

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

Name of foundation ALLEN FAMILY CHARITABLE TRUST		A Employer identification number 27-6799969	
Number and street (or P O box number if mail is not delivered to street address) 760 BEAR GULCH ROAD		Room/suite	B Telephone number (see instructions) (650) 851-5881
City or town, state or province, country, and ZIP or foreign postal code WOODSIDE, CA 94062		C If exemption application is pending, check here ▶ <input type="checkbox"/>	
G Check all that apply <div><input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Address change</div> <div><input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Amended return <input type="checkbox"/> Name change</div>		D 1. Foreign organizations, check here ▶ <input type="checkbox"/> 2 Foreign organizations meeting the 85% test, check here and attach computation ▶ <input type="checkbox"/>	
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 ▶ <input type="checkbox"/>	
I Fair market value of all assets at end of year (from Part II, col (c), line 16)▶\$ 5,133,740	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 ▶ <input type="checkbox"/>	

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)	2,500			
	2 Check <input checked="" type="checkbox"/> if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments	718	718	718	
	4 Dividends and interest from securities	156,451	156,451	156,451	
	5a Gross rents				
	b Net rental income or (loss) _____				
	6a Net gain or (loss) from sale of assets not on line 10	98,680			
	b Gross sales price for all assets on line 6a _____ 994,256				
	7 Capital gain net income (from Part IV, line 2)		98,688		
	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)				
	12 Total. Add lines 1 through 11	258,349	255,857	157,169	
	13 Compensation of officers, directors, trustees, etc				
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule)				
	b Accounting fees (attach schedule)				
	c Other professional fees (attach schedule)				
	17 Interest				
	18 Taxes (attach schedule) (see instructions)				
	19 Depreciation (attach schedule) and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses (attach schedule)	36,361			
	24 Total operating and administrative expenses. Add lines 13 through 23	36,361	0		0
	25 Contributions, gifts, grants paid	248,000			248,000
	26 Total expenses and disbursements. Add lines 24 and 25	284,361	0		248,000
	27 Subtract line 26 from line 12				
	a Excess of revenue over expenses and disbursements	-26,012			
	b Net investment income (if negative, enter -0-)		255,857		
	c Adjusted net income(if negative, enter -0-)			157,169	

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	200,568	234,171	
	2 Savings and temporary cash investments	6,729	6,732	
	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)	1,827,098	1,833,356	1,834,364
	11 Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	12 Investments—mortgage loans			
	13 Investments—other (attach schedule)	2,732,868	2,682,585	3,299,376
	14 Land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
15 Other assets (describe ▶ _____)				
16 Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)	4,767,263	4,756,844	5,133,740	
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 ▶ _____)	18,900	37,100	
	23 Total liabilities (add lines 17 through 22)	18,900	37,100	
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.			
	24 Unrestricted	4,748,363	4,719,744	
	25 Temporarily restricted			
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 27 through 31.			
	27 Capital stock, trust principal, or current funds			
	28 Paid-in or capital surplus, or land, bldg , and equipment fund			
	29 Retained earnings, accumulated income, endowment, or other funds			
	30 Total net assets or fund balances (see instructions)	4,748,363	4,719,744	
	31 Total liabilities and net assets/fund balances (see instructions) .	4,767,263	4,756,844	

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	4,748,363
2 Enter amount from Part I, line 27a	2	-26,012
3 Other increases not included in line 2 (itemize) ▶ _____	3	
4 Add lines 1, 2, and 3	4	4,722,351
5 Decreases not included in line 2 (itemize) ▶ _____	5	2,607
6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .	6	4,719,744

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 See Additional Data Table			
b			
c			
d			
e			

(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 See Additional Data Table			
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 See Additional Data Table			
b			
c			
d			
e			

2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }	2	98,688
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	-430

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			
2015			
2014			
2013			
2012			

2 Total of line 1, column (d) { }	2	
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	
4 Enter the net value of noncharitable-use assets for 2017 from Part X, line 5 { }	4	
5 Multiply line 4 by line 3 { }	5	
6 Enter 1% of net investment income (1% of Part I, line 27b) { }	6	
7 Add lines 5 and 6 { }	7	
8 Enter qualifying distributions from Part XII, line 4 { }	8	

