

For calendar year 2017, or tax year beginning 01-01-2017, and ending 12-31-2017

Name of foundation CECILE STEPHENS CHARITABLE FOUNDATION		A Employer identification number 20-1106340	
Number and street (or P O box number if mail is not delivered to street address) PO BOX 903		Room/suite	
City or town, state or province, country, and ZIP or foreign postal code SEAL BEACH, CA 90740		B Telephone number (see instructions) (714) 422-8541	
G Check all that apply <div><input type="checkbox"/> Initial return</div> <div><input type="checkbox"/> Initial return of a former public charity</div> <div><input type="checkbox"/> Final return</div> <div><input type="checkbox"/> Amended return</div> <div><input type="checkbox"/> Address change</div> <div><input type="checkbox"/> Name change</div>		D 1. Foreign organizations, check here 2 Foreign organizations meeting the 85% test, check here and attach computation	
H Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here	
I Fair market value of all assets at end of year (from Part II, col (c), line 16) \$ 251,810	J Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis)		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here

Part I Analysis of Revenue and Expenses (The total 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	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc , received (attach schedule)	167,000			
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments	1	1		
	4 Dividends and interest from securities				
	5a Gross rents				
	b Net rental income or (loss) _____				
	6a Net gain or (loss) from sale of assets not on line 10				
	b Gross sales price for all assets on line 6a _____				
	7 Capital gain net income (from Part IV, line 2)		0		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances _____				
Operating and Administrative Expenses	b Less Cost of goods sold				
	c Gross profit or (loss) (attach schedule)				
	11 Other income (attach schedule)	6,043	6,043		
	12 Total. Add lines 1 through 11	173,044	6,044		
	13 Compensation of officers, directors, trustees, etc	60,000	0		0
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule)				
	b Accounting fees (attach schedule)	5,430	0		0
	c Other professional fees (attach schedule)				
	17 Interest				
	18 Taxes (attach schedule) (see instructions)	250	0		0
	19 Depreciation (attach schedule) and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses (attach schedule)	376	0		0
	24 Total operating and administrative expenses. Add lines 13 through 23	66,056	0		0
	25 Contributions, gifts, grants paid	78,750			78,750
	26 Total expenses and disbursements. Add lines 24 and 25	144,806	0		78,750
	27 Subtract line 26 from line 12				
	a Excess of revenue over expenses and disbursements	28,238			
	b Net investment income (if negative, enter -0-)		6,044		
	c Adjusted net income (if negative, enter -0-)				

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)			Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value			
Assets	1	Cash—non-interest-bearing	20,649	142,844	142,844		
	2	Savings and temporary cash investments					
	3	Accounts receivable ▶ _____ 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 disqualified persons (attach schedule) (see instructions)					
	7	Other notes and loans receivable (attach schedule) ▶ _____ Less allowance for doubtful accounts ▶ _____					
	8	Inventories for sale or use					
	9	Prepaid expenses and deferred charges					
	10a	Investments—U S and state government obligations (attach schedule)					
	b	Investments—corporate stock (attach schedule)					
	c	Investments—corporate bonds (attach schedule)					
	11	Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____					
	12	Investments—mortgage loans					
	13	Investments—other (attach schedule)	202,110	108,153	107,966		
	14	Land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____					
15	Other assets (describe ▶ _____)	1,000	1,000	1,000			
16	Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)	223,759	251,997	251,810			
Liabilities	17	Accounts payable and accrued expenses					
	18	Grants payable					
	19	Deferred revenue					
	20	Loans from officers, directors, trustees, and other disqualified persons					
	21	Mortgages and other notes payable (attach schedule)					
	22	Other liabilities (describe ▶ _____)					
	23	Total liabilities (add lines 17 through 22)	0	0			
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.						
	24	Unrestricted					
	25	Temporarily restricted					
	26	Permanently restricted					
	Foundations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 31.						
	27	Capital stock, trust principal, or current funds	223,759	251,997			
	28	Paid-in or capital surplus, or land, bldg, and equipment fund	0	0			
	29	Retained earnings, accumulated income, endowment, or other funds	0	0			
30	Total net assets or fund balances (see instructions)	223,759	251,997				
31	Total liabilities and net assets/fund balances (see instructions) .	223,759	251,997				

Part III Analysis of Changes in Net Assets or Fund Balances			
1	Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	223,759
2	Enter amount from Part I, line 27a	2	28,238
3	Other increases not included in line 2 (itemize) ▶ _____	3	0
4	Add lines 1, 2, and 3	4	251,997
5	Decreases not included in line 2 (itemize) ▶ _____	5	0
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .	6	251,997

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1a			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a			
b			
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
a			
b			
c			
d			
e			

