



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 . . . . .					
	2	Savings and temporary cash investments . . . . .	659,376	2,687,124	2,687,124		
	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) . . . . .		2,000	2,000		
	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) . . . . .	12,760,925	22,126,557	25,656,059		
	c	Investments—corporate bonds (attach schedule) . . . . .	3,886,611	7,323,501	7,244,795		
	11	Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____					
	12	Investments—mortgage loans . . . . .					
	13	Investments—other (attach schedule) . . . . .					
	14	Land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____					
15	Other assets (describe ▶ _____)	8,215,439	50,570,477	49,833,134			
16	<b>Total assets</b> (to be completed by all filers—see the instructions Also, see page 1, item I)	25,522,351	82,709,659	85,423,112			
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 ▶ _____)	827	2,625			
	23	<b>Total liabilities</b> (add lines 17 through 22) . . . . .	827	2,625			
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 . . . . .	25,521,524	82,707,034			
	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	<b>Total net assets or fund balances</b> (see instructions) . . . . .	25,521,524	82,707,034			
31	<b>Total liabilities and net assets/fund balances</b> (see instructions) .	25,522,351	82,709,659				

**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	25,521,524
2	Enter amount from Part I, line 27a . . . . .	2	56,928,134
3	Other increases not included in line 2 (itemize) ▶ _____	3	257,376
4	Add lines 1, 2, and 3 . . . . .	4	82,707,034
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	82,707,034

**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 )
<b>1 a</b> PUBLICLY TRADED SECURITIES	P		
<b>b</b> PUBLICLY TRADED SECURITIES	P		
<b>c</b> CAPITAL GAINS DIVIDENDS	P		
<b>d</b>			
<b>e</b>			

(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)
<b>a</b> 1,627,737		1,591,014	36,723
<b>b</b> 1,953,950		1,898,553	55,397
<b>c</b> 343,313			343,313
<b>d</b>			
<b>e</b>			

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	
<b>a</b>			36,723
<b>b</b>			55,397
<b>c</b>			343,313
<b>d</b>			
<b>e</b>			

<b>2</b> 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 }	<b>2</b>	435,433
<b>3</b> 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		<b>3</b>	

**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	602,845	22,772,417	0 026473
2015	271,946	11,565,823	0 023513
2014	251,221	3,837,708	0 065461
2013	92,715	2,380,395	0 038949
2012	115,427	1,463,622	0 078864
<b>2</b> Total of line 1, column (d)			<b>2</b> 0 233260
<b>3</b> 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			<b>3</b> 0 046652
<b>4</b> Enter the net value of noncharitable-use assets for 2017 from Part X, line 5			<b>4</b> 51,877,129
<b>5</b> Multiply line 4 by line 3			<b>5</b> 2,420,172
<b>6</b> Enter 1% of net investment income (1% of Part I, line 27b)			<b>6</b> 0
<b>7</b> Add lines 5 and 6			<b>7</b> 2,420,172
<b>8</b> Enter qualifying distributions from Part XII, line 4			<b>8</b> 739,856

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)**

<b>1a</b>	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>b</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 . . . . .	<b>1</b>	0
<b>c</b>	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col (b)		
<b>2</b>	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<b>2</b>	0
<b>3</b>	Add lines 1 and 2. . . . .	<b>3</b>	0
<b>4</b>	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<b>4</b>	0
<b>5</b>	<b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0- . . . . .	<b>5</b>	0
<b>6</b>	Credits/Payments		
<b>a</b>	2017 estimated tax payments and 2016 overpayment credited to 2017	<b>6a</b>	2,560
<b>b</b>	Exempt foreign organizations—tax withheld at source . . . . .	<b>6b</b>	
<b>c</b>	Tax paid with application for extension of time to file (Form 8868) . . . . .	<b>6c</b>	
<b>d</b>	Backup withholding erroneously withheld . . . . .	<b>6d</b>	0
<b>7</b>	Total credits and payments. Add lines 6a through 6d. . . . .	<b>7</b>	21,560
<b>8</b>	Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	<b>8</b>	0
<b>9</b>	<b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b> . . . . .	<b>9</b>	
<b>10</b>	<b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b> . . . . .	<b>10</b>	21,560
<b>11</b>	Enter the amount of line 10 to be <b>Credited to 2018 estimated tax</b> <input type="checkbox"/> 21,560 <b>Refunded</b> <input type="checkbox"/>	<b>11</b>	0

