net	31	Total liabilities and net assets/fund balances (see	303,333		,
		instructions)	389,333	417,569	
Pa	irt III			1217305	
		net assets or fund balances at beginning of year - Part II, column (a), line			
•		of-year figure reported on prior year's return)	. •		200 222
2		amount from Part I, line 27a			389,333
					28,236
		nes 1, 2, and 3			417 560
		eases not included in line 2 (itemize)		5	417,569
		net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumn (b) timo 30		417 560
<u> </u>	· via	net assets of fund balances at end of year time 4 minus line 3) - Part 11, Cl	oranini (b), iirie 30	<u></u>	417,569

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

Part VI instructions

6 Enter 1% of net investment income (1% of Part I, line 27b) . .

8 Enter qualifying distributions from Part XII, line 4

45,294

6

7

			35325			ge 4
	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - s	ee ir	nstruct	ions)		
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1				,	ļ
	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	1				0
	here 🕨 🔲 and enter 1% of Part I, line 27b	_				, į
C	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of					. <u>.</u>]
	Part I, line 12, col (b)	l				
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) .	2				0
3	Add lines 1 and 2	3				
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) .	4				0
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-	5				0
6	Credits/Payments					-
а	2016 estimated tax payments and 2015 overpayment credited to 2016 6a				, ,	. ;
b	Exempt foreign organizations - tax withheld at source 6b			-		4
С	Tax paid with application for extension of time to file (Form 8868) 6c	ļ,				í
d	Backup withholding erroneously withheld					1
7	Total credits and payments Add lines 6a through 6d	7				
8	Enter any penalty for underpayment of estimated tax. Check here	8				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9				
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10				
11	Enter the amount of line 10 to be Credited to 2017 estimated tax ▶ Refunded ▶	11				
Pai	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			Y	es	No
	participate or intervene in any political campaign?		[7	1a		X
ь	Did it spend more than \$100 duning the year (either directly or indirectly) for political purposes (see					
	Instructions for the definition)?		-	1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials					
	published or distributed by the foundation in connection with the activities					
С	Did the foundation file Form 1120-POL for this year?			1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year.					
	(1) On the foundation ► \$ (2) On foundation managers ► \$		ĺ			į
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed	•	1		-	,
	on foundation managers \$		ļ		Į	4
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		ł		\ \\ '	
	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	<u> </u>	
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		ŀ]	
	By state legislation that effectively amends the governing instrument so that no mandatory directions that		ļ	1	[-
	conflict with the state law remain in the governing instrument?	_		6 3	γ ^	
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 2	_	
Ba	Enter the states to which the foundation reports or with which it is registered (see instructions)	•	· -	-+-	+	
	CA		-	'		1
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General		— .	1		
,	(or designate) of each state as required by General Instruction G? If "No," attach explanation			3b 2		
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or		· 1-3	<u>~</u>	-	
•			-			1
	4942(j)(5) for calendar year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes,"					v
10	complete Part XIV	• • •	· F	9	-+-	<u>X</u> _
	· · ·			.		v
	names and addresses	<u> </u>		10		X

