

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

Name of foundation LIFERAY FOUNDATION		A Employer identification number 35-2342014	
Number and street (or P.O. box number if mail is not delivered to street address) 1400 MONTEFINO AVENUE NO 100		Room/suite	
City or town, state or province, country, and ZIP or foreign postal code DIAMOND BAR, CA 91765		B Telephone number (see instructions) (626) 367-8598	
G Check all that apply <div><input type="checkbox"/> Initial return</div> <div><input type="checkbox"/> Initial return of a former public charity</div> <div><input type="checkbox"/> Final return</div> <div><input type="checkbox"/> Amended return</div> <div><input type="checkbox"/> Address change</div> <div><input type="checkbox"/> Name change</div>		D 1. Foreign organizations, check here 2. Foreign organizations meeting the 85% test, check here and attach computation	
H Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here	
I Fair market value of all assets at end of year (from Part II, col (c), line 16) \$ 4,180,533	J Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) _____ (Part I, column (d) must be on cash basis)	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here	

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions) )		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received (attach schedule)	2,306,532			
	2 Check <input type="checkbox"/> if the foundation is <b>not</b> required to attach Sch. B . . . . .				
	3 Interest on savings and temporary cash investments . . . . .	2,841	2,841	2,841	
	4 Dividends and interest from securities . . . . .	8,941	8,941	8,941	
	5a Gross rents . . . . .	73,406	73,406	73,406	
	b Net rental income or (loss) _____ -19,597				
	6a Net gain or (loss) from sale of assets not on line 10	47			
	b Gross sales price for all assets on line 6a _____ 47				
	7 Capital gain net income (from Part IV, line 2) . . . . .		47		
	8 Net short-term capital gain . . . . .			0	
	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 <b>Total.</b> Add lines 1 through 11 . . . . .	2,391,767	85,235	85,188	
	13 Compensation of officers, directors, trustees, etc	0	0	0	0
	14 Other employee salaries and wages . . . . .	63,000	0	0	63,000
	15 Pension plans, employee benefits . . . . .				
	16a Legal fees (attach schedule) . . . . .	3,080	0	0	3,080
	b Accounting fees (attach schedule) . . . . .	11,737	42	42	11,695
	c Other professional fees (attach schedule) . . . . .				
	17 Interest . . . . .				
	18 Taxes (attach schedule) (see instructions) . . . . .	33,547	28,441	28,441	5,106
	19 Depreciation (attach schedule) and depletion . . . . .	33,409	33,409	33,409	
	20 Occupancy . . . . .				
	21 Travel, conferences, and meetings . . . . .	20,191	0	0	20,191
	22 Printing and publications . . . . .				
	23 Other expenses (attach schedule) . . . . .	36,770	31,111	31,111	5,659
	24 <b>Total operating and administrative expenses.</b> Add lines 13 through 23 . . . . .	201,734	93,003	93,003	108,731
	25 Contributions, gifts, grants paid . . . . .	669,262			669,262
	26 <b>Total expenses and disbursements.</b> Add lines 24 and 25	870,996	93,003	93,003	777,993
	27 Subtract line 26 from line 12				
	a <b>Excess of revenue over expenses and disbursements</b>	1,520,771			
	b <b>Net investment income</b> (if negative, enter -0-)		0		
c <b>Adjusted net income</b> (if negative, enter -0-)				0	