**Part VII-A Statements Regarding Activities**

	Yes	No
<b>1a</b> 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? . . . . .	<b>1a</b>	No
<b>b</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 <b>1a</b> or <b>1b</b> , attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities	<b>1b</b>	No
<b>c</b> Did the foundation file <b>Form 1120-POL</b> for this year? . . . . .	<b>1c</b>	No
<b>d</b> Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation <input type="checkbox"/> \$ 0 (2) On foundation managers <input type="checkbox"/> \$ 0		
<b>e</b> Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <input type="checkbox"/> \$ 0		
<b>2</b> 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	<b>2</b>	No
<b>3</b> 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 . . . . .	<b>3</b>	No
<b>4a</b> Did the foundation have unrelated business gross income of \$1,000 or more during the year? . . . . .	<b>4a</b>	No
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .	<b>4b</b>	
<b>5</b> Was there a liquidation, termination, dissolution, or substantial contraction during the year? . . . . . If "Yes," attach the statement required by General Instruction T	<b>5</b>	No
<b>6</b> 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? . . . . .	<b>6</b>	Yes
<b>7</b> 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 . . . . .	<b>7</b>	Yes
<b>8a</b> Enter the states to which the foundation reports or with which it is registered (see instructions) <input type="checkbox"/> CA		
<b>b</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 .	<b>8b</b>	Yes
<b>9</b> 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 . . . . .	<b>9</b>	No
<b>10</b> Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses . . . . .	<b>10</b>	No

**Part VII-A Statements Regarding Activities** (continued)

<b>11</b>	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) <b>991</b> .	<b>11</b>	<b>Yes</b>	
<b>12</b>	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)	<b>12</b>		<b>No</b>
<b>13</b>	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address <b>N/A</b>	<b>13</b>	<b>Yes</b>	
<b>14</b>	The books are in care of <b>JULIE CAMERON</b> Telephone no <b>(949) 860-5009</b>			

Located at **2466 FENDER AVENUE UNIT G FULLERTON CA** ZIP+4 **92831**

<b>15</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —Check here . . . . . <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year . . . . . <b>15</b>		
<b>16</b>	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 <b>▶</b>	<b>16</b>	<b>Yes</b> <b>No</b>

**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.**

<b>1a</b>	During the year did the foundation (either directly or indirectly)		<b>Yes</b>	<b>No</b>
	(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? ( <b>Exception.</b> 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>b</b>	If any answer is "Yes" to 1a(1)–(6), did <b>any</b> 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"/> <b>1b</b>			<b>No</b>
<b>c</b>	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"/> <b>1c</b>			<b>No</b>
<b>2</b>	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))			
<b>a</b>	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 <b>▶ 20____, 20____, 20____, 20____</b>			
<b>b</b>	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to <b>all</b> years listed, answer "No" and attach statement—see instructions). <input type="checkbox"/> <b>2b</b>			
<b>c</b>	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here <b>▶ 20____, 20____, 20____, 20____</b>			
<b>3a</b>	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>b</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"/> Yes <input checked="" type="checkbox"/> No <b>3b</b>			
<b>4a</b>	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? <b>4a</b>			<b>No</b>
<b>b</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? <b>4b</b>			<b>No</b>

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

<b>5a</b>	During the year did the foundation pay or incur any amount to				
	<b>(1)</b> Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	<b>(2)</b> 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			
	<b>(3)</b> Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	<b>(4)</b> 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			
	<b>(5)</b> 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>b</b>	If any answer is "Yes" to 5a(1)–(5), did <b>any</b> 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)?		<b>5b</b>		
	Organizations relying on a current notice regarding disaster assistance check here.	<input type="checkbox"/>			
<b>c</b>	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>				
<b>6a</b>	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>b</b>	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		<b>6b</b>	<b>No</b>	
	<i>If "Yes" to 6b, file Form 8870</i>				
<b>7a</b>	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>b</b>	If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?		<b>7b</b>		