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Pa	rt VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the	t	Yes	No
	meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11	<u> </u>	X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified	}	ļ	1
	person had advisory privileges? If "Yes," attach statement (see instructions)	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	<u> </u>
	Website address ► N/A			
14	The books are in care of ► SAM SOTOODEH Telephone no. ► 714-	<u> 545-0</u>	505	
	Located at ► 5 HUTTON CENTER DRIVE STE 860, SANTA ANA, CA ZIP+4 ► 9270	7		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041-Check here			▶ ∐
	and enter the amount of tax-exempt interest received or accrued during the year ▶ 15			
16	At any time during calendar year 2016, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, secunties, or other financial account in a foreign country?	16	<u> </u>	X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of	1		
	the foreign country ▶			<u> </u>
Pa	rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required		-	
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year did the foundation (either directly or indirectly)	ŀ	,	'
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	1		1 :
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a	-	1	-
	disqualified person?	1		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No	1		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No	}	1) !
	(5) Transfer any income or assets to a disqualified person (or make any of either available for	1	l	
	the benefit or use of a disqualified person)?	Į		
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the	1		
	foundation agreed to make a grant to or to employ the official for a period after	ţ		
	termination of government service, if terminating within 90 days) $\dots \dots \dots \dots $ Yes X No		1	
b	If 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 in a current notice regarding disaster assistance (see instructions)?	1b		
	Organizations relying on a current notice regarding disaster assistance check here] ;
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that			
	were not corrected before the first day of the tax year beginning in 2016?	1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private		1	- 1
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))]	1	}
а	At the end of tax year 2016, did the foundation have any undistributed income (lines 6d and	ľ	ļ] ;
	6e, Part XIII) for tax year(s) beginning before 2016?	į.		(' '
	If "Yes," list the years ,, ,,			[
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)		ĺ	-
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to	131		
	all years listed, answer "No" and attach statement - see instructions.)	2b		X
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here		1	1
	•			
3 a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise	}	}	}
	at any time during the year?	1		ĺi
þ	If "Yes," did it have excess business holdings in 2016 as a result of (1) any purchase by the foundation or	1.		' ;
	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	l		
	foundation had excess business holdings in 2016)	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
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

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Pa	t VII-B Statements Regarding Activitie	es for \	Which Forn	n 4720	May Be I	Require	d (continued)			
5a	During the year did the foundation pay or incur any ar	nount to								
	(1) Carry on propaganda, or otherwise attempt to inf	uence le	gislation (section	on 4945	(e))?	[Yes X No		i	į
	(2) Influence the outcome of any specific public elect	ion (see	section 4955),	or to ca	rry on,	_		i '		-
	directly or indirectly, any voter registration drive?					Г	Yes X No	} '		
	(3) Provide a grant to an individual for travel, study, of	r other s	ımılar purposes	s?			Yes X No		į į	
	(4) Provide a grant to an organization other than a charitable, etc., organization described in									
	section 4945(d)(4)(A)? (see instructions)									}
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational									:
	purposes, or for the prevention of cruelty to childr	en or an	ımals?			「	Yes X No		-	;
b	If any answer is "Yes" to 5a(1)-(5), did any of the tran	sactions	fail to qualify u	nder the	e exceptions (described	ın			
	Regulations section 53 4945 or in a current notice re	garding d	disaster assista	nce (see	e instructions)	γ.		5b	<u> </u>	
	Organizations relying on a current notice regarding d	-					▶ 🗍			
С	If the answer is "Yes" to question 5a(4), does the four	ndation c	laım exemption	from the	e tax			1	i 1_	, 1
	because it maintained expenditure responsibility for the	ne grant?	,			Г	Yes No	Į		1
	If "Yes," attach the statement required by Regulation	•				-		j	/ [1
6a	Did the foundation, during the year, receive any funds	, directly	or indirectly, to	pay pre	emiums			Ì	,	,
	on a personal benefit contract?					[Yes X No		l L	
b	Did the foundation, during the year, pay premiums, di					ract?		6b	i L	X
	If "Yes" to 6b, file Form 8870	-	-	•				,		
7a	At any time during the tax year, was the foundation a	party to a	a prohibited tax	shelter	transaction?	. [Yes X No			
b	If "Yes," did the foundation receive any proceeds or h	ave any	net income attr	ıbutable	to the transa	ction?		7b		
Pa	t VIII Information About Officers, Dire	ectors,	Trustees,	Found	lation Mai	nagers,	Highly Paid	Emplo	yees,	,
	and Contractors									
1 L	ist all officers, directors, trustees, foundation mana	agers an	d their compe	nsation	(see instruc	tions).				
	(a) Name and address		e, and average irs per week		ompensation not paid,		ontributions to yee benefit plans		ense acc	
	(a) Name and address		ed to position		nter -0-)		rred compensation	other	allowanc	:es
SAM	SOTOODEH	PRESI	DENT	1						
5 H	ITTON CENTER DRIVE STE 860, 92707	ļ.,	0.00		0		0			0
BAB	K SOTOODEH	SECRE	TARY	l						
5 H	TTON CENTER DRIVE STE 860, 92707	ļ	0.00	<u> </u>	0		0			0
YAS	SOTOODEH	DIREC	TOR	}						
5 H	TTON CENTER DRIVE STE 860, 92707		0.00		0		0			0_
PAR	'IN SOTOODEH	DIREC	TOR							
5 H	TTTON CENTER DRIVE STE 860, 92707		0.00	<u> </u>	0		0_			0
	ompensation of five highest-paid employees (other	than the	ose included o	on line 1	l - see instru	ctions). I	none, enter			
	NONE."		·							
			(b) Title, and a	average	1	},	(d) Contributions to employee benefit	(a) Evne	ense acco	ount
	(a) Name and address of each employee paid more than \$50	0,000	hours per w devoted to po		(c) Comper	sation	plans and deferred		allowance	
			devoted to pe				compensation			
NON	}						i			
			 		ļ					
			1			Í				
						Į				
			 		 					