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)		
		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash—non-interest-bearing . . . . .	71,789	255,677	255,679
	2 Savings and temporary cash investments . . . . .	2,526,042	1,291,808	1,291,808
	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 . . . . .	413	207	207
	10a Investments—U S and state government obligations (attach schedule)			
	b Investments—corporate stock (attach schedule) . . . . .			
	c Investments—corporate bonds (attach schedule) . . . . .			
	11 Investments—land, buildings, and equipment basis ▶ _____ 2,100,000 Less accumulated depreciation (attach schedule) ▶ _____ 33,409		2,066,591	2,066,591
	12 Investments—mortgage loans . . . . .			
	13 Investments—other (attach schedule) . . . . .			
	14 Land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
15 Other assets (describe ▶ _____)	0	508,988	566,248	
16 <b>Total assets</b> (to be completed by all filers—see the instructions Also, see page 1, item I)	2,598,244	4,123,271	4,180,533	
Liabilities	17 Accounts payable and accrued expenses . . . . .	2,108	1,552	
	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 ▶ _____)	0	4,812	
	23 <b>Total liabilities</b> (add lines 17 through 22) . . . . .	2,108	6,364	
Net Assets or Fund Balances	<b>Foundations that follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.</b>			
	24 Unrestricted . . . . .	2,596,136	4,116,907	
	25 Temporarily restricted . . . . .			
	26 Permanently restricted . . . . .			
	<b>Foundations that do not follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 27 through 31.</b>			
	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) . . . . .	2,596,136	4,116,907	
31 <b>Total liabilities and net assets/fund balances</b> (see instructions) .	2,598,244	4,123,271		

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	2,596,136
2 Enter amount from Part I, line 27a . . . . .	2	1,520,771
3 Other increases not included in line 2 (itemize) ▶ _____	3	0
4 Add lines 1, 2, and 3 . . . . .	4	4,116,907
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	4,116,907

**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 CAPITAL GAINS DIVIDENDS</b>	P		
<b>b</b>			
<b>c</b>			
<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> 47			47
<b>b</b>			
<b>c</b>			
<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>			47
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

<b>2</b> Capital gain net income or (net capital loss)	<div style="display: flex; align-items: center;"> <div style="font-size: 3em; margin-right: 5px;">{</div> <div style="text-align: left; font-size: 0.8em;">             If gain, also enter in Part I, line 7              If (loss), enter -0- in Part I, line 7           </div> <div style="font-size: 3em; margin-left: 5px;">}</div> </div>	<b>2</b>	47
<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	<div style="display: flex; align-items: center;"> <div style="font-size: 3em; margin-right: 5px;">{</div> <div style="text-align: left; font-size: 0.8em;">             If gain, also enter in Part I, line 8, column (c) (see instructions)              If (loss), enter -0- in Part I, line 8           </div> <div style="font-size: 3em; margin-left: 5px;">}</div> </div>	<b>3</b>	0

**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	2,103,124	2,887,389	0.728383
2015	901,396	2,029,673	0.444109
2014	488,219	540,549	0.903191
2013	601,174	611,734	0.982738
2012	69,303	403,499	0.171755
<b>2 Total</b> of line 1, column (d)			3.230176
<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			0.646035
<b>4</b> Enter the net value of noncharitable-use assets for 2017 from Part X, line 5			2,236,288
<b>5</b> Multiply line 4 by line 3			1,444,720
<b>6</b> Enter 1% of net investment income (1% of Part I, line 27b)			0
<b>7</b> Add lines 5 and 6			1,444,720
<b>8</b> Enter qualifying distributions from Part XII, line 4			777,993

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>	0
<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>	0
<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>	0
<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>	
<b>11</b>	Enter the amount of line 10 to be <b>Credited to 2018 estimated tax</b> ▶ <b>Refunded</b> ▶	<b>11</b>	

**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)? . . . . . <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>	<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 <b>(1)</b> On the foundation ▶ \$ _____ <b>(2)</b> On foundation managers ▶ \$ _____		
<b>e</b> Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ▶ \$ _____		
<b>2</b> 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>	<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? <i>If "Yes," attach a conformed copy of the changes</i> . . . . .	<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? . . . . . <i>If "Yes," attach the statement required by General Instruction T</i>	<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>	No
<b>7</b> 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> . . . . .	<b>7</b>	Yes
<b>8a</b> Enter the states to which the foundation reports or with which it is registered (see instructions) ▶ 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? <i>If "No," attach explanation</i> .	<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)? <i>If "Yes," complete Part XIV</i> . . . . .	<b>9</b>	Yes
<b>10</b> Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses</i>  . . . . .	<b>10</b>	Yes