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
See Additional Data Table				

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
DENTONS US LLP	LEGAL SERVICES	122,510
4655 EXECUTIVE DRIVE SUITE 700 SAN DIEGO, CA 92121		
SAN DIEGUITO ENGINEERING INC	ENGINEERING SERVICES	77,745
462 STEVENS AVENUE SUITE 305 SOLANA BEACH, CA 92075		
AINSLIE COMMUNITIES LLC	CONSULTING SERVICES	60,000
7428 CAPSTAN DRIVE CARLSBAD, CA 92011		

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	
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 . . . . . ▶

0

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

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
<b>a</b>	Average monthly fair market value of securities.	<b>1a</b>	22,096,133
<b>b</b>	Average of monthly cash balances.	<b>1b</b>	3,059,727
<b>c</b>	Fair market value of all other assets (see instructions).	<b>1c</b>	27,511,276
<b>d</b>	<b>Total</b> (add lines 1a, b, and c).	<b>1d</b>	52,667,136
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	<b>1e</b>	0
<b>2</b>	Acquisition indebtedness applicable to line 1 assets.	<b>2</b>	0
<b>3</b>	Subtract line 2 from line 1d.	<b>3</b>	52,667,136
<b>4</b>	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	<b>4</b>	790,007
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4.	<b>5</b>	51,877,129
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5.	<b>6</b>	2,593,856

**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.)

<b>1</b>	Minimum investment return from Part X, line 6.	<b>1</b>	2,593,856
<b>2a</b>	Tax on investment income for 2017 from Part VI, line 5.	<b>2a</b>	
<b>b</b>	Income tax for 2017 (This does not include the tax from Part VI).	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b.	<b>2c</b>	0
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1.	<b>3</b>	2,593,856
<b>4</b>	Recoveries of amounts treated as qualifying distributions.	<b>4</b>	0
<b>5</b>	Add lines 3 and 4.	<b>5</b>	2,593,856
<b>6</b>	Deduction from distributable amount (see instructions).	<b>6</b>	0
<b>7</b>	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	<b>7</b>	2,593,856

**Part XII Qualifying Distributions** (see instructions)

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
<b>a</b>	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.	<b>1a</b>	739,856
<b>b</b>	Program-related investments—total from Part IX-B.	<b>1b</b>	0
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.	<b>2</b>	
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the		
<b>a</b>	Suitability test (prior IRS approval required).	<b>3a</b>	
<b>b</b>	Cash distribution test (attach the required schedule).	<b>3b</b>	
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4.	<b>4</b>	739,856
<b>5</b>	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).	<b>5</b>	0
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4.	<b>6</b>	739,856

**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
<b>1</b> Distributable amount for 2017 from Part XI, line 7				2,593,856
<b>2</b> Undistributed income, if any, as of the end of 2017				
<b>a</b> Enter amount for 2016 only. . . . .			587,999	
<b>b</b> Total for prior years 20____, 20____, 20____		0		
<b>3</b> Excess distributions carryover, if any, to 2017				
<b>a</b> From 2012. . . . .				
<b>b</b> From 2013. . . . .				
<b>c</b> From 2014. . . . .				
<b>d</b> From 2015. . . . .				
<b>e</b> From 2016. . . . .				
<b>f</b> Total of lines 3a through e. . . . .	0			
<b>4</b> Qualifying distributions for 2017 from Part XII, line 4 ▶ \$ 739,856				
<b>a</b> Applied to 2016, but not more than line 2a			587,999	
<b>b</b> Applied to undistributed income of prior years (Election required—see instructions). . . . .		0		
<b>c</b> Treated as distributions out of corpus (Election required—see instructions). . . . .	0			
<b>d</b> Applied to 2017 distributable amount. . . . .				151,857
<b>e</b> Remaining amount distributed out of corpus	0			
<b>5</b> Excess distributions carryover applied to 2017 (If an amount appears in column (d), the same amount must be shown in column (a) )	0			0
<b>6</b> Enter the net total of each column as indicated below:				
<b>a</b> Corpus Add lines 3f, 4c, and 4e Subtract line 5	0			
<b>b</b> Prior years' undistributed income Subtract line 4b from line 2b . . . . .		0		
<b>c</b> 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		
<b>d</b> Subtract line 6c from line 6b Taxable amount—see instructions . . . . .		0		
<b>e</b> Undistributed income for 2016 Subtract line 4a from line 2a Taxable amount—see instructions . . . . .			0	
<b>f</b> Undistributed income for 2017 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2018 . . . . .				2,441,999
<b>7</b> 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			
<b>8</b> Excess distributions carryover from 2012 not applied on line 5 or line 7 (see instructions). . . . .	0			
<b>9</b> Excess distributions carryover to 2018. Subtract lines 7 and 8 from line 6a . . . . .	0			
<b>10</b> Analysis of line 9				
<b>a</b> Excess from 2013. . . . .				
<b>b</b> Excess from 2014. . . . .				
<b>c</b> Excess from 2015. . . . .				
<b>d</b> Excess from 2016. . . . .				
<b>e</b> Excess from 2017. . . . .				