						j	Í			
					 					
			}				Ţ			
-			L		<u> </u>	"i				
	number of other employees paid over \$50,000	· · · · ·	· · · · · · ·	<u></u>	· · · · · ·	· · · · ·	<u> ▶</u>	<u> </u>	0.55 (0
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Part VIII Information About Officers, Directors, Trustees, Foundand Contractors (continued)	dation Managers, Highly Pa	aid Employees,
3 Five highest-paid independent contractors for professional services (see instru	uctions). If none, enter "NONE,"	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE	(3, 1) po 3. 3.110	(a) = 01 p 3 (a)
,		
	 	
		
		
	<u> </u>	<u></u>
otal number of others receiving over \$50,000 for professional services		
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statis	stical information such as the number of	
organizations and other beneficiaries served, conferences convened, research papers produced, et		Expenses
<u> </u>		
2		
2		
3		
4		
Part IX-B Summary of Program-Related Investments (see instru	ctions)	
Describe the two largest program-related investments made by the foundation during the tax year or	n lines 1 and 2	Amount
1		
2		
L	j	
	Ì	
All other program-related investments. See instructions	}	
3	:	
	1	
otal. Add lines 1 through 3		

Form 990-PF (2016)

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Pai	rt XIII Undistributed Income (see ins	tructions)			
1	Distributable amount for 2016 from Part XI,	(a) Corpus	(b) Years prior to 2015	(c) 2015	(d) 2016
	line 7,	-	,		22,443
2	Undistributed income, if any, as of the end of 2016				
а	Enter amount for 2015 only				
b	Total for prior years,,				·
3	Excess distributions carryover, if any, to 2016				
а	From 2011				-
b		<u>80</u> .			
C	From 2013		•		
d	From 2014	~_			
е	From 2015 19,3		-		
ı	Total of lines 3a through e	82,415			ļ
4	Qualifying distributions for 2016 from Part XII,				
_	Inne 4. • \$		-		· *
a	Applied to 2015, but not more than line 2a				
b	Applied to undistributed income of prior years				,
С	(Election required - see instructions)		·		
C	required - see instructions)				
А	Applied to 2016 distributable amount	 	3 -		
e	Remaining amount distributed out of corpus	ļ — — — — — — — — — — — — — — — — — — —			
5	Excess distributions carryover applied to 2016	22,443			22,443
J	(If an amount appears in column (d), the same	22,443			22,443
	amount must be shown in column (a))	•			
6	Enter the net total of each column as	-	')	_
-	indicated below:				•
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5 .	59,972			
	Prior years' undistributed income Subtract	,		 	
	line 4b from line 2b				,
С	Enter the amount of prior years' undistributed				
	income for which a notice of deficiency has	•			
	been issued, or on which the section 4942(a)	` '			
	tax has been previously assessed	·		, •	, , , , , , , , , , , , , , , , , , ,
d	Subtract line 6c from line 6b Taxable				
	amount - see instructions			,	
е	Undistributed income for 2015 Subtract line		,		
	4a from line 2a Taxable amount - see	-,	,	-	
	ınstructions		· · · · · · · · · · · · · · · · · · ·		ļ
f	Undistributed income for 2016 Subtract lines	,		,	
	4d and 5 from line 1 This amount must be				
	distributed in 2017				0
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)			<u> </u>	' - '
8	Excess distributions carryover from 2011 not		-	,	: !
_	applied on line 5 or line 7 (see instructions)				
9	Excess distributions carryover to 2017.		* *		
	Subtract lines 7 and 8 from line 6a	59,972	,	ļ . .	
10	Analysis of line 9		,		,
a	Excess from 2012				' ' '
b	Excess from 2013 21,70				
C	Excess from 2014 18,83		•		
d	Excess from 2015 19,38	<u>37</u>		, .	1
е	Excess from 2016			l	l '