2 Capital gain net income or (net capital loss) <div style="float: right; font-size: small;"> { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 </div>	2	
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8	3	

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income)

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☒ No

If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

1 Enter the appropriate amount in each column for each year, see instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2016	79,087	306,010	0 258446
2015	90,822	377,602	0 240523
2014	113,925	462,825	0 246151
2013	93,193	584,133	0 159541
2012	73,237	620,634	0 118004
2 Total of line 1, column (d)			2 1 022665
3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years			3 0 204533
4 Enter the net value of noncharitable-use assets for 2017 from Part X, line 5			4 200,283
5 Multiply line 4 by line 3			5 40,964
6 Enter 1% of net investment income (1% of Part I, line 27b)			6 60
7 Add lines 5 and 6			7 41,024
8 Enter qualifying distributions from Part XII, line 4			8 78,750

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

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)

1a	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1 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 here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b	1	60
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col (b)		
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	60
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	60
6	Credits/Payments		
a	2017 estimated tax payments and 2016 overpayment credited to 2017	6a	239
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	6d	0
7	Total credits and payments. Add lines 6a through 6d.	7	239
8	Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8	0
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	179
11	Enter the amount of line 10 to be Credited to 2018 estimated tax ▶ 179 Refunded ▶	11	0

Part VII-A Statements Regarding Activities

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a	No
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)? 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	1b	No
c Did the foundation file Form 1120-POL for this year?	1c	No
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation ▶ \$ 0 (2) On foundation managers ▶ \$ 0		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ▶ \$ 0		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities	2	No
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	No
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	No
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? If "Yes," attach the statement required by General Instruction T	5	No
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 conflict with the state law remain in the governing instrument?	6	Yes
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	Yes
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 (or designate) of each state as required by General Instruction G? If "No," attach explanation .	8b	Yes
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 2017 or the taxable year beginning in 2017 (see instructions for Part XIV)? If "Yes," complete Part XIV	9	No
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10	Yes

Part 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 meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions).	11		No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ▶ <u>N/A</u>	13	Yes	
14	The books are in care of ▶ <u>KEVIN E MONSON</u> Telephone no ▶ <u>(714) 422-8541</u>			

Located at ▶ 18430 BROOKHURST STREET SUITE 202-N FOUNTAIN VALLEY CA ZIP+4 ▶ 92708

15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —Check here ▶ <input type="checkbox"/>	15		
16	At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). If "Yes," enter the name of the foreign country ▶	16	Yes	No

Part 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.

1a	During the year did the foundation (either directly or indirectly)		Yes	No
(1)	Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
(2)	Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
(3)	Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
(4)	Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
(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 termination of government service, if terminating within 90 days). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
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)? <input type="checkbox"/>	1b		No
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 2017? <input type="checkbox"/>	1c		No
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))			
a	At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2017? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ▶ 20____, 20____, 20____, 20____			
b	Are there any years listed in 2a for which the foundation is not 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) <input type="checkbox"/>	2b		
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here ▶ 20____, 20____, 20____, 20____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b	If "Yes," did it have excess business holdings in 2017 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 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 2017). <input type="checkbox"/>	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
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 2017?	4b		No

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (Continued)

5a	During the year did the foundation pay or incur any amount to			
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(3) Provide a grant to an individual for travel, study, or other similar purposes?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions).	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?		5b	No
	Organizations relying on a current notice regarding disaster assistance check here.	<input type="checkbox"/>		
c	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<i>If "Yes," attach the statement required by Regulations section 53.4945–5(d)</i>			
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? <i>If "Yes" to 6b, file Form 8870</i>		6b	No
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?		7b	

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors
1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).

(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	Expense account, (e) other allowances
KEVIN E MONSON PO BOX 903 SEAL BEACH, CA 90740	TRUSTEE 10 00	30,000	0	0
BRIAN MCMAHON PO BOX 903 SEAL BEACH, CA 90740	TRUSTEE 10 00	30,000	0	0

2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	Title, and average hours per week (b) devoted to position	(c) Compensation	Contributions to employee benefit plans and deferred compensation (d)	Expense account, (e) other allowances
NONE				

Total number of other employees paid over \$50,000. **0**

3 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		

Total number of others receiving over \$50,000 for professional services. **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 organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 THE FOUNDATION PRESENTED SCHOLARSHIPS TO 52 GRADUATING HIGH SCHOOL STUDENTS FOR USE IN PAYMENT OF TUITION, BOOKS, AND RELATED EDUCATIONAL EXPENSES FOR COLLEGE STUDIES	42,000
2 THE FOUNDATION PROVIDED FINANCIAL ASSISTANCE TO SHELTERS FOR ABANDONED, ENDANGERED AND DISABLED WOMEN AND CHILDREN	21,500
3 THE FOUNDATION PROVIDED FINANCIAL ASSISTANCE TO HIGH SCHOOL VOCAL MUSIC PROGRAM	5,950
4 THE FOUNDATION PROVIDED FINANCIAL ASSISTANCE FOR MISSIONARY ACTIVITIES OF LDS CHURCH	2,800