**b** Check box to indicate whether the organization is a private operating foundation described in section ☐ 4942(j)(3) or ☐ 4942(j)(5)

<b>1 Information Regarding Foundation Managers:</b>	
<b>a</b>	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>b</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

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 Name and address (home or business)	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
<b>a</b> <i>Paid during the year</i> See Additional Data Table				
<b>Total . . . . .</b>			<b>▶ 3a</b>	528,000
<b>b</b> <i>Approved for future payment</i>				
<b>Total . . . . .</b>			<b>▶ 3b</b>	0

Enter gross amounts unless otherwise indicated

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

Form **990-PF** (2017)

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

	Yes	No
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<b>1a(1)</b>	<b>No</b>
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1a(2)	No
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<b>1b(1)</b>	<b>No</b>
--------------	-----------

1b(2)	No
-------	----

<b>1b(3)</b>		<b>No</b>
--------------	--	-----------

<b>1b(4)</b>		<b>No</b>
--------------	--	-----------

<b>1b(5)</b>	<b>No</b>
--------------	-----------

<b>1b(6)</b>		<b>No</b>
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<b>1c</b>		<b>No</b>
-----------	--	-----------

value  
ue[illegible]

described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? . . . . . ☐ Yes ☒ No

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

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**

\* \* \* \* \*

2018-11-13

\* \* \* \* \*

Signature of officer or trustee

Date \_\_\_\_\_

Title

May the IRS discuss this return with the preparer shown below

(see instr )? ☒ Yes ☐ No


**Paid  
Preparer  
Use Only**

Print/Type preparer's name  MARY H MCGROARTY	Preparer's Signature	Date	Check if self-employed ► <input type="checkbox"/>	PTIN  P00735101
Firm's name ► LINDSAY & BROWNELL LLP				Firm's EIN ► 33-0885895
Firm's address ► 4225 EXECUTIVE SQUARE SUITE 1150  LA JOLLA, CA 92037				Phone no (858) 558-9200


**Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation**

<b>(a)</b> Name and address	Title, and average hours per week <b>(b)</b> devoted to position	<b>(c)</b> Compensation (If not paid, enter -0-)	<b>(d)</b> Contributions to employee benefit plans and deferred compensation	Expense account, <b>(e)</b> other allowances
DAVID A EBERSHOFF	DIRECTOR 5 00	60,000	0	0
PO BOX 1194 RANCHO SANTA FE, CA 92067				
JAMES COWLEY	DIRECTOR 5 00	60,000	0	0
PO BOX 1194 RANCHO SANTA FE, CA 92067				
CHRISTOPHER SAHM	DIRECTOR 5 00	60,350	0	0
PO BOX 1194 RANCHO SANTA FE, CA 92067				
LINDA GUINN	DIRECTOR 5 00	60,000	0	0
PO BOX 1194 RANCHO SANTA FE, CA 92067				
ROBERT CUTHBERTSON	DIRECTOR, ENTITLEMENT PROJECT MANAGER 15 00	124,167	0	0
PO BOX 1194 RANCHO SANTA FE, CA 92067				

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)				
<b>a</b> <i>Paid during the year</i>				
BOYS AND GIRLS CLUB OF CARLSBAD 2730 BRESSI RANCH WAY CARLSBAD, CA 92009	N/A	PC	GENERAL SUPPORT	30,000
BOYS AND GIRLS CLUB OF SOLANA BEACH 533 LOMAS SANTA FE DR SOLANA BEACH, CA 92075	N/A	PC	GENERAL SUPPORT	40,000
BOYS AND GIRLS CLUB OF VISTA 410 W CALIFORNIA AVE VISTA, CA 92083	N/A	PC	GENERAL SUPPORT	30,000
<b>Total . . . . .</b> <b>3a</b>				528,000