**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>11</b>		<b>No</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>►</b> N/A	<b>13</b>	<b>Yes</b>	
<b>14</b>	The books are in care of <b>►</b> THE FOUNDATION Telephone no <b>►</b> (626) 367-8598			

Located at **►** 1400 MONTEFINO AVENUE NO 100 DIAMOND BAR CA ZIP+4 **►** 91765

<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>►</b> <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 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? ( <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"/> Organizations relying on a current notice regarding disaster assistance check here. <b>►</b> <input type="checkbox"/>	<b>1b</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>►</b> 20____, 20____, 20____, 20____			
<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>►</b> 20____, 20____, 20____, 20____			
<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"/>	<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
NONE		

**Total** number of others receiving over \$50,000 for professional services. . . . . **0****Part IX-A Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
<b>1</b> THE FOUNDATION WAS CREATED TO SUPPORT CHRISTIAN EVANGELISM, WORLD RELIEF, EDUCATION, SOCIAL WELFARE AND OTHER CHARITABLE PURPOSES. DURING 2017, THE FOUNDATION DONATED TO OVER 20 DIFFERENT NOT-FOR-PROFIT ORGANIZATIONS TO SUPPORT THEIR EXEMPT PURPOSE	777,785
<b>2</b>	
<b>3</b>	
<b>4</b>	

**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
<b>1</b>	
<b>2</b>	
All other program-related investments. See instructions.	
<b>3</b>	
<b>Total.</b> Add lines 1 through 3	<b>0</b>

**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>	502,748
<b>b</b>	Average of monthly cash balances.	<b>1b</b>	1,767,595
<b>c</b>	Fair market value of all other assets (see instructions).	<b>1c</b>	0
<b>d</b>	<b>Total</b> (add lines 1a, b, and c).	<b>1d</b>	2,270,343
<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>	2,270,343
<b>4</b>	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	<b>4</b>	34,055
<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>	2,236,288
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5.	<b>6</b>	111,814

**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>	
<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>	
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1.	<b>3</b>	
<b>4</b>	Recoveries of amounts treated as qualifying distributions.	<b>4</b>	
<b>5</b>	Add lines 3 and 4.	<b>5</b>	
<b>6</b>	Deduction from distributable amount (see instructions).	<b>6</b>	
<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>	

**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>	777,993
<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>	777,993
<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>	777,993

**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				
<b>2</b> Undistributed income, if any, as of the end of 2017				
<b>a</b> Enter amount for 2016 only. . . . .				
<b>b</b> Total for prior years 20____, 20____, 20____				
<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. . . . .				
<b>4</b> Qualifying distributions for 2017 from Part XII, line 4 ▶ \$ _____				
<b>a</b> Applied to 2016, but not more than line 2a				
<b>b</b> Applied to undistributed income of prior years (Election required—see instructions). . . . .				
<b>c</b> Treated as distributions out of corpus (Election required—see instructions). . . . .				
<b>d</b> Applied to 2017 distributable amount. . . . .				
<b>e</b> Remaining amount distributed out of corpus				
<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) )				
<b>6 Enter the net total of each column as indicated below:</b>				
<b>a</b> Corpus Add lines 3f, 4c, and 4e Subtract line 5				
<b>b</b> Prior years' undistributed income Subtract line 4b from line 2b . . . . .				
<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. . . . .				
<b>d</b> Subtract line 6c from line 6b Taxable amount—see instructions . . . . .				
<b>e</b> Undistributed income for 2016 Subtract line 4a from line 2a Taxable amount—see instructions . . . . .				
<b>f</b> Undistributed income for 2017 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2018 . . . . .				
<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). . . . .				
<b>8</b> Excess distributions carryover from 2012 not applied on line 5 or line 7 (see instructions). . . . .				
<b>9 Excess distributions carryover to 2018.</b> Subtract lines 7 and 8 from line 6a . . . . .				
<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. . . . .				