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 type="checkbox"/> and enter 1% of Part I, line 27b	1	5,117
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	
3	Add lines 1 and 2.	3	5,117
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	5,117
6	Credits/Payments		
a	2017 estimated tax payments and 2016 overpayment credited to 2017	6a	61
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	
7	Total credits and payments. Add lines 6a through 6d.	7	61
8	Enter any penalty for underpayment of estimated tax. Check here <input checked="" type="checkbox"/> if Form 2220 is attached	8	71
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	5,127
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 2018 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	11	

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)? <i>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</i>	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 <input type="checkbox"/> \$ _____ (2) On foundation managers <input type="checkbox"/> \$ _____		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <input type="checkbox"/> \$ _____		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If "Yes," attach a detailed description of the activities</i>	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? <i>If "Yes," attach a conformed copy of the changes</i>	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	No
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If "Yes," attach the statement required by General Instruction T</i>	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	No
7 Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col (c), and Part XV</i>	7	Yes
8a Enter the states to which the foundation reports or with which it is registered (see instructions) <input type="checkbox"/> NY _____		
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? <i>If "No," attach explanation</i> .	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)? <i>If "Yes," complete Part XIV</i>	9	No
10 Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses</i>	10	No

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 ► N/A	13	Yes	
14	The books are in care of ► ROSS STRENT & CO LLP Telephone no ► (631) 629-4488			

Located at **►** 1860 WALT WHITMAN ROAD SUITE 900 MELVILLE NY ZIP+4 **►** 117473098

15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year ► 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 type="checkbox"/> Yes <input checked="" 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"/> Organizations relying on a current notice regarding disaster assistance check here. <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		No
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		No
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 type="checkbox"/> Yes <input checked="" 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)?	<input type="checkbox"/>	5b	No
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 checked="" 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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	6b	No
	<i>If "Yes" to 6b, file Form 8870</i>			
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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7b	No

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
HARVEY ALLEN 760 BEAR GULCH ROAD WOODSIDE, CA 94062	Trustee 0 00	0		
LOIS ALLEN 642 JOHNSTON STREET APT 2 HALF MOON BAY, CA 940191984	Trustee 0 00	0		
DONNA ALLEN 760 BEAR GULCH ROAD WOODSIDE, CA 94062	Trustee 0 00	0		
RONALD BUTTNER 28 LAKE ROAD RFD 5 NEWTOWN, CT 06470	Trustee 0 00	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. ▶

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. ▶

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	
2	
3	
4	

Part IX-B

Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	
2	
All other program-related investments. See instructions.	
3	

Total. Add lines 1 through 3 ▶

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	0
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	0
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	
3	Subtract line 2 from line 1d.	3	0
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	0
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	0
6	Minimum investment return. Enter 5% of line 5.	6	0

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	
2a	Tax on investment income for 2017 from Part VI, line 5.	2a	5,117
b	Income tax for 2017 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	5,117
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	5,117
4	Recoveries of amounts treated as qualifying distributions.	4	
5	Add lines 3 and 4.	5	5,117
6	Deduction from distributable amount (see instructions).	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	7	0

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	248,000
b	Program-related investments—total from Part IX-B.	1b	
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	248,000
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	
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	248,000

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				0
2 Undistributed income, if any, as of the end of 2017				
a Enter amount for 2016 only.				
b Total for prior years 20____, 20____, 20____				
3 Excess distributions carryover, if any, to 2017				
a From 2012.	1,900			
b From 2013.	1,900			
c From 2014.	5,000			
d From 2015.	86,350			
e From 2016.	227,250			
f Total of lines 3a through e.	322,400			
4 Qualifying distributions for 2017 from Part XII, line 4 ▶ \$ 248,000				
a Applied to 2016, but not more than line 2a				
b Applied to undistributed income of prior years (Election required—see instructions).	0			
c Treated as distributions out of corpus (Election required—see instructions).				
d Applied to 2017 distributable amount.				
e Remaining amount distributed out of corpus	248,000			
5 Excess distributions carryover applied to 2017 (If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	570,400			
b Prior years' undistributed income Subtract line 4b from line 2b				
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed.				
d Subtract line 6c from line 6b Taxable amount—see instructions				
e Undistributed income for 2016 Subtract line 4a from line 2a Taxable amount—see instructions				
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).				
8 Excess distributions carryover from 2012 not applied on line 5 or line 7 (see instructions).	1,900			
9 Excess distributions carryover to 2018. Subtract lines 7 and 8 from line 6a	568,500			
10 Analysis of line 9				
a Excess from 2013.	1,900			
b Excess from 2014.	5,000			
c Excess from 2015.	86,350			
d Excess from 2016.	227,250			
e Excess from 2017.	248,000			