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)				
<b>a</b> <i>Paid during the year</i>				
CAMP KESEMPO BOX 452 CULVER CITY, CA 90232	N/A	PC	GENERAL SUPPORT	12,500
CARLSBAD MUSIC FESTIVAL PO BOX 4067 CARLSBAD, CA 92018	N/A	PC	GENERAL SUPPORT	27,500
CHILDREN OF THE NIGHT 14530 SYLVAN STREET VAN NUYS, CA 91411	N/A	PC	GENERAL SUPPORT	50,000
<b>Total</b> . . . . . 				528,000
<b>3a</b>				



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)				
<b>a</b> <i>Paid during the year</i>				
EAST COUNTY YOUTH SYMPHONY 339 HART DRIVE EL CAJON, CA 92021	N/A	PC	GENERAL SUPPORT	3,000
LUX ART INSTITUTE 1550 S EL CAMINO REAL ENCINITAS, CA 92024	N/A	PC	GENERAL SUPPORT	40,000
MEALS ON WHEELS 2254 SAN DIEGO AVE STE 200 SAN DIEGO, CA 92110	N/A	PC	GENERAL SUPPORT	50,000
<b>Total</b> . . . . . 				528,000
<b>3a</b>				

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)				
<b>a</b> <i>Paid during the year</i>				
OCEAN INSTITUTE 24200 DANA POINT HARBOR DR DANA POINT, CA 92629	N/A	PC	GENERAL SUPPORT	60,000
PRO KIDS GOLF ACADEMY & LEARNING CENTER 4085 52ND STREET SAN DIEGO, CA 92105	N/A	PC	GENERAL SUPPORT	50,000
RANCHO SANTA FE FOUNDATION 162 S RANCHO SANTA FE ROAD ENCINITAS, CA 92024	N/A	PC	GENERAL SUPPORT	10,000
<b>Total . . . . .</b> <b>3a</b>				528,000

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)				
<b>a</b> <i>Paid during the year</i>				
SPECIAL OPERATIONS WARRIOR FOUNDATION 1137 MARBELLA PLAZA DR TAMPA, FL 33619	N/A	PC	GENERAL SUPPORT	15,000
VOICES FOR CHILDREN 2851 MEADOW LARK DRIVE SAN DIEGO, CA 92123	N/A	PC	GENERAL SUPPORT	50,000
YMCA OF SAN DIEGO COUNTY 3708 RUFFIN ROAD SAN DIEGO, CA 92123	N/A	PC	GENERAL SUPPORT	60,000
<b>Total . . . . .</b> ► <b>3a</b>				528,000

**TY 2017 Accounting Fees Schedule****Name:** SAHM FAMILY FOUNDATION**EIN:** 33-0753690**Accounting Fees Schedule**

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
ACCOUNTING FEES	14,157	7,078		7,079

**TY 2017 General Explanation Attachment****Name:** SAHM FAMILY FOUNDATION**EIN:** 33-0753690**General Explanation Attachment**

Identifier	Return Reference	Explanation	
1	COMPENSATION OF DIRECTORS	FORM 990PF, PAGE 6, PART VIII, LINE 1, BOX (C)	THE AMOUNT REPORTED IN PART VIII, LINE 1, BOX (C), STATEMENT 16, INCLUDES COMPENSATION PAID TO ROBERT CUTHBERTSON FOR HIS ROLE AS ENTITLEMENT PROJECT MANAGER AS ENTITLEMENT PROJECT MANAGER, MR CUTHBERTSON IS RESPONSIBLE FOR MEETING WITH, PROVIDING INPUT TO, AND MAKING DECISIONS WITH ALL CONSULTANTS ON THE PROJECT HE IS ALSO RESPONSIBLE FOR THE OPERATION AND MAINTENANCE OF DEL DIOS RANCH, INCLUDING THE RESIDENCE BOTH OF THESE ACTIVITIES REPRESENT NEW AND SUBSTANTIAL RESPONSIBILITIES TO MR CUTHBERTSON, FOR WHICH HE HAS BEEN FAIRLY COMPENSATED