Part IX-B 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
1	
2	
All other program-related investments See instructions	
3	

Total. Add lines 1 through 3 **0**

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
a	Average monthly fair market value of securities.	1a	0
b	Average of monthly cash balances.	1b	48,389
c	Fair market value of all other assets (see instructions).	1c	154,944
d	Total (add lines 1a, b, and c).	1d	203,333
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	1e	0
2	Acquisition indebtedness applicable to line 1 assets.	2	0
3	Subtract line 2 from line 1d.	3	203,333
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	3,050
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	200,283
6	Minimum investment return. Enter 5% of line 5.	6	10,014

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

1	Minimum investment return from Part X, line 6.	1	10,014
2a	Tax on investment income for 2017 from Part VI, line 5.	2a	60
b	Income tax for 2017 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	60
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	9,954
4	Recoveries of amounts treated as qualifying distributions.	4	0
5	Add lines 3 and 4.	5	9,954
6	Deduction from distributable amount (see instructions).	6	0
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	7	9,954

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.	1a	78,750
b	Program-related investments—total from Part IX-B.	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required).	3a	
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, line 4	4	78,750
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see instructions).	5	60
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	78,690

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
1 Distributable amount for 2017 from Part XI, line 7				9,954
2 Undistributed income, if any, as of the end of 2017				
a Enter amount for 2016 only.			0	
b Total for prior years 20____, 20____, 20____		0		
3 Excess distributions carryover, if any, to 2017				
a From 2012.				73,400
b From 2013.				64,318
c From 2014.				91,088
d From 2015.				72,166
e From 2016.				63,944
f Total of lines 3a through e.	364,916			
4 Qualifying distributions for 2017 from Part XII, line 4 ▶ \$ 78,750				
a Applied to 2016, but not more than line 2a			0	
b Applied to undistributed income of prior years (Election required—see instructions).		0		
c Treated as distributions out of corpus (Election required—see instructions).	0			
d Applied to 2017 distributable amount.				9,954
e Remaining amount distributed out of corpus	68,796			
5 Excess distributions carryover applied to 2017 (If an amount appears in column (d), the same amount must be shown in column (a))	0			0
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	433,712			
b Prior years' undistributed income Subtract line 4b from line 2b		0		
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.		0		
d Subtract line 6c from line 6b Taxable amount—see instructions		0		
e Undistributed income for 2016 Subtract line 4a from line 2a Taxable amount—see instructions			0	
f Undistributed income for 2017 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2018				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).	0			
8 Excess distributions carryover from 2012 not applied on line 5 or line 7 (see instructions).	73,400			
9 Excess distributions carryover to 2018. Subtract lines 7 and 8 from line 6a	360,312			
10 Analysis of line 9				
a Excess from 2013.				64,318
b Excess from 2014.				91,088
c Excess from 2015.				72,166
d Excess from 2016.				63,944
e Excess from 2017.				68,796

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2017, enter the date of the ruling. ▶					
b Check box to indicate whether the organization is a private operating foundation described in section <input type="checkbox"/> 4942(j)(3) or <input type="checkbox"/> 4942(j)(5)					
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed	Tax year	Prior 3 years			(e) Total
	(a) 2017	(b) 2016	(c) 2015	(d) 2014	
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon					
a "Assets" alternative test—enter					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . .					
c "Support" alternative test—enter					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii). . . .					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

Part XV Supplementary Information (Complete this part only if the organization had \$5,000 or more in assets at any time during the year—see instructions.)

1 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))	
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	
2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:	
Check here <input type="checkbox"/> 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 email address of the person to whom applications should be addressed	
See Additional Data Table	
b The form in which applications should be submitted and information and materials they should include	
See Additional Data Table	
c Any submission deadlines	
See Additional Data Table	
d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors	
See Additional Data Table	

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i> See Additional Data Table				
Total			▶ 3a	78,750
b <i>Approved for future payment</i>				
Total			▶ 3b	0