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 ☐ 4942(j)(3) or ☐ 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 ☒ 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

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

c Any submission deadlines

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

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	248,000
b <i>Approved for future payment</i>				
Total			3b	

Enter gross amounts unless otherwise indicated

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

Form **990-PF** (2017)

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.

Sign Here	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
		2018-05-09		

Paid Preparer Use Only	Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	JANET MARGULIES				P00361840
	Firm's name ▶ ROSS STRENT & CO LLP				Firm's EIN ▶ 11-2780447
Firm's address ▶ 1860 WALT WHITMAN RD STE 900 MELVILLE, NY 11747					Phone no (631) 629-4488

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d			
List and describe the kind(s) of property sold (e g , real estate, (a) 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)
477 803 blackrock fds	P	2016-12-16	2017-07-10
3338 06 JOHN HANCOCK INCOME FUND	P	2016-04-13	2017-04-10
605 061 JP MORGAN TR II	P	2017-01-01	2017-11-30
9 237 VANGUARD INDEX TR	P	2016-09-21	2017-05-16
15741 52 VANGUARD BOND INDEX FD INC	P	2017-01-01	2017-04-10
657 024 AMG TR IV	P	2016-09-21	2017-12-18
1077 45 blackrock index fds inc	P	2015-08-25	2017-12-18
1536 615 BROWN ADVISORY FDS WMC STRATEGIC	P	2015-08-28	2017-12-18
22538 502 blackrock fds	P	2015-09-25	2017-05-16
740 767 CAUSEWAY CAP MGMT	P	2015-08-28	2017-12-18

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h

(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)
5,339		4,506	833
21,464		21,598	-134
4,490		4,423	67
2,052		1,846	206
168,277		169,683	-1,406
7,713		6,661	1,052
15,214		13,180	2,034
19,730		15,180	4,550
251,170		212,481	38,689
12,875		11,025	1,850

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l

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	
			833
			-134
			67
			206
			-1,406
			1,052
			2,034
			4,550
			38,689
			1,850

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d			
List and describe the kind(s) of property sold (e g , real estate, (a) 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)
91 078 DODGE & COX FUNDS	P	2015-08-28	2017-12-18
234 854 DODGE & COX INCOME FUNDS	P	2015-08-28	2017-12-18
206 ISHARES MSCI EAFE ETF	P	2015-08-28	2017-12-18
162 337 HARRIS ASSOC INVT TR	P	2015-08-28	2017-12-18
171 ISHARES INC	P	2016-07-27	2017-12-18
1935 524 JP MORGAN TR I	P	2015-08-28	2017-05-16
3992 073 JP MORGAN TR II	P	2015-08-28	2017-04-10
6732 1037 JP MORGAN TR II HIGH YIELD	P	2015-12-14	2017-11-30
6313 777 JP MORGAN TR II HIGH YIELD FD	P	2015-08-28	2017-07-10
911 399 JP MORGAN TR I	P	2015-08-28	2017-12-18

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h

(e) Gross sales price	Depreciation allowed (f) (or allowable)	Cost or other basis (g) plus expense of sale	Gain or (loss) (h) (e) plus (f) minus (g)
4,246		3,730	516
3,257		3,194	63
14,614		12,446	2,168
13,696		10,471	3,225
10,377		8,110	2,267
30,726		27,566	3,160
46,108		46,634	-526
49,953		49,213	740
46,911		46,131	780
14,956		13,124	1,832

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(I) 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	Adjusted basis (j) as of 12/31/69	Excess of col (i) (k) over col (j), if any	
			516
			63
			2,168
			3,225
			2,267
			3,160
			-526
			740
			780
			1,832