General Explanation Attachment

Identifier	Return Reference	Explanation	
2	LEGAL SERVICES DESCRIPTION	FORM 990PF, PAGE 7, PART VIII, LINE 3	MCKENNA LONG & ALDRIDGE NOW KNOWN AS WITHERS BERGMAN IS A LAW FIRM WHICH PROVIDED, FOR A REASONABLE FEE, NECESSARY PERSONAL SERVICES RELATED TO THE LEGAL AND ADMINISTRATIVE NEEDS OF THE FOUNDATION AND TO PROTECTING ITS INTEREST IN THE POST-MORTEM ADMINISTRATION OF THE SAHM FAMILY TRUSTS, OF WHICH THE SAHM FAMILY FOUNDATION IS THE RESIDUARY BENEFICIARY ONE MEMBER OF THE BOARD OF DIRECTORS, JAMES COWLEY, WAS ALSO OF COUNSEL TO THE LAW FIRM MR COWLEY IS NOT A PARTNER (OR OTHERWISE AN OWNER) OF WITHERS BERGMAN AND DOES NOT RECEIVE A SHARE OF THE PROFITS OF WITHERS BERGMAN HE RECEIVED COMPENSATION FROM WITHERS BERGMAN SUCH COMPENSATION IS INDEPENDENT OF THE PROFITS OF WITHERS BERGMAN MR COWLEY DOES NOT HAVE A MATERIAL FINANCIAL INTEREST IN WITHERS BERGMAN OR IN ITS FEES COLLECTED FROM THE FOUNDATION JIM COWLEY AND DAVID EBERSHOFF AND LAW FIRMS (OR THEIR PREDECESSORS) REPRESENTED ROLAND SAHM OR RAMONA SAHM OR ELIXIR INDUSTRIES, THEIR FAMILY BUSINESS, FOR MANY YEARS PRIOR TO THEIR RESPECTIVE DEATHS AND ARE UNIQUELY QUALIFIED TO ADVISE AND REPRESENT THE FOUNDATION WITH RESPECT TO THE POST-MORTEM ADMINISTRATION OF THE SAHM TRUSTS BOTH MR EBERSHOFF AND MR COWLEY WERE ASKED BY ONE OR BOTH SAHMS TO SERVE AS DIRECTORS OF THE FOUNDATION

**General Explanation Attachment**

Identifier	Return Reference	Explanation	
3	RECEIVABLE DUE FROM OFFICERS	FORM 990PF, PAGE 2, PART II, LINE 6	THE AMOUNT REPORTED AS A LOAN TO OFFICER ON THIS TAX RETURN IS DUE TO AN INADVERTENT WITHDRAWAL BY DIRECTOR CHRISTOPHER SAHM IN DECEMBER OF 2017 THIS WAS DUE TO THE CONFUSING NATURE OF WELLS FARGO BANK'S SYSTEM, WHICH LINKS ALL ACCOUNTS THAT AN INDIVIDUAL HAS SIGNATURE AUTHORITY OVER AND DOES NOT PROVIDE A FULL DESCRIPTION OF THE ACCOUNT NAME THIS AMOUNT WAS PAID BACK IN FULL ON MAY 14, 2018

**General Explanation Attachment**

Identifier	Return Reference	Explanation	
4	DEL DIOS RANCH EXPENSES	FORM 990PF, PAGE 1, PART I, LINE 23	IN 2017, THE SAHM FAMILY FOUNDATION RECEIVED ASSETS INCLUDING REAL PROPERTY AS CONTRIBUTIONS THE MAINTENANCE AND UPKEEP EXPENSES REQUIRED TO MAINTAIN THE VALUE OF THIS PROPERTY ARE REFLECTED IN THE DEL DIOS RANCH EXPENSES SAHM FAMILY FOUNDATION INTENDS TO SELL THIS PROPERTY AS SOON AS POSSIBLE AND IS ACTIVELY WORKING TOWARDS ITS SALE



# TY 2017 Investments Corporate Bonds Schedule

**Name:** SAHM FAMILY FOUNDATION

**EIN:** 33-0753690

## Investments Corporate Bonds Schedule

Name of Bond	End of Year Book Value	End of Year Fair Market Value
CORPORATE BONDS	7,323,501	7,244,795