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9) I the foundation has received a rating of determination letter that is a private operating foundation, and the ruling is effective for 2016, enter the clase of the ruling of the ru			FOUNDATION		· · · · · · · · · · · · · · · · · · ·	33-0935325	. Page 1
Counted to make the control of 2015, order the date of the number of the control							
b Check box to indicate whicher the foundation is a private opposition from discontined in a section of the adjusted in the section of th	٦а	9		•	ng		
2a Enter the design of the adjusted not income from Earl to the minimum income from Earl to the design of the Earl to design income from Earl XII. b 85% of time 82 c Qualifying deshbutions from Part XII. the 16 or out by work form the XII. d Amours enclosed in the 2 in out used directly for active conduct of exempt activates. Subtract time 24 from time 2 in out used directly for active conduct of exempt activates. Subtract time 24 from time 2 in out used directly for active conduct of exempt activates. C Qualifying desthutions made directly for active conduct of exempt activates. Subtract time 24 from time 2 in out the activate from the 2 in out to out the activate from the 2 in out to out the activate from the 2 in out to out the activate from the 2 in out to out the activate from the 2 in out to out the activate from the 2 in out to out the activate from the 2 in out to out the activate from the 2 in out to out the activate from the 2 in out to out the activate from the 2 in out to out the activate from the 2 in out to out the 2 in out to out the 3 in out th				_		<u> </u>	
income from Part to the innumm, investment from from Part X for the 2019. (b) 2019 (c) 2019	b		ition is a private operati	ing foundation describ	ed in section	4942(j)(3) or 4	942(j)(5) \
investment return from Part X for each year island B 55% of line 2a C. Qualifying destributions from Part XII. Inne 4 for each year island Qualifying destributions from Part XII. Inne 4 for each year island Annuars suitated in his 2 for a used directly for achieve conduct of exempt activates Gualifying destributions made directly for achieve conduct of exempt activates Complete 3a, b, or a for the alternative test miled upon Complete 3a, b, or a for the alternative test miled upon Complete 3a, b, or a for the alternative test miled upon Associated selection of a dissesser Complete 3a, b, or a for the alternative test miled upon Complete 3a, b, or a for the alternative test select upon Complete 3a, b, or a for the alternative test select Complete 3a, b, or a for the alternative test select Complete 3a, b, or a for the alternative lest select Complete 3a, b, or a for the alternative lest select Complete 4a, b, or a for the alternative lest select Complete 4a, b, or a for the alternative lest select Complete 4a, b, or a for the alternative lest select Complete 4a, b, or a for the alternative lest select Complete 5a, b, or a for the alternative lest select Complete 5a, b, or a for the alternative lest select Complete 5a, b, or a for the alternative lest select Complete 5a, b, or a for the alternative Complete 5a, b, or a for the alternative Complete 5a, b, or a for the selection Complete 6a, b, or a for the selection Complete 5a, b, or a for the selection Complete 6a, b, or a for the selection	2a		Tax year		Prior 3 years		
each year issed 6 S5% of line 2a C Qualifying destributions from Part XII, line of for activity year issed d Amounts included in line 2c not used directly for active conduct of earning befores in the conduct of earning befores in a conduct of earning before in the conduct of earning before in a conduct on earning before in a conduct on earning before in a conduct on			(a) 2016	(b) 2015	(c) 2014	(d) 2013	(e) Total
b 85% of line 2a C Qualifying debitations from Part XII, line 4 for each year leaded A Anomas included in the 2s and used directly for active conduct of energy actives C Qualifying destinutions made directly for active conduct of energy actives Subtract line 28 from time 2 C Q Value of active conduct of energy activities Subtract line 28 from time 2 C Q Value of all assets C Q Value of all assets C Q Value of all assets C T C Value of all assets C Support directinative test - enter (1) C Value of all assets C Support directinative test - enter 20 Pera X. Ites 6 for each year leaded C Support directinative test - enter 20 Pera X. Ites 6 for each year leaded C Support directinative test - enter 20 Pera X. Ites 6 for each year leaded C Support directinative test - enter 20 Pera X. Ites 6 for each year leaded C Support directinative test - enter 20 Pera X. Ites 6 for each year leaded C Support directinative test - enter 20 Pera X. Ites 6 for each year leaded C Support directinative test - enter 20 Pera X. Ites 6 for each year leaded C Support directinative test - enter 20 Pera X. Ites 6 for each year leaded C Support directinative test - enter 20 Pera X. Ites 6 for each year leaded C Support directinative test - enter 20 Pera X. Ites 6 for each year leaded C Support directinative test - enter 20 Pera X. Ites 6 for each year leaded C C Support directinative test - enter 20 Pera X. Ites 6 for each year leaded or enter 20 Pera X. Ites 6 for each year leaded or enter 20 Pera X. Ites 6 for each year leaded or enter 20 Pera X. Ites 6 for each year leaded or enter 20 Pera X. Ites 6 for each year leaded or enter 20 Pera X. Ites 6 for each year leaded or enter 20 Pera X. Ites 6 for each year leaded or enter 20 Pera X. Ites 6 for each year leaded or enter 20 Pera X. Ites 6 for each year leaded or enter 20 Pera X. Ites 6 for 9 for each year leaded or enter 20 Pera X. Ites 6 for 9 for each year leaded or enter 20 Pera X. Ites 6 for 9 for each year leaded or enter 20 Pera X. Ites 6 for 9 for enter 20 Pera X. It							
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inc 4 for each year lisado d Anousins custed mine 2 can bused directly for active conduct of exempt activities Qualifying distributions made directly for active conduct of exempt activities Suttreet line 2d from line 2c Complete 3a, b, or c for the alternative test - enter (1) Value of all assets Complete 3a, b, or c for the alternative test - enter (1) Value of all assets Complete 3a, b, or c for the alternative test - enter (1) Value of all assets Complete 3a spects activities Complete 3a spects activities Enternative test - enter (1) Value of all assets Complete 3a spects Enternative test - enter (1) Value of all assets Complete 3a spects Enternative test - enter (1) Value of all assets Complete 3a spects Enternative test - enter (1) Value of all assets Complete 3a spects Enternative test - enter Complete 3a spects Enternative test - enternative test - enter Complete 3a spects Enternative test - enternative te					 		
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a "Assets" alternative test - enter (1) Value of assets qualifying under section 4942((15)(8)(1) b "Endowment alternative test - enter 23 Per X, line 6 for each year based on the section 4942((15)(8)(1) c "Support" alternative test - enter 23 Per X, line 6 for each year based on the section 990 of the 990 of	3						
(2) Value of assets qualifying under section 4942(1)(3)(3)(3)(3)(3)(3)(3)(3)(3)(3)(3)(3)(3)	а	"Assets" alternative test - enter					
b 'Indowment' alternative test - enter 2/3 of Immunim westerner treum's shown in Park X, line is for each year listed		(2) Value of assets qualifying under					
Part X, line 6 for each year listed c "Support" alternative test - enter (1) Total support other than gross investment income (interest) dividends, rents, payings on section of the property of the pr	b	"Endowment" alternative test - enter 2/3		<u>r</u>			
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rnvestment norme (interest) dividends, rents, payingst on secunites loans (section 512(a)(5)), or royalfies) 2) Support fromgeneral public and 5 or more exempt organizations as provided in section 4942()(31(8)(m)). (3) Largest amount of support from an exempt organization	С	• • • • • • • • • • • • • • • • • • • •			}		
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and 5 or more exempt organizations as provided in section 4942()(3)(B)(iii)					L	ļ	<u></u>
organizations as provided in section 4942(j)(3)(B)(iii)		(2) Support from géneral public	}		}		
section 4942(I)(3)(B)(III)			j		ł	1	
(3) Largest amount of support from an exempt organization		section 4942(i)(3)(B)(iii)			1		
an exempt organization (4) Gross investment income Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year - see instructions.) Information Regarding Foundation Managers: a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2)) NA b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest. NA 2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs: Check here > Xi if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed b The form in which applications should be submitted and information and materials they should include d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other					 	 	
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d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other	b	The form in which applications should be	submitted and informa	tion and materials the	y should include		
	c	Any submission deadlines		·			
	d		such as by geographic	al areas, charitable fie	elds, kinds of institution	ns, or other	