Enter gross amounts unless otherwise indicated

Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
1 Program service revenue					
a _____					
b _____					
c _____					
d _____					
e _____					
f _____					
g Fees and contracts from government agencies					
2 Membership dues and assessments.					
3 Interest on savings and temporary cash investments			14	1	
4 Dividends and interest from securities.					
5 Net rental income or (loss) from real estate					
a Debt-financed property.					
b Not debt-financed property.					
6 Net rental income or (loss) from personal property					
7 Other investment income.			14	6,043	
8 Gain or (loss) from sales of assets other than inventory					
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue a _____					
b _____					
c _____					
d _____					
e _____					
12 Subtotal. Add columns (b), (d), and (e).		0		6,044	0
13 Total. Add line 12, columns (b), (d), and (e).			13		6,044

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes[illegible]

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

1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?		Yes	No
a Transfers from the reporting foundation to a noncharitable exempt organization of			
(1) Cash.	1a(1)		No
(2) Other assets.	1a(2)		No
b Other transactions			
(1) Sales of assets to a noncharitable exempt organization.	1b(1)		No
(2) Purchases of assets from a noncharitable exempt organization.	1b(2)		No
(3) Rental of facilities, equipment, or other assets.	1b(3)		No
(4) Reimbursement arrangements.	1b(4)		No
(5) Loans or loan guarantees.	1b(5)		No
(6) Performance of services or membership or fundraising solicitations.	1b(6)		No
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees.	1c		No
d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.			

(a) Line No	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No

b If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.		
	*****	2018-10-30	*****
	Signature of officer or trustee	Date	Title

May the IRS discuss this return with the preparer shown below (see instr)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
--

Paid Preparer Use Only	Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	GENE SKYLAR				P01277999
	Firm's name ► GORELICK & USLANER CPAS A PROF CORP				Firm's EIN ► 95-4538761
Firm's address ► 15260 VENTURA BLVD STE 1705 SHERMAN OAKS, CA 91403					Phone no (818) 786-5656

Form 990PF Part XV Line 2a - 2d - Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

- a** The name, address, and telephone number of the person to whom applications should be addressed

KEVIN E MONSON
POST OFFICE BOX 903
SEAL BEACH, CA 90740
(714) 422-8541

- b** The form in which applications should be submitted and information and materials they should include

THE CHOIR SCHOLARSHIP APPLICATION NEEDS TO BE COMPLETED AND SUBMITTED ALONG WITH A ONE-PAGE ESSAY DESCRIBING FUTURE PLANS, GOALS, AND DREAMS

- c** Any submission deadlines

MAY 1

- d** Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

GRADUATING FROM FOUNTAIN VALLEY HIGH SCHOOL, MINIMUM 2.5 UNWEIGHTED GRADE POINT AVERAGE IN HIGH SCHOOL, AND MINIMUM THREE YEARS PERFORMING WITH THE FOUNTAIN VALLEY HIGH SCHOOL CHOIR

Form 990PF Part XV Line 2a - 2d - Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

- a** The name, address, and telephone number of the person to whom applications should be addressed

KEVIN E MONSON
POST OFFICE BOX 903
SEAL BEACH, CA 90740
(714) 422-8541

- b** The form in which applications should be submitted and information and materials they should include

A BRIEF ESSAY CONTAINING PLANS FOR HOW FUNDS WILL BE USED AND PLANS FOR OVERCOMING FINANCIAL DIFFICULTIES

- c** Any submission deadlines

NONE


- d** Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

INDIGENT FAMILIES, PRIMARILY THOSE OF SINGLE OR ABANDONED WOMEN WITH MINOR CHILDREN OR TERMINALLY ILL

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

<div>Recipient</div>	<div>If recipient is an individual, show any relationship to any foundation manager or substantial contributor</div>	<div>Foundation status of recipient</div>	<div>Purpose of grant or contribution</div>	<div>Amount</div>
<div>Name and address (home or business)</div>				
a <i>Paid during the year</i>				
ADAH BETSABE PEREZ - PAID DIRECTLY 6790 GARDENIA AVENUE LONG BEACH, CA 90805	NONE	INDIVIDUAL	SCHOLARSHIP	1,000
ALICIA GABRIELA ALTAMIRANO - PAID D 420 E 55TH STREET LONG BEACH, CA 90805	NONE	INDIVIDUAL	SCHOLARSHIP	500
AMANDA GILLIS FOUNDATION - PAID THROUGH NEVADA COMMUNITY FOUNDATION 1417 N LAS VEGAS BLVD LAS VEGAS, NV 89101	NONE	PC	SUPPORT A SHELTER FOR TROUBLED AND ENDANGERED YOUTH	2,500
Total ▶ 3a				78,750