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d

List and describe the kind(s) of property sold (e g , real estate, (a) 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)
4687 663 LORD ABBETT SHORT DURATION	P	2016-02-26	2017-04-10
11113 909 LORD ABBET INVT TR	P	2016-02-26	2017-07-10
1023 39 MASSACHUSETTS INVESTORS TRUST-CL I	P	2015-08-28	2017-05-16
288 967 PIMCO TOTAL RETURN FUND	P	2016-07-27	2017-12-18
503 SPECTRA ENERGY CORP	P	2015-08-28	2017-12-18
72 64 VANGUARD INDEX TR	P	2016-09-21	2017-12-18
Wash Sale			

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h

(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)
20,157		20,077	80
47,679		47,602	77
32,074		28,360	3,714
2,962		2,961	1
130,278		99,969	30,309
17,938		15,405	2,533
			8

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l

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	
			80
			77
			3,714
			1
			30,309
			2,533


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>				
UNTIL THERES A CURE FOUNDATION 560 MOUNTAIN OME ROAD REDWOOD CITY, CA 94062	None	EOF	TO EXTEND FINANCIAL AID OR ASSISTANCE FOR THE SUPPORT AND MAINTENANCE OF MEDICAL AID, HOSPITAL CARE, OR MEDICAL RESEARCH PURPOSES	25,000
NORTH SHORE-LIJ HEALTH SYSTEM FOUNDATION 125 COMMUNITY DRIVE GREAT NECK, NY 11021	None	Exempt	TO EXTEND FINANCIAL AID OR ASSISTANCE FOR THE SUPPORT AND MAINTENANCE OF MEDICAL AID, HOSPITAL CARE, OR MEDICAL RESEARCH PURPOSES	5,000
CULINARY INSTITUTE OF AMERICA 1946 CAMPUS DR HYDE PARK, NY 12538	None	EOF	TO EXTEND FINANCIAL AID OR ASSISTANCE FOR THE SUPPORT AND MAINTENANCE OF EDUCATION	50,000
KQED2601 MARIPOSA STREET SAN FRANCISCO, CA 94110	None	EOF	TO EXTEND FINANCIAL AID OR ASSISTANCE FOR THE SUPPORT AND MAINTENANCE OF EDUCATIONAL SERVICES	25,000
NATIONAL RESOURCE DEFENSE FUND 40 W 20TH ST NY, NY 10011	None	EOF	TO EXTEND FINANCIAL AID OR ASSISTANCE FOR THE SUPPORT AND MAINTENANCE OF SAFEGUARDING THE EARTH, ITS PEOPLE, ITS PLANTS AND ANIMALS AND THE NATURAL SYSTEMS ON WHICH ALL LIFE DEPENDS	10,000
Total ► 3a				248,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to 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>				
PENINSULA OPEN SPACE TRUST 222 HIGH STREET PALO ALTO, CA 94301	None	EOF	TO EXTEND FINANCIAL AID OR ASSISTANCE FOR THE SUPPORT AND MAINTENANCE OF PROTECTING THE NATURAL LANDS IN AND AROUND SILICON VALLEY	10,000
SOLVE MECFS INITIATIVE 5455 WILSHIRE BLVD 806 LOS ANGELES, CA 90036	None	EOF	TO EXTEND FINANCIAL AID OR ASSISTANCE FOR THE SUPPORT AND MAINTENANCE OF MEDICAL AID, HOSPITAL CARE, OR MEDICAL RESEARCH PURPOSES	5,000
TIDES FOUNDATION 55 EXCHANGE PL 402 NY, NY 10004	None	EOF	TO EXTEND FINANCIAL AID OR ASSISTANCE FOR THE SUPPORT AND MAINTENANCE OF INNOVATING PARTNERS TO ACCELERATE TOWARD A WORLD OF SHARED PROSPERITY AND SOCIAL JUSTICE	27,500
AMERICAN RED CROSS 11355 OHIO AVENUE LOS ANGELES, CA 90025	None	EOF	TO EXTEND FINANCIAL AID OR ASSISTANCE	5,000
CALIFORNIA STATE PARKS 50 FRANCISCO STREET SUITE 110 SAN FRANCISCO, CA 94133	None	EOF	TO EXTEND FINANCIAL AID OR ASSISTANCE	1,000
Total 3a				248,000