Form 990 PF (2016) ANONYMOUS FOUNDATION

Part XV | Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	
	any foundation manager or substantial contributor	status of recipient	contribution	Amount
Name and address (home or business) a Paid during the year	Of Substantial Contributor			
CHILD REACH				
155 PLAN WAY		}		
WARWICK, RI 02886	NONE		CONTRIBUTION	4,851
Million, NI Olooo	10112	}	CONTRIBUTION	1,031
SHRINER HOSPITAL				
909 S FAIR OAKS AVE				
PASADENA, CA 91105	NONE		CONTRIBUTION	90
AIA				
3780 WILSHIRE BLVD STE 701				i
LOS ANGELES, CA 90010	NONE		CONTRIBUTION	2,000
	}			
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Total	L			
b Approved for future payment	, , , , , , , , , , , , , , , , , , , 	· · · · · · · · · · · · · · · · · · ·		6,941
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Total			▶ 3h	

art XVI-A Analysis of Income-Producing A ter gross amounts unless otherwise indicated		ousiness income	Excluded by se	ection 512, 513, or 514	(e)
er gross amounts unless otherwise indicated	(a)	(b)	(c)	(d)	Related or exem function incom (See instruction
Program service revenue	Business code	Amount	Exclusion code	Amount	
a	 		 		
b	 		 		
d	 		 		
е					
f					
\boldsymbol{g} Fees and contracts from government agencies $\ \ . \ \ .$					
Membership dues and assessments			 		
Interest on savings and temporary cash investments .			 		
Dividends and interest from securities			+		,
a Debt-financed property			 		
b Not debt-financed property			 		
Net rental income or (loss) from personal property					
Other investment income			01		
Gain or (loss) from sales of assets other than inventory					
Net income or (loss) from special events					
Gross profit or (loss) from sales of inventory	}		1		
Other revenue a			 		
b			 		
C	1 1		1	1	
d			1	·	
d e					
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations)				13	
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations) art XVI-B Relationship of Activities to the Explain below how each activity for which incoming the substitution of t	Accomplis	hment of Exe	mpt Purpos	es	ne
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations) art XVI-B Relationship of Activities to the	Accomplis	hment of Exe	mpt Purpos	es	ne
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations) art XVI-B Relationship of Activities to the Explain below how each activity for which incoming No.	Accomplis	hment of Exe	mpt Purpos	es	ne
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations) art XVI-B Relationship of Activities to the Explain below how each activity for which incoming No.	Accomplis	hment of Exe	mpt Purpos	es	ne
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations) art XVI-B Relationship of Activities to the Explain below how each activity for which incoming the substitution of t	Accomplis	hment of Exe	mpt Purpos	es	ne
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations) art XVI-B Relationship of Activities to the Explain below how each activity for which incoming the substitution of t	Accomplis	hment of Exe	mpt Purpos	es	ne
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Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations) art XVI-B Relationship of Activities to the Explain below how each activity for which incoming No.	Accomplis	hment of Exe	mpt Purpos	es	ne
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Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations) art XVI-B Relationship of Activities to the Explain below how each activity for which incoming No.	Accomplis	hment of Exe	mpt Purpos	es	ne
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations) art XVI-B Relationship of Activities to the Explain below how each activity for which incoming No.	Accomplis	hment of Exe	mpt Purpos	es	ne
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations) art XVI-B Relationship of Activities to the Explain below how each activity for which incoming No.	Accomplis	hment of Exe	mpt Purpos	es	ne