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
ANDREA RICE - PAID DIRECTLY TO WEST 3686 IROQUOIS AVENUE LONG BEACH, CA 90808	NONE	INDIVIDUAL	SCHOLARSHIP	1,000
ANTHONY LEE ESCAMILLA NIKODYM - PAI 5853 ROSE AVENUE LONG BEACH, CA 90805	NONE	INDIVIDUAL	SCHOLARSHIP	500
ASHLEY ARAGONEZ - PAID DIRECTLY TO 420 E OSGOOD STREET LONG BEACH, CA 90805	NONE	INDIVIDUAL	SCHOLARSHIP	1,000
Total ▶ 3a				78,750

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
BLIND CHILDREN'S LEARNING CENTER 18542 VANDERLIP AVENUE B SANTA ANA, CA 92705	NONE	PC	SUPPORT A CENTER FOR THE TRAINING AND EDUCATION OF BLIND CHILDREN	2,500
BRITTANY SONG - PAID DIRECTLY TO UN 4901 RUTH AVENUE APT 202 LONG BEACH, CA 90805	NONE	INDIVIDUAL	SCHOLARSHIP	1,000
CALEB HOLBROOK - PAID DIRECTLY TO B 649 SOUTH 2ND WEST APT 3401 REXBURG, ID 83440	NONE	INDIVIDUAL	SCHOLARSHIP	500
Total 				78,750
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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
CARLOS MARTINEZ - PAID DIRECTLY TO 348 E 63RD STREET LONG BEACH, CA 90805	NONE	INDIVIDUAL	SCHOLARSHIP	1,000
CATHY HOANG BUI - PAID DIRECTLY TO 15941 MAYBROOK STREET WESTMINSTER, CA 92603	NONE	INDIVIDUAL	SCHOLARSHIP	1,000
CLARISSA MADRID - PAID DIRECTLY TO 1125 E 70TH STREET LONG BEACH, CA 90805	NONE	INDIVIDUAL	SCHOLARSHIP	1,000
Total ▶ 3a				78,750

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
COVENANT HOUSE5 PENN PLAZA NEW YORK, NY 10001	NONE	PC	SUPPORT A SHELTER FOR ABANDONED AND ENDANGERED WOMEN AND CHILDREN	2,000
DARIUS KEGLER - PAID DIRECTLY TO CA 2117 WEST 112TH STREET LOS ANGELES, CA 90047	NONE	INDIVIDUAL	SCHOLARSHIP	500
DAVID JOEL ZARAZOZA AVINA - PAID DI 2934 E SAWYER STREET LONG BEACH, CA 90805	NONE	INDIVIDUAL	SCHOLARSHIP	1,000
Total ► 3a				78,750

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
DENNIS NGUYEN LE - PAID DIRECTLY TO 8696 EL CERRO CIRCLE FOUNTAIN VALLEY, CA 92708	NONE	INDIVIDUAL	SCHOLARSHIP	1,000
DIANA JASMIN NAJERA - PAID DIRECTLY 1303 E PECK STREET COMPTON, CA 90221	NONE	INDIVIDUAL	SCHOLARSHIP	500
DIANA SOFIA ESCOTTO - PAID DIRECTLY 237 E ARTESIA BLVD LONG BEACH, CA 90805	NONE	INDIVIDUAL	SCHOLARSHIP	500
Total ▶ 3a				78,750


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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
EBONY GALLEGOS - PAID DIRECTLY TO H 208 E ARTESIA BLVD APT C LONG BEACH, CA 90805	NONE	INDIVIDUAL	SCHOLARSHIP	500
FERNANDO GALLEGOS - PAID DIRECTLY T 1671 E MCKENZIE STREET LONG BEACH, CA 90840	NONE	INDIVIDUAL	SCHOLARSHIP	500
FIGHT THE NEW DRUG - PAID THROUGH BRILLIANT PARTNERSCOM 1680 SOUTH MAIN SALT LAKE CITY, UT 84115	NONE	PC	SUPPORT ANTI-PORNOGRAPHY AND ANTI-HUMAN TRAFFICKING PROJECTS AT FOUNTAIN VALLEY HIGH SCHOOL	1,700
Total ▶ 3a				78,750

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
GETSEMANI RENERO - PAID DIRECTLY TO 631 E VIA BAROLA LONG BEACH, CA 90805	NONE	INDIVIDUAL	SCHOLARSHIP	500
GRACE OPEN DOORS CHARITABLE FOUNDATION 3061 CAROB STREET NEWPORT BEACH, CA 92660	NONE	PC	SUPPORT SCHOOL AND YOUTH CENTER IN SRI LANKA	7,500
GUADALUPE MIRANDA - PAID DIRECTLY T 448 E 56TH STREET LONG BEACH, CA 90805	NONE	INDIVIDUAL	SCHOLARSHIP	500
Total 3a				78,750