**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. . . . . **2008-06-23**

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

	Tax year	Prior 3 years			(e) Total
	(a) 2017	(b) 2016	(c) 2015	(d) 2014	
<b>2a</b> Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed . . . . .	0	2,335	2,478	832	5,645
<b>b</b> 85% of line 2a . . . . .	0	1,985	2,106	707	4,798
<b>c</b> Qualifying distributions from Part XII, line 4 for each year listed . . . . .	777,993	2,103,147	901,396	488,227	4,270,763
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .	0	0	0	0	0
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c . . . . .	777,993	2,103,147	901,396	488,227	4,270,763
<b>3</b> Complete 3a, b, or c for the alternative test relied upon					
<b>a</b> "Assets" alternative test—enter					
<b>(1)</b> Value of all assets . . . . .	4,128,087	2,097,831	2,923,544	767,891	9,917,353
<b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i) . . . . .	4,128,087	2,097,831	2,923,337	767,891	9,917,146
<b>b</b> "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . . . .	74,543	96,246	67,656	18,018	256,463
<b>c</b> "Support" alternative test—enter					
<b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) . . . . .	2,301,532	1,822,092	3,086,845	1,013,000	8,223,469
<b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii). . . . .					0
<b>(3)</b> Largest amount of support from an exempt organization . . . . .					0
<b>(4)</b> Gross investment income . . . . .	74,997	2,335	2,478	832	80,642

**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 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>	669,262
<b>b</b> <i>Approved for future payment</i>				
<b>Total . . . . .</b>			<b>▶ 3b</b>	0

## Enter gross amounts unless otherwise indicated

(See worksheet in line 13 instructions to verify calculations )

[illegible]

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

<b>1</b> 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?		<b>Yes</b>	<b>No</b>
<b>a</b> Transfers from the reporting foundation to a noncharitable exempt organization of			
<b>(1)</b> Cash. . . . .	<b>1a(1)</b>		<b>No</b>
<b>(2)</b> Other assets. . . . .	<b>1a(2)</b>		<b>No</b>
<b>b</b> Other transactions			
<b>(1)</b> Sales of assets to a noncharitable exempt organization. . . . .	<b>1b(1)</b>		<b>No</b>
<b>(2)</b> Purchases of assets from a noncharitable exempt organization. . . . .	<b>1b(2)</b>		<b>No</b>
<b>(3)</b> Rental of facilities, equipment, or other assets. . . . .	<b>1b(3)</b>		<b>No</b>
<b>(4)</b> Reimbursement arrangements. . . . .	<b>1b(4)</b>		<b>No</b>
<b>(5)</b> Loans or loan guarantees. . . . .	<b>1b(5)</b>		<b>No</b>
<b>(6)</b> Performance of services or membership or fundraising solicitations. . . . .	<b>1b(6)</b>		<b>No</b>
<b>c</b> Sharing of facilities, equipment, mailing lists, other assets, or paid employees. . . . .	<b>1c</b>		<b>No</b>
<b>d</b> If the answer to any of the above is "Yes," complete the following schedule. Column <b>(b)</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 <b>(d)</b> 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

<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.		
	*****	2018-11-14	*****
	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
--

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	GENE				P00554611
	Firm's name <b>▶</b> BEACH FREEMAN LIM & CLELAND LLP				Firm's EIN <b>▶</b> 56-2306396
Firm's address <b>▶</b> 861 PARKVIEW DR N SUITE 200 EL SEGUNDO, CA 90245				Phone no (310) 447-1234	

**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
CHARLES MAY  283 HEATHCLIFF PL BREA, CA 92821	DIRECTOR OF OPERATIONS 12 00	0	0	0
DENNIS JU  436 N OXFORD AVE UNIT 106 LOS ANGELES, CA 90004				
BRIAN CHAN  362 TANGERINE PLACE BREA, CA 92823	BOARD MEMBER 1 00	0	0	0
BRYAN CHEUNG  163 S KINGSLEY DR LOS ANGELES, CA 90004				
EDWIN CHUNG  18543 DEVONSHIRE ST 142 NORTHRIDGE, CA 91324	BOARD MEMBER 1 00	0	0	0