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

Recipient	If recipient is an individual, show any relationship to 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>				
COMPATIBLE TECHNOLOGIES SAINT PAUL 800 TRANSFER RD 6 ST PAUL, MN 55114	None	EOF	TO EXTEND FINANCIAL AID OR ASSISTANCE	100
CURAMERICA318 W MILLBROOK RD 105 RALIEGH, NC 27609	None	EOF	TO EXTEND FINANCIAL AID OR ASSISTANCE	200
DIG BUWALA ORPHANAGE PROJECT 999 PEACHTREE STREET NE SUITE 2300 ATLANTA, GA 30309	None	EOF	TO EXTEND FINANCIAL AID OR ASSISTANCE	750
DOCTORS WITHOUT BORDERS 333 7TH AVENUE NY, NY 10001	None	EOF	TO EXTEND FINANCIAL AID OR ASSISTANCE	5,000
ECUMENCIAL HUNGER PROGRAM 2411 PULGAS AVE EAST PALO ALTO, CA 94303	None	EOF	TO EXTEND FINANCIAL AID OR ASSISTANCE	1,000
Total ▶ 3a				248,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to 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>				
FOUNDATION FOR COLLEGE EDUCATION 2160 EUCLID AVE EAST PALO ALTO, CA 94303	None	EOF	TO EXTEND FINANCIAL AID OR ASSISTANCE	500
FREIGHT SALVAGE2020 ADDISON ST BERKELEY, CA 94704	None	EOF	TO EXTEND FINANCIAL AID OR ASSISTANCE	1,000
GAIA GLOBAL AIDS INTERFAITH ALLIANC 2171 FRANCISO BLVD E SAN RAFAEL, CA 94901	None	EOF	TO EXTEND FINANCIAL AID OR ASSISTANCE	500
GREAT NECK SOCIAL CENTER 80 GRACE AVE GREAT NECK, NY 11021	None	EOF	TO EXTEND FINANCIAL AID OR ASSISTANCE	5,000
HABITAT FOR HUMANITY 121 HABITAT STREET AMERICUS, GA 31709	None	EOF	TO EXTEND FINANCIAL AID OR ASSISTANCE	1,000
Total ▶ 3a				248,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to 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>				
HALFMOON BAY COASTSIDE ADULT DAYCAR 925 MAIN ST HALF MOON BAY, CA 94019	None	EOF	TO EXTEND FINANCIAL AID OR ASSISTANCE	5,000
HALFMOON BAY COASTSIDE LIBRARY 620 CORREAS ST HALF MOON BAY, CA 94019	None	EOF	TO EXTEND FINANCIAL AID OR ASSISTANCE	5,000
HALFMOON BAY COASTSIDE SENIOR CENTE 925 MAIN STREET HALF MOON BAY, CA 94019	None	EOF	TO EXTEND FINANCIAL AID OR ASSISTANCE	5,000
HEIFER INTERNATIONAL 1 WORLD AVENUE LITTLE ROCK, AR 72202	None	EOF	TO EXTEND FINANCIAL AID OR ASSISTANCE	500
HOSPICE1731 KING STREET ALEXANDRIA, VA 22314	None	EOF	TO EXTEND FINANCIAL AID OR ASSISTANCE	1,000
Total 				248,000
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>				
NATIONAL PARKS CONSERVATION 777 6TH STREET NW SUITE 700 WASHINGTON, DC 20001	None	EOF	TO EXTEND FINANCIAL AID OR ASSISTANCE	500
OPERA THEATRE ST LOUIS 210 HAZEL AVE ST LOUIS, MO 63119	None	EOF	TO EXTEND FINANCIAL AID OR ASSISTANCE	1,000
POSITIVE COACHING ALLIANCE 1001 N RENGSTORFF AVE SUITE 100 MOUNTAIN VIEW, CA 94043	None	EOF	TO EXTEND FINANCIAL AID OR ASSISTANCE	250
RONALD MCDONALD HOUSE 1 KROC DRIVE OAK BROOK, IL 60523	None	EOF	TO EXTEND FINANCIAL AID OR ASSISTANCE	1,000