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
HANNAH E GALVEZ-ARANGO - PAID DIREC 18588 MORONGO STREET FOUNTAIN VALLEY, CA 92708	NONE	INDIVIDUAL	SCHOLARSHIP	1,000
HOANG-VI VU - PAID DIRECTLY TO UNIV 9711 DAKOTA AVENUE GARDEN GROVE, CA 92844	NONE	INDIVIDUAL	SCHOLARSHIP	1,000
INTERVAL HOUSEPO BOX 3356 SEAL BEACH, CA 90740	NONE	PC	SUPPORT A SHELTER FOR TROUBLED AND ENDANGERED YOUTH	2,500
Total ▶ 3a				78,750


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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
JALISA JYNETTE RENEAU - PAID DIRECT 9867 KARMONT AVENUE SOUTH GATE, CA 90280	NONE	INDIVIDUAL	SCHOLARSHIP	1,000
JAZMYNE FUAMATU - PAID DIRECTLY TO 2937 E COOLIDGE STREET LONG BEACH, CA 90805	NONE	INDIVIDUAL	SCHOLARSHIP	500
JESSICA WEI-JI LAM - PAID DIRECTLY 10921 LA BATISTA AVENUE FOUNTAIN VALLEY, CA 92708	NONE	INDIVIDUAL	SCHOLARSHIP	1,000
Total ▶ 3a				78,750

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
JOHNNY BERNARDIN - PAID DIRECTLY TO 18392 SANTA BELINDA FOUNTAIN VALLEY, CA 92708	NONE	INDIVIDUAL	SCHOLARSHIP	1,000
KATHY TRAN - PAID DIRECTLY TO UNIVE 4412 OBISPO AVENUE LAKEWOOD, CA 90712	NONE	INDIVIDUAL	SCHOLARSHIP	1,000
KATIE RAMIREZ - PAID DIRECTLY TO LO 2671 CHANNING WAY LOS ALAMITOS, CA 90720	NONE	INDIVIDUAL	SCHOLARSHIP	1,000
Total ▶ 3a				78,750

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
KAYLA CHRISTIE HONG - PAID DIRECTLY 17940 SANTA MARIANA STREET FOUNTAIN VALLEY, CA 92708	NONE	INDIVIDUAL	SCHOLARSHIP	1,000
KAYLEY YUKA MATSUMOTO - PAID DIRECT 10044 LOS COYOTES COURT FOUNTAIN VALLEY, CA 92708	NONE	INDIVIDUAL	SCHOLARSHIP	500
KELSEE NHI TRAN - PAID DIRECTLY TO 10331 CALLE INDEPENDENCIA FOUNTAIN VALLEY, CA 92708	NONE	INDIVIDUAL	SCHOLARSHIP	1,000
Total 				78,750
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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
KIARA L KHALID - PAID DIRECTLY TO U 7147 LIME AVENUE LONG BEACH, CA 90805	NONE	INDIVIDUAL	SCHOLARSHIP	1,000
KRISTEN BUTLER - PAID DIRECTLY TO C 11658 ONYX STREET CYPRESS, CA 90630	NONE	INDIVIDUAL	SCHOLARSHIP	1,000
KUAN-YU LEE - PAID DIRECTLY TO UNIV 330 DE NEVE DRIVE SMT - 908B LOS ANGELES, CA 92708	NONE	INDIVIDUAL	SCHOLARSHIP	1,000
Total ▶ 3a				78,750

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
LAM DUONG - PAID DIRECTLY TO IRVINE 10439 SALINAS RIVER CIRCLE FOUNTAIN VALLEY, CA 92708	NONE	INDIVIDUAL	SCHOLARSHIP	500
LDS CHURCH17500 BUSHARD STREET FOUNTAIN VALLEY, CA 92708	NONE	PC	SUPPORT MISSIONARY ACTIVITIES OF LDS CHURCH	2,800
LYRIC CLARKE - PAID DIRECTLY TO BRI 649 SOUTH 2ND WEST APT 3201 REXBURG, ID 83440	NONE	INDIVIDUAL	SCHOLARSHIP	1,000
Total ▶ 3a				78,750