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>				
A3M244 S SAN PEDRO ST 503 LOS ANGELES, CA 90012	NONE	PUBLIC CHARITY	PUBLIC HEALTH	1,600
AGAINST MALARIA FOUNDATION 310 W 20TH ST STE 300 KANSAS CITY, MO 64108	NONE	PUBLIC CHARITY	PUBLIC HEALTH	500
ALZHEIMER'S FAMILY SERVICES 9451 INDIANAPOLIS AVE HUNTINGTON BEACH, CA 92646	NONE	PUBLIC CHARITY	PUBLIC HEALTH	100
<b>Total . . . . . ▶</b> <b>3a</b>				669,262


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> Paid during the year				
AMERICAN CIVIL LIBERTIES UNION FOUNDATION 125 BROAD STREET 18TH FLOOR NEW YORK, NY 10004	NONE	PUBLIC CHARITY	COMMUNITY WELLNESS	50
AMERICAN RED CROSS 431 18TH STREET NW WASHINGTON, DC 37839	NONE	PUBLIC CHARITY	HURRICANE RELIEF	150
ARPAN FOUNDATION 556 N DIAMOND BAR BLVD STE 201B DIAMOND BAR, CA 91765	NONE	PUBLIC CHARITY	POOR EMPOWERMENT	500
<b>Total . . . . .</b> ▶ <b>3a</b>				669,262



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> Paid during the year				
AUSTIN ANGELS 9901 BRODIE LANE STE 160 PMB 255 AUSTIN, TX 78748	NONE	PUBLIC CHARITY	COMMUNITY WELLNESS	18,200
AVANT MINISTRIES 10000 N OAK TRAFFICWAY KANSAS CITY, MO 64155	NONE	PUBLIC CHARITY	EVANGELISM	3,000
AZUSA PACIFIC UNIVERSITY 901 E ALOSTA AVE AZUSA, CA 91702	NONE	PUBLIC CHARITY	EDUCATIONAL	500
<b>Total . . . . . ▶</b> <b>3a</b>				669,262

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>				
BREAST CANCER RESEARCH FOUNDATION 60 EAST 56TH STREET NEW YORK, NY 10022	NONE	PUBLIC CHARITY	PUBLIC HEALTH	350
CALSTATE FULLERTON PHILANTHROPIC FOUNDATION 2600 NUTWOOD AVE FULLERTON, CA 92831	NONE	PUBLIC CHARITY	EDUCATIONAL	1,087
CHOC CHILDREN'S FOUNDATION 1201 W LA VETA AVE ORANGE, CA 92868	NONE	PUBLIC CHARITY	METABOLIC RESEARCH	109,250
<b>Total . . . . .</b> ▶ <b>3a</b>				669,262

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>				
CHOONGHYUN MISSION CHURCH 5005 EDENHURST AVE LOS ANGELES, CA 90039	NONE	PUBLIC CHARITY	EVANGELISM	10,000
CODE TO INSPIRE 1818 OCEAN AVE APT 2N BROOKLIN, NY 11230	NONE	PUBLIC CHARITY	EDUCATIONAL	50
COMPASSION12290 VOYAGER PARKWAY COLORADO SPRINGS, CO 80921	NONE	PUBLIC CHARITY	COMMUNITY WELLNESS	500
<b>Total . . . . . ▶</b> <b>3a</b>				669,262