SECOND HARVEST FOOD 750 CURTNER AVE SAN JOSE, CA 95125	None	EOF	TO EXTEND FINANCIAL AID OR ASSISTANCE	1,000
Total ► 3a				248,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to 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>				
STANDFORD UNIVERSITY ATHLETICS 641 CAMPUS DRIVE STANFORD, CA 94305	None	EOF	TO EXTEND FINANCIAL AID OR ASSISTANCE	1,000
STANDFORD UNIVERSITY GSB 655 KNIGHT WAY STANFORD, CA 94305	None	EOF	TO EXTEND FINANCIAL AID OR ASSISTANCE	1,000
UNIVERSITY OF MISSOURI 353 E SIX FORKS ROAD SUITE 200 RALEIGH, NC 27609	None	EOF	TO EXTEND FINANCIAL AID OR ASSISTANCE	1,000
WELL BODY ALLIANCEPARTNERS IN HEALT PO BOX 400789 CAMBRIDGE, MA 02140	None	EOF	TO EXTEND FINANCIAL AID OR ASSISTANCE	1,000
WOMENS SPORTS FOUNDATION 247 WEST 30TH STREET SUITE 7R NY, NY 10001	None	EOF	TO EXTEND FINANCIAL AID OR ASSISTANCE	1,000
Total ▶ 3a				248,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to 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>				
WORLD WILDLIFE FOUNDATION 1250 24TH STREET NW WASHINGTON, DC 20037	None	EOF	TO EXTEND FINANCIAL AID OR ASSISTANCE	500
YOSEMITE CONSERVANCY 101 MONTGOMERY STREET SUITE 1700 SAN FRANCISCO, CA 94104	None	EOF	TO EXTEND FINANCIAL AID OR ASSISTANCE	1,000
ANN'S PLACE80 SAW MILL ROAD DANBURY, CT 06810	None	EOF	TO EXTEND FINANCIAL AID OR ASSISTANCE	7,500
EOS INTERNATIONALPO BOX 4638 SAINT PAUL, MN 55104	None	EOF	TO EXTEND FINANCIAL AID OR ASSISTANCE	600
PLANNED PARENTHOOD 123 WILLIAM STREET 10TH FLOOR NEW YORK, NY 10038	None	EOF	TO EXTEND FINANCIAL AID OR ASSISTANCE	5,000
Total ▶ 3a				248,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to 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				
1214 FOUNDATION9 BLANCHES WALK NEWTOWN, CT 06470	None	EOF	TO EXTEND FINANCIAL AID OR ASSISTANCE	5,000
UNICEF3 UNITED NATIONS PLAZA NEW YORK, NY 10017	None	EOF	TO EXTEND FINANCIAL AID OR ASSISTANCE	10,000
CALIFORNIA HEALTH ADVOCATES 5380 ELVAS AVENUE STE 221 SACRAMENTO, CA 95819	None	EOF	TO EXTEND FINANCIAL AID OR ASSISTANCE	1,000
FARMING HOPE 1255 23RD STREET NW SUITE 300 WASHINGTON, DC 20037	None	EOF	TO EXTEND FINANCIAL AID OR ASSISTANCE	1,100
KEVINS COMMUNITY CENTER 25 COMMERCE ROAD NEWTOWN, CT 06740	None	EOF	TO EXTEND FINANCIAL AID OR ASSISTANCE	5,000
Total ▶ 3a				248,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to 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>				
KINGS MOUNTAIN VOLUNTEER FIRE BRIGA 13889 SKYLINE BLVD WOODSIDE, CA 94062	None	EOF	TO EXTEND FINANCIAL AID OR ASSISTANCE	1,000
MAYO CLINIC13400 E SHEA BLVD SCOTTSDALE, AZ 85259	None	EOF	TO EXTEND FINANCIAL AID OR ASSISTANCE	5,000
WPVFPF808 PORTOLA ROAD PORTOLA VALLEY, CA 94028	None	EOF	TO EXTEND FINANCIAL AID OR ASSISTANCE	500
ROTARY 5130 FIRE RELIEF FUND PO BOX 2921 CLEARLAKE, CA 95422	None	EOF	TO EXTEND FINANCIAL AID OR ASSISTANCE	1,000
Total ► 3a				248,000