Form 990	0-PF (2016)	AN	ONYMOUS FOUN	DATION ansfers To and Trai	reactions	and Dolation	schine V	33-09353 Vith None	harita	Pa	age 13
Pail A	Fv.	emnt Or	ganizations	ansiers to and trai	1546110115	aliu Kelatibi	isiliha A	VICE INCE	Jilaiita	DIC	
1 Did				age in any of the following	with any othor	r organization do	ecribed			Yes	No
				age in any of the following tion 501(c)(3) organization:	-	-				163	140
	gaņizations?		000 (00:01 010:1 000:		3) 01 111 30000	i ozi, rolaling to	ponada				
_	-		no foundation to a r	noncharitable exempt orgai	nization of						1
									1a(1)		X
									1a(2)	<u> </u>	X
	her transact								13.7	<u> </u>	==-
(1)	Sales of a	ssets to a r	noncharitable exemi	ot organization					1b(1)		X
				e exempt organization .					1b(2)		X
				sets					1b(3)		X
									1b(4)		X
									1b(5)		X
				or fundraising solicitations					1b(6)		X
c Sh	aring of faci	lities, equip	oment, mailing lists, i	other assets, or paid emplo	yees				1c		X
d If the	he answer t	o any of the	e above is "Yes," co	mplete the following sched	ule Column (b) should always	show the f	aır market			
val	lue of the go	ods, other	assets, or services	given by the reporting four	dation If the	foundation recei	ved less th	an fair mark	et		
val	lue in any tra	ansaction o	or sharing arrangeme	ent, show in column (d) the	value of the	goods, other ass	ets, or serv	ices receive	ed		
(a) Line no	o (b) Amour	nt involved	(c) Name of nor	ncharitable exempt organization	n (d)	Description of tran	sfers, transa	ctions, and sl	naring arra	angeme	ents
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20 lc t	the foundatu	on directly d	or indirectly offiliated	d with or related to one or							
		_	•	d with, or related to, one or r than section 501(c)(3)) oi		. •	15		☐ Ye	· V	No
			owing schedule	Tribin Section 301(c)(3)) Of	iii secdori 52	.,			□ '6	3 11	.] 140
		me of organi		(b) Type of organ			(c) Doscr	ption of relat	onshin		
	(4) 140	ine or organi	22001	(b) Type of organ	112811011		(C) Desci	iption or relat	onsinp		
											
				 							
											
			1								
	Under penalties	s of perjury, I d	leclare that I have examin	et this return, including accompani an taxpayer) is based on all inform	ying schedules an	d statements, and to	he best of my	knowledge and	belief, it is	true,	
Sign	correct, and co	mpléte Déclar	ation of preparer (other th			parer has any knowle	dge		_		
Here	,	//,	//	BJune 21	018 D	resident	7		IRS discuss preparer she		
. ieie	Signature	officer of trus	stee	Date	Title			(see inst			No.
	/_/_	Type prepare	er s name	Preparer's signature		Date	1	neck If	PTIN		
Paliet		a Watso		Cara Water	₩.	05-10-20		elf-employed	P0127:	2600	
Prepá		's name		d Endow LLP CPAs		V3-10-20	Firm's EIN		<u> </u>		
Use O	<u> </u>	's address		Daks Blvd Suite 1	50		Phone no		·		
JJE U	/11.y	_ 224,203	Fair Oaks					916-966-	0420		
									7-20		

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs gov/form990.