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>				
CRUPO BOX 628222 ORLANDO, FL 32862	NONE	PUBLIC CHARITY	EDUCATIONAL	5,000
DEFY VENTURES INC 5 PEN PLAZA 19TH FLOOR NEW YORK, NY 10001	NONE	PUBLIC CHARITY	COMMUNITY WELLNESS	500
DESIRING GOD 2112 BROADWAY STREET NE STE 150 MINNEAPOLIS, MN 55413	NONE	PUBLIC CHARITY	EVANGELISM	50,000
<b>Total</b> . . . . . 				669,262
<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> Paid during the year				
DOCTORS WITHOUT BORDERS 333 SEVENTH AVENUE 2ND FLOOR NEW YORK, NY 10001	NONE	PUBLIC CHARITY	PUBLIC HEALTH	50
DONORSCHOOSEORG 213 W 35TH ST 2ND FLOOR NEW YORK, NY 10001	NONE	PUBLIC CHARITY	COMMUNITY WELLNESS	999
DOWNTOWN WOMEN'S CENTER 442 S SAN PEDRO ST LOS ANGELES, CA 90013	NONE	PUBLIC CHARITY	POOR EMPOWERMENT & HEALTH SERVICES	25
Total . . . . . ▶ 3a				669,262

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>				
EPICENTRE CHURCH1539 E HOWARD ST PASADENA, CA 91103	NONE	PUBLIC CHARITY	HURRICANE RELIEF	175
ETHNOS360312 W FIRST ST SANFORD, FL 32771	NONE	PUBLIC CHARITY	EDUCATIONAL	500
FIRST CHURCH OF GOD GUAM PO BOX 20850 BARRIGADA, GU 96921	NONE	PUBLIC CHARITY	EVANGELISM	500
<b>Total . . . . . ▶</b> <b>3a</b>				669,262

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>				
FREEDOM HOUSEPO BOX 2065 BURLINGAME, CA 94011	NONE	PUBLIC CHARITY	COMMUNITY WELLNESS	500
FRESNO AREA COMMUNITY 5724 N FRESNO ST FRESNO, CA 93710	NONE	PUBLIC CHARITY	EDUCATIONAL	8,500
FRIENDS OF ADVENTURE IN MISISONS 3812 GRANDVIEW DR CARROLLTON, TX 75007	NONE	PUBLIC CHARITY	POOR EMPOWERMENT, HEALTH SERVICES AND EDUCATION	10,000
<b>Total . . . . .</b> ► <b>3a</b>				669,262

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>				
GIVEDIRECTLYPO BOX 3221 NEW YORK, NY 10008	NONE	PUBLIC CHARITY	POOR EMPOWERMENT	250
GLOBALGIVING 1110 VERMONT AVE NW STE 550 WASHINGTON, DC 20005	NONE	PUBLIC CHARITY	CENTRAL ITALY EARTHQUAKE RELIEF	100
GOD'S GRACE ADOPTION MINISTRY PO BOX 4 MODESTO, CA 95353	NONE	PUBLIC CHARITY	COMMUNITY WELLNESS	1,000
<b>Total . . . . .</b> ▶ <b>3a</b>				669,262



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> Paid during the year				
HAMILTON CENTRAL YMCA 105 N 2ND ST HAMILTON, OH 45011	NONE	PUBLIC CHARITY	EDUCATIONAL	1,000
HAMILTON JR WOMEN'S LEAGUE 350 N 2ND STREET HAMILTON, OH 45011	NONE	PUBLIC CHARITY	POOR EMPOWERMENT	5,000
HANDS FOR VIETNAM 170-D EAST MAIN ST PMB 241 HENDERSONVILLE, TN 37075	NONE	PUBLIC CHARITY	PUBLIC HEALTH	500
<b>Total</b> . . . . . 				669,262
<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>				
HEART TO HEART INTERNATIONAL 13250 W 98TH STREET LENEXA, KS 66215	NONE	PUBLIC CHARITY	MEXICO EARTHQUAKE RELIEF	25
HELPLIVE INCPO BOX 9684 BREA, CA 92821	NONE	PUBLIC CHARITY	PUBLIC HEALTH	500
HOPE HARVEST INTERNATIONAL PO BOX 721914 SAN DIEGO, CA 92172	NONE	PUBLIC CHARITY	COMMUNITY WELLNESS	500
<b>Total . . . . . ▶</b> <b>3a</b>				669,262