TY 2017 Investments Corporate Bonds Schedule**Name:** ALLEN FAMILY CHARITABLE TRUST**EIN:** 27-6799969**Software ID:** 17005038**Software Version:** 2017v2.2**Investments Corporate Bonds Schedule**

Name of Bond	End of Year Book Value	End of Year Fair Market Value
BLACKROCK FDS		
DODGE & COX INCOME FUND	182,219	184,356
FEDERATED INSTITUTIONAL	74,585	77,216
JP MORGAN SHORT DURATION		
JPMORGAN TR II		
JP MORGAN TR II	51,753	51,261
PIMCO SHORT TERM FUND		
T ROWE PRICE NEW INCOME		
VANGUARD SHORT TERM BOND	267,167	263,969
JOHN HANCOCK INCOME FUND	102,748	102,263
LORD ABBETT SHORT		
PIMCO FDS PAC INVT MGMT	103,509	103,143
PIMCO TOTAL RETURN FUND	184,873	184,585
T ROWE PRICE INTL FUNDS	105,225	104,619
T ROWE PRICE NEW INCOME	123,118	123,724
VANGUARD BOND INDEX FD		
VANGUARD CHARLOTTE FDS	458,205	458,401
VANGUARD FIXED INCOME	49,499	49,525
BLACKROCK HIGH YIELD BOND	76,686	77,951
LORD ABBETT INVT TR	53,769	53,351

TY 2017 Investments - Other Schedule

Name: ALLEN FAMILY CHARITABLE TRUST

EIN: 27-6799969

Software ID: 17005038

Software Version: 2017v2.2

Investments Other Schedule 2

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
ASTON/FAIRPOINTE MID CAP	AT COST		
BLACK ROCKFDS	AT COST		
BLACKROCK INTERNATIONAL	AT COST		
BROWN ADVISORY FDS	AT COST	83,382	108,599
CAUSEWAY CAP MGMT TR	AT COST	163,175	189,382
DEUTSCHE X TRACKERS MSCI	AT COST		
DODGE & COX FUNDS	AT COST	143,793	162,251
HARBOR INTERNATIONAL FUND	AT COST		
ISHARES MSCI EAFE ETF	AT COST	112,258	130,636
JP MORGAN VALUE	AT COST		
JP MORGAN TR I	AT COST	163,437	185,256
JP MORGAN TR I	AT COST		
MASSACHUSETTS INVESTORS	AT COST	129,706	145,073
OAKMARK FUND	AT COST		
SPDR S&P 500 ETF TRUST	AT COST	852,810	1,163,776
WELLS FARGO	AT COST		
WISDOMTREE JAPAN HEDGED	AT COST		
AMG TR IV	AT COST	168,965	187,767
BLACKROCK INDEX FDS INC	AT COST	489,553	565,499
ISHARES INC	AT COST	82,480	104,218
VANGUARD INDEX TR	AT COST	181,214	210,731
HARRIS ASSOC INVT TR	AT COST	111,812	146,188

TY 2017 Other Decreases Schedule**Name:** ALLEN FAMILY CHARITABLE TRUST**EIN:** 27-6799969**Software ID:** 17005038**Software Version:** 2017v2.2

Description	Amount
FOREIGN TAX PAID	2,607

TY 2017 Other Expenses Schedule**Name:** ALLEN FAMILY CHARITABLE TRUST**EIN:** 27-6799969**Software ID:** 17005038**Software Version:** 2017v2.2**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
bank charges	95			
FILING FEES	250			
MANAGEMENT FEES	33,738			
PROFESSIONAL FEES	2,278			

TY 2017 Other Liabilities Schedule**Name:** ALLEN FAMILY CHARITABLE TRUST**EIN:** 27-6799969**Software ID:** 17005038**Software Version:** 2017v2.2

Description	Beginning of Year - Book Value	End of Year - Book Value
CREDIT CARDS PAYABLE	18,900	37,100