OMB No 1545-0047

2016

	YMOUS FOUNDATION		33-0935325
	ization type (check one)		33-0393323
Filers	of:	Section:	
		_	
Form 990 or 990-EZ		501(c)() (enter number) organization	
		4947(a)(1) nonexempt charitable trust not treated as a private fo	undation
		527 political organization	
Form 9	990-PF	∑ 501(c)(3) exempt private foundation	
		4947(a)(1) nonexempt charitable trust treated as a private founda	tion
		501(c)(3) taxable private foundation	
Check	ıf your organization is co	vered by the General Rule or a Special Rule.	
Note:		(8), or (10) organization can check boxes for both the General Rule and	a Special Rule. See
Genera	al Rule		
X		Form 990, 990-EZ, or 990-PF that received, during the year, contribution operty) from any one contributor. Complete Parts I and II. See instructions outlions.	_
Specia	l Rules		
		will ad un applican FO1/o)/2) films Forms 000 on 000 F7 that must the 22.1/20	/ number of the
	-	ribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/39 ns 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or	• •
		t received from any one contributor, during the year, total contributions	
	\$5,000 or (2) 2% of the	amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Co	omplete Parts I and II
П	For an organization desi	ribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that rece	ewed from any one
	•	ear, total contributions of more than \$1,000 <i>exclusively</i> for religious, cha	
		urposes, or for the prevention of cruelty to children or animals Complete	
П	For an organization dos	ribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that rece	outed from any and
Ц	-	ear, contributions <i>exclusively</i> for religious, charitable, etc , purposes, bu	•
		re than \$1,000 If this box is checked, enter here the total contributions that	
		cclusively religious, charitable, etc., purpose Don't complete any of the	
	General Rule applies to	this organization because it received nonexclusively religious, charitable	e, etc , contributions
	totaling \$5,000 or more	dunng the year	▶ \$
Cautio	n: An organization that is	n't covered by the General Rule and/or the Special Rules doesn't file Sc	thedule B (Form 990.
	_	answer "No" on Part IV, line 2, of its Form 990; or check the box on line	
		rtify that it doesn't meet the filing requirements of Schedule B (Form 990,	

Name of organization

Employer identification number

OMYMONA	JS FOUNDATION		33-0935325
Part I	Contributors (See instructions). Use duplicate copi	es of Part I if additional space is r	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	PEGASUS HOLDINGS 5 HUTTON CNTR DR 860 SANTA ANA, CA 92707	\$ 36,000	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
 ,		\$	Person

	Federal Supporting Stater	ments	2016 PG01_
Name(s) as shown on return			FEIN
ANONYMOUS FOUNDATIO	ON		33-0935325
I	FORM 990PF - PART II - L INVESTMENTS: OTHER SCH	INE 13 EDULE	STATEMENT #118
CATEGORY	BOOK VALUE (BOY)	BOOK VALUE (F	EOY) FMV (EOY)
INVESTMENT IN AURELIA	365,335	365,335	365,335
TOTAL	365,335	365,335	365,335

		Federal Su	Federal Supporting Statements	nents	2016 PG01	
Name(s) as shown on return ANONYMOUS FOUNDATION					Your Social Security Number 33 - 0935325	
	FORM 990PF	- PART I - LINE 23	- OTHER EXPENSES SCHEDULE	וסטוב	STATEMENT #103~	
DESCRIPTION	REVENUE AND EXPENSES	NET INVESTMENT	ADJUSTED NET INCOME	CHARITABLE PURPOSE		
ACCOUNTING BANK CHARGES FILING FEES UNREALIZED INCOME - ALPHA	750 (12) 25	000 110	00016	İ		
TOTALS	814			9		
	FORM 990PF - PART I	- LINE 11	- OTHER INCOME SCHEDULE	3 7	PG01 STATEMENT #106~	
DESCRIPTION PARTNERSHIP INCOME	REVENUE AND EXPENSES	NET INVESTMENT	ADJUSTED NET INCOME			
TOTALS	1	7	1			

Name(s) as shown on return					2016 PG01 Your Social Security Number	
FOUNDATION	FORM 990PF	- PART I	- LINE 18 - TAXES SCHEDULE		33-0935325. STATEMENT #110-	
DESCRIPTION STATE OF CA	REVENUE AND EXPENSES	NET INVESTMENT	ADJUSTED NET INCOME	CHARITABLE PURPOSE 0		
	10	0	0	0		
	•	,				