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> Paid during the year				
HOPE'S CLOSET332 DAYTON ST HAMILTON, OH 45011	NONE	PUBLIC CHARITY	COMMUNITY WELLNESS	1,000
HOUSTON FOOD BANK 535 PORTWALL STREET HOUSTON, TX 77029	NONE	PUBLIC CHARITY	COMMUNITY WELLNESS	100
HUCKLEBERRY YOUTH PROGRAM 3310 GEARY BLVD SAN FRANCISCO, CA 94118	NONE	PUBLIC CHARITY	EDUCATIONAL	100
<b>Total . . . . . ▶</b> <b>3a</b>				669,262

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>				
INLAND TEMPORARY HOMESPO BOX 239 LOMA LINDA, CA 92354	NONE	PUBLIC CHARITY	EVANGELISM	400
INTERNATIONAL RELIEF TEAMS 4560 ALVARADO CANYON ROAD STE 1H SAN DIEGO, CA 92120	NONE	PUBLIC CHARITY	HURRICANE RELIEF	50
INTERNATIONAL RESCUE COMMITTEE 122 EAST 42ND STREET NEW YORK, NY 10168	NONE	PUBLIC CHARITY	COMMUNITY WELLNESS	150
<b>Total . . . . . ▶</b> <b>3a</b>				669,262

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>				
JONI & FRIENDS7100 E 50TH ST KANSAS CITY, MO 64129	NONE	PUBLIC CHARITY	POOR EMPOWERMENT	500
JONI & FRIENDS7100 E 50TH ST KANSAS CITY, MO 64129	NONE	PUBLIC CHARITY	POOR EMPOWERMENT	50,000
KAREN NEWNAM 12001 MARKET STREET 473 RESTON, VA 20190	NONE	PUBLIC CHARITY	COMMUNITY WELLNESS	500
<b>Total . . . . . ▶</b> <b>3a</b>				669,262

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>				
LIFEBRIDGEPO BOX 129 ASHBURN, VA 20146	NONE	PUBLIC CHARITY	COMMUNITY WELLNESS	157
LITTLE TOKYO SERVICE CENTER 231 E THIRD STREET STE 6-106 LOS ANGELES, CA 90013	NONE	PUBLIC CHARITY	POOR EMPOWERMENT	500
MANAS DEVELOPMENT GROUP 200 MARYLAND AVE NE STE 101 WASHINGTON, DC 20002	NONE	PUBLIC CHARITY	POOR EMPOWERMENT	83,447
<b>Total . . . . . ▶</b> <b>3a</b>				669,262

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>				
MIO FRONTIERSPO BOX 60730 PHOENIX, AZ 85082	NONE	PUBLIC CHARITY	EDUCATIONAL	13,025
NATIONAL BREAST CANCER FOUNDATION 2600 NETWORK BLVD STE 300 FRISCO, TX 75034	NONE	PUBLIC CHARITY	PUBLIC HEALTH	100
OC RESCUE MISSION1 HOPE DRIVE TUSTIN, CA 92782	NONE	PUBLIC CHARITY	COMMUNITY WELLNESS	1,000
<b>Total . . . . . ▶</b> <b>3a</b>				669,262

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>				
OLIVE CREST 2130 EAST 4TH SWTREET STE 200 SANTA ANA, CA 92705	NONE	PUBLIC CHARITY	COMMUNITY WELLNESS	900
PACIFIC GARDEN MISSION 1458 SOUTH CANAL ST CHICAGO, IL 60607	NONE	PUBLIC CHARITY	POOR EMPOWERMENT	500
PESI555 CLYDE AVE MOUNTAIN VIEW, CA 94043	NONE	PUBLIC CHARITY	EVANGELISM	5,000
<b>Total . . . . . ▶</b> <b>3a</b>				669,262



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>				
PHILIP HAYDEN FOUNDATION 40335 WESTCHESTER RD E-115 TEMECULA, CA 92591	NONE	PUBLIC CHARITY	EDUCATIONAL	10,633
POMONA HOPE401 N GIBBS ST POMONA, CA 91767	NONE	PUBLIC CHARITY	EDUCATIONAL	500
PRISON FELLOWSHIP MINISTRIES RIVERSIDE PARKWAY LANSDOWNE, VA 20176	NONE	PUBLIC CHARITY	EVANGELISM	500
<b>Total . . . . . ▶</b> <b>3a</b>				669,262