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
MALIA RIVERS - PAID DIRECTLY TO UNI 3271 WOODSTOCK ROAD ROSSMOOR, CA 90720	NONE	INDIVIDUAL	SCHOLARSHIP	1,000
MARILYN HERNANDEZ - PAID DIRECTLY T 6475 ATLANTIC AVENUE SPACE 829 LONG BEACH, CA 90805	NONE	INDIVIDUAL	SCHOLARSHIP	500
MARVY DAIN MUNOZ - PAID DIRECTLY TO 254 E 51ST STREET LONG BEACH, CA 90805	NONE	INDIVIDUAL	SCHOLARSHIP	500
Total 				78,750
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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
MELANIE CHAMBRAND - PAID DIRECTLY TO 17460 DIXIE STREET APT 10 FOUNTAIN VALLEY, CA 92708	NONE	INDIVIDUAL	SCHOLARSHIP	1,000
MIGUEL MENDOZA - PAID DIRECTLY TO L 149 E 69TH WAY LONG BEACH, CA 90805	NONE	INDIVIDUAL	SCHOLARSHIP	500
MIRIAM RIVERA - PAID DIRECTLY TO MO 2601 E VICTORIA STREET SPC 295 COMPTON, CA 90220	NONE	INDIVIDUAL	SCHOLARSHIP	500
Total ▶ 3a				78,750

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
NAYELI GALAN-ARMENDARIZ - PAID DIRE 111 W DEL AMO APT 17 LONG BEACH, CA 90805	NONE	INDIVIDUAL	SCHOLARSHIP	500
ODAS MELIN - PAID DIRECTLY TO UNIVE 7030 EASTONDALE AVENUE LONG BEACH, CA 90805	NONE	INDIVIDUAL	SCHOLARSHIP	1,000
PERLA TELLO - PAID DIRECTLY TO CALI 6290 CHERRY AVENUE APT 14 LONG BEACH, CA 90805	NONE	INDIVIDUAL	SCHOLARSHIP	1,000
Total 3a				78,750

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
PRECIOUS LAMBS PRESCHOOL INC 2005 PALO VERDE AVE PMB 301 LONG BEACH, CA 90815	NONE	PC	SUPPORT A SHELTER FOR TROUBLED AND ENDANGERED YOUTH	2,000
PRIYANKA JAYESH BHAKTA - PAID DIREC 18386 SANTA YOLANDA CIRCLE FOUNTAIN VALLEY, CA 90708	NONE	INDIVIDUAL	SCHOLARSHIP	1,000
RETURNED SCHOLARSHIPPO BOX 903 SEAL BEACH, CA 90740	NONE	INDIVIDUAL	SCHOLARSHIP	-667
Total ▶ 3a				78,750

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
RICHARD CERVANTES - PAID DIRECTLY T 6784 HAMMOND AVENUE LONG BEACH, CA 90805	NONE	INDIVIDUAL	SCHOLARSHIP	500
RICHARD CUEVAS - PAID DIRECTLY TO C 4690 LONG BEACH BLVD 3 LONG BEACH, CA 90805	NONE	INDIVIDUAL	SCHOLARSHIP	500
ROBERT GIANGREGORIO 10325 BUNTING CIRCLE FOUNTAIN VALLEY, CA 92708	NONE	INDIVIDUAL	ASSISTANCE TO FAMILY OF MUSCULAR DYSTROPHY PATIENT	967
Total ▶ 3a				78,750

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
SAIRA ALEJANDRA MONAY - PAID DIRECT 102 E 6TH STREET APT 4 LONG BEACH, CA 90805	NONE	INDIVIDUAL	SCHOLARSHIP	1,000
SARA LESLELI MAFI - PAID DIRECTLY T 197 HARVARD LANE SEAL BEACH, CA 90740	NONE	INDIVIDUAL	SCHOLARSHIP	1,000
SARAH CHILD KRUEGER FOUNDATION CHARITY FD PAID THRU LB COMMUNITY FOUNDATION 400 OCEANGATE SUITE 800 LONG BEACH, CA 90802	NONE	PC	SUPPORT 501(C)(3) ORGANIZATION THAT SUPPORTS LOCAL SCHOOLS AND CHARITIES	1,000
Total ▶ 3a				78,750

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
SCOTT WILSON - PAID DIRECTLY TO BRI 17438 LOS AMIGOS CIRCLE FOUNTAIN VALLEY, CA 92708	NONE	INDIVIDUAL	SCHOLARSHIP	1,000
SEAL BEACH ANIMAL SHELTER 1700 ADOLFO LOPEZ DRIVE SEAL BEACH, CA 90740	NONE	PC	SUPPORT ANIMAL SHELTER	2,000
SPREAD ALOHA TO THE WORLD 29911 NIGUEL ROAD 6472 LAGUNA NIGUEL, CA 92607	NONE	PC	SUPPORT ORPHANAGES IN VIETNAM AND NICARAGUA	2,500
Total ► 3a				78,750