## TY 2017 Investments Corporate Stock Schedule

**Name:** SAHM FAMILY FOUNDATION

**EIN:** 33-0753690

Name of Stock	End of Year Book Value	End of Year Fair Market Value
CORPORATE STOCK	22,126,557	25,656,059

**TY 2017 Legal Fees Schedule****Name:** SAHM FAMILY FOUNDATION**EIN:** 33-0753690

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
LEGAL FEES	22,044	11,022		11,022

**TY 2017 Other Assets Schedule****Name:** SAHM FAMILY FOUNDATION**EIN:** 33-0753690**Other Assets Schedule**

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
DEL DIOS RANCH	0	183,225	183,225
DEL DIOS RANCH BUILDING AND LAND	0	33,000,000	33,000,000
DEL DIOS RANCH ENTITLEMENT PROJECT	0	425,061	0
DEL DIOS RANCH EQUIPMENT	0	215,018	144,219
DEL DIOS RANCH FURNITURE AND ART	0	43,690	43,690
INTEREST IN DDR EAST LLC	8,215,107	16,703,483	16,462,000
OTHER RECEIVABLE	332	0	0

**TY 2017 Other Expenses Schedule****Name:** SAHM FAMILY FOUNDATION**EIN:** 33-0753690**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
DEL DIOS RANCH EXPENSE	528,937	528,937		0
DUES & SUBSCRIPTIONS	855	0		855
INSURANCE	9,980	3,992		5,988
MILEAGE	1,972	0		1,972
OFFICE EXPENSE	621	180		441
OFFICE SUPPLIES	2,032	813		1,219
POSTAGE AND DELIVERY	30	0		30
UTILITIES	2,033	813		1,220

**TY 2017 Other Income Schedule****Name:** SAHM FAMILY FOUNDATION**EIN:** 33-0753690**Other Income Schedule**

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
INSURANCE CLAIM RECEIVED	300	300	300
OTHER REVENUE	41		41

**TY 2017 Other Increases Schedule**

**Name:** SAHM FAMILY FOUNDATION

**EIN:** 33-0753690

Description	Amount
PRIOR PERIOD BASIS ADJUSTMENT FOR DDR EAST, LLC	257,376

**TY 2017 Other Liabilities Schedule****Name:** SAHM FAMILY FOUNDATION**EIN:** 33-0753690

Description	Beginning of Year - Book Value	End of Year - Book Value
PAYROLL LIABILITIES	827	2,625



**TY 2017 Other Professional Fees Schedule****Name:** SAHM FAMILY FOUNDATION**EIN:** 33-0753690

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
CONSULTING FEES	399	200		199
INVESTMENT FEES	134,433	134,433		0
REAL ESTATE FEES	3,903	3,903		0

**TY 2017 Taxes Schedule****Name:** SAHM FAMILY FOUNDATION**EIN:** 33-0753690

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
FEDERAL TAXES	2,803	0		0
FILING FEES	20	0		20
FOREIGN TAXES	11,173	11,173		0
PAYROLL TAXES	8,091	6,182		1,909
STATE TAXES	15	0		15

**TY 2017 TransfersToControlledEntities****Name:** SAHM FAMILY FOUNDATION**EIN:** 33-0753690

Name	US / Foreign Address	EIN	Description	Amount
DEL DIOS RANCH LLC	PO BOX 1194 RANCHO SANTA FE, CA 92067	82-1506693	TRANSFER TO COVER OPERATING EXPENSES OF A CONTRIBUTED ASSET	10,500
<b>Total</b>				10,500

<b>Schedule B</b> (Form 990, 990-EZ, or 990-PF)  Department of the Treasury Internal Revenue Service	<b>Schedule of Contributors</b>  ▶ 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 <a href="http://www.irs.gov/form990">www.irs.gov/form990</a>	OMB No 1545-0047  <b>2017</b>
	<b>Name of the organization</b> SAHM FAMILY FOUNDATION	<b>Employer identification number</b> 33-0753690

Organization type (check one)

<b>Filers of:</b>	<b>Section:</b>
Form 990 or 990-EZ	<input type="checkbox"/> 501(c)( ) (enter number) organization
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust <b>not</b> 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 33<sup>1</sup>/<sub>3</sub>% 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).

<b>Name of organization</b> SAHM FAMILY FOUNDATION	<b>Employer identification number</b> 33-0753690
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**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
—	See Additional Data Table _____ _____	\$ _____	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/>  (Complete Part II for noncash contribution )
—	_____ _____ _____	\$ _____	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/>  (Complete Part II for noncash contribution )
—	_____ _____ _____	\$ _____	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/>  (Complete Part II for noncash contribution )
—	_____ _____ _____	\$ _____	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/>  (Complete Part II for noncash contribution )
—	_____ _____ _____	\$ _____	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/>  (Complete Part II for noncash contribution )
—	_____ _____ _____	\$ _____	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/>  (Complete Part II for noncash contribution )
—	_____ _____ _____	\$ _____	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/>  (Complete Part II for noncash contribution )
—	_____ _____ _____	\$ _____	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/>  (Complete Part II for noncash contribution )

<b>Name of organization</b> SAHM FAMILY FOUNDATION	<b>Employer identification number</b> 33-0753690
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<b>Part II</b> <b>Noncash Property</b> (See instructions) Use duplicate copies of Part II if additional space is needed			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
3	RESIDENCE AND LAND LOCATED AT 7010 EL CAMINO DEL NORTE AND DEL DIOS HIGHWAY, RANCHO SANTA FE, CA	\$ 33,000,000	2017-07-18
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
4	100% INTEREST IN DEL DIOS RANCH, LLC	\$ 701,713	2017-07-18
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
5	REMAINING 50% INTEREST IN DDR EAST, LLC	\$ 8,231,000	2017-07-18
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
6	EQUIPMENT HELD BY DEL DIOS RANCH, LLC	\$ 144,219	2017-07-18
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
7	FURNITURE AND ARTWORK IN RESIDENCE LOCATED AT 7010 EL CAMINO DEL NORTE AND DEL DIOS HIGHWAY	\$ 43,690	2017-07-18
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	

**Name of organization**  
SAHM FAMILY FOUNDATION**Employer identification number**

33-0753690

**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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee

Additional Data

Software ID:  
Software Version:  
EIN: 33-0753690  
Name: SAHM FAMILY FOUNDATION

Form 990 Schedule B, 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
<u>1</u>	SAHM MARITAL TRUST UTA DATED NOVEMBER 20 1997	\$ 13,572,330	Person <input checked="" type="checkbox"/>
	PO BOX 1516		Payroll <input type="checkbox"/>
	RANCHO SANTA FE, CA92067		Noncash <input type="checkbox"/> (Complete Part II for noncash contribution )
<u>2</u>	SAHM FAMILY SURVIVOR ADMIN TRUST	\$ 1,927,670	Person <input checked="" type="checkbox"/>
	PO BOX 1516		Payroll <input type="checkbox"/>
	RANCHO SANTA FE, CA92067		Noncash <input type="checkbox"/> (Complete Part II for noncash contribution )
<u>3</u>	SAHM FAMILY SURVIVOR ADMIN TRUST	\$ 33,000,000	Person <input type="checkbox"/>
	PO BOX 1516		Payroll <input type="checkbox"/>
	RANCHO SANTA FE, CA92067		Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution )
<u>4</u>	SAHM FAMILY SURVIVOR ADMIN TRUST	\$ 701,713	Person <input type="checkbox"/>
	PO BOX 1516		Payroll <input type="checkbox"/>
	RANCHO SANTA FE, CA92067		Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution )
<u>5</u>	SAHM MARITAL TRUST UTA DATED NOVEMBER 20 1997	\$ 8,231,000	Person <input type="checkbox"/>
	PO BOX 1516		Payroll <input type="checkbox"/>
	RANCHO SANTA FE, CA92067		Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution )
<u>6</u>	SAHM FAMILY SURVIVOR ADMIN TRUST	\$ 215,018	Person <input type="checkbox"/>
	PO BOX 1516		Payroll <input type="checkbox"/>
	RANCHO SANTA FE, CA92067		Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution )



Form 990 Schedule B, 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
7	SAHM FAMILY SURVIVOR ADMIN TRUST	\$ 43,690	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input checked="" type="checkbox"/> (Complete Part II for noncash contribution )
	PO BOX 1516		
	RANCHO SANTA FE, CA92067		