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
TANNER NATHAN GLAZIER - PAID DIRECT 11364 NOGALES LANE FRISCO, TX 75033	NONE	INDIVIDUAL	SCHOLARSHIP	1,000
UNLIMITED HORIZONS (HORIZONTES SIN LIMITES) 404 E 1ST STREET STE 176 LONG BEACH, CA 90805	NONE	PC	PROVIDE SCHOOL SUPPLIES TO UNDERPRIVILEGED CHILDREN	1,500
VIVIAN NGUYEN - PAID DIRECTLY TO UN 2882 COPA DE ORO DRIVE LOS ALAMITOS, CA 90720	NONE	INDIVIDUAL	SCHOLARSHIP	1,000
Total ▶ 3a				78,750

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
VOCAL MUSIC PARENTS ASSOCIATION OF FOUNTAIN VALLEY HIGH SCHOOL 17816 BUSHARD STREET FOUNTAIN VALLEY, CA 92708	NONE	PC	PROVIDE FINANCIAL SUPPORT FOR FVHS VOCAL MUSIC PROGRAM	5,950
Total ▶ 3a				78,750

TY 2017 Accounting Fees Schedule**Name:** CECILE STEPHENS CHARITABLE FOUNDATION**EIN:** 20-1106340**Accounting Fees Schedule**

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING AND TAX PREPARATION	5,430	0		0

TY 2017 Investments - Other Schedule

Name: CECILE STEPHENS CHARITABLE FOUNDATION

EIN: 20-1106340

Investments Other Schedule 2

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
ANNUITIES	AT COST	108,153	107,966

TY 2017 Other Assets Schedule

Name: CECILE STEPHENS CHARITABLE FOUNDATION

EIN: 20-1106340

Other Assets Schedule

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
REFUNDED SCHOLARSHIP	1,000	1,000	1,000

TY 2017 Other Expenses Schedule**Name:** CECILE STEPHENS CHARITABLE FOUNDATION**EIN:** 20-1106340**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
POST OFFICE FEES	114	0		0
BANK WIRE FEES	68	0		0
SCHOLARSHIP REVIEW EXPENSE	194	0		0

TY 2017 Other Income Schedule

Name: CECILE STEPHENS CHARITABLE FOUNDATION

EIN: 20-1106340

Other Income Schedule

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
ANNUITY - LINCOLN BENEFIT LIFE COMPANY 97859	6,043	6,043	6,043

**TY 2017 Substantial Contributors
Schedule****Name:** CECILE STEPHENS CHARITABLE FOUNDATION**EIN:** 20-1106340

Name	Address
THOMAS AND KELLY OLDS	56 GOLDEN EAGLE IRVINE, CA 92660
CLARKE CHARITABLE TRUST	18430 BROOKHURST STREET STE 202N FOUNTAIN VALLEY, CA 92708

TY 2017 Taxes Schedule**Name:** CECILE STEPHENS CHARITABLE FOUNDATION**EIN:** 20-1106340

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INTERNAL REVENUE SERVICE	250	0		0

Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service	Schedule of Contributors ▶ Attach to Form 990, 990-EZ, or 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 2017
	Name of the organization CECILE STEPHENS CHARITABLE FOUNDATION	Employer identification number 20-1106340

Organization type (check one)

Filers of:	Section:
Form 990 or 990-EZ	<input type="checkbox"/> 501(c)() (enter number) organization
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not treated as a private foundation
	<input type="checkbox"/> 527 political organization
Form 990-PF	<input checked="" type="checkbox"/> 501(c)(3) exempt private foundation
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation
	<input type="checkbox"/> 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.
Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year. . . . ▶ \$ _____

Caution. An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization
CECILE STEPHENS CHARITABLE FOUNDATION

Employer identification number
20-1106340

Part I **Contributors** (See instructions) Use duplicate copies of Part I if additional space is needed

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	THOMAS AND KELLY OLDS 56 GOLDEN EAGLE IRVINE, CA 92660	\$ 92,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
2	CLARKE CHARITABLE TRUST 18430 BROOKHURST STREET STE 202N FOUNTAIN VALLEY, CA 92708	\$ 75,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
.		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
.		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
.		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
.		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
.		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)

Employer identification number

20-1106340

Part II

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
 	 	\$ 	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
 	 	\$ 	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
 	 	\$ 	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
 	 	\$ 	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
 	 	\$ 	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
 	 	\$ 	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
 	 	\$ 	

Name of organization CECILE STEPHENS CHARITABLE FOUNDATION	Employer identification number 20-1106340
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Part III	Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$ _____ Use duplicate copies of Part III if additional space is needed
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(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	<div></div> <div></div>	<div></div> <div></div>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	<div></div> <div></div>	<div></div> <div></div>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	<div></div> <div></div>	<div></div> <div></div>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	<div></div> <div></div>	<div></div> <div></div>	