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>				
RAHAB'S DAUGHTERS 181 S NORTHWEST HWY CARY, IL 60013	NONE	PUBLIC CHARITY	COMMUNITY WELLNESS	5,053
RAHAB'S DAUGHTERS 181 S NORTHWEST HWY CARY, IL 60013	NONE	PUBLIC CHARITY	COMMUNITY WELLNESS	5,000
RAISING BLUEPO BOX 63 VERONA, KY 41092	NONE	PUBLIC CHARITY	COMMUNITY WELLNESS	500
<b>Total . . . . . ▶</b> <b>3a</b>				669,262

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>				
SAMARITAN'S PURSEPO BOX 3000 BOONE, NC 28607	NONE	PUBLIC CHARITY	EVANGELISM	10,283
SAN DIEGO HABITAT FOR HUMANITY 8128 MERCURY COURT SAN DIEGO, CA 92111	NONE	PUBLIC CHARITY	COMMUNITY WELLNESS	1,000
SAN FRANCISCO SHANGHAI ASSOCIATION 2515 SAN BRUNO AVE SAN FRANCISCO, CA 94134	NONE	PUBLIC CHARITY	POOR EMPOWERMENT	10,000
<b>Total . . . . . ▶</b> <b>3a</b>				669,262

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> Paid during the year				
SANFORD CRISIS PREGNANCY 1002 FENCH AVE SANFORD, FL 32771	NONE	PUBLIC CHARITY	POOR EMPOWERMENT	1,500
SERVANT PARTNERSPO BOX 3144 POMONA, CA 91769	NONE	PUBLIC CHARITY	COMMUNITY WELLNESS	500
SHRINERS HOSPITAL FOR CHILDREN 2900 ROCKY POINT DR TAMPA, FL 33607	NONE	PUBLIC CHARITY	PUBLIC HEALTH	500
<b>Total . . . . . ▶</b> <b>3a</b>				669,262

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				
SIERRA SERVICE PROJECT PO BOX 13009 SACRAMENTO, CA 95813	NONE	PUBLIC CHARITY	COMMUNITY WELLNESS	500
SIM USAPO BOX 7900 CHARLOTTE, NC 28241	NONE	PUBLIC CHARITY	EVANGELISM	5,000
SO EASTERN INDIANA VOICES FOR CHILDREN 217 E MAIN ST MADISON, IN 47250	NONE	PUBLIC CHARITY	COMMUNITY WELLNESS	500
Total . . . . . ▶ 3a				669,262

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>				
SOLIDARITYPO BOX 220 PLACENTIA, CA 92871	NONE	PUBLIC CHARITY	EVANGELISM	16,600
STAND TO REASON1438 E 33RD ST SIGNAL HILL, CA 90755	NONE	PUBLIC CHARITY	EVANGELISM	100,000
SURVIVORS SPEAK 1375 W 26ST STREET SAN PEDRO, CA 90732	NONE	PUBLIC CHARITY	COMMUNITY WELLNESS	5,000
<b>Total . . . . . ▶</b> <b>3a</b>				669,262

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> Paid during the year				
TEAM EXPANSION 6200 S OLD VILLAGE ROAD COLUMBIA, MO 65203	NONE	PUBLIC CHARITY	COMMUNITY WELLNESS	3,000
THAI WORD 360 WEST AVENUE 26 STE 103 LOS ANGELES, CA 90031	NONE	PUBLIC CHARITY	EVANGELISM	3,000
THE BARNABAS GROUP 7931 S BROADWAY STE 199 LITTLETON, CO 80122	NONE	PUBLIC CHARITY	POOR EMPOWERMENT	60,000
<b>Total . . . . . ▶</b> <b>3a</b>				669,262

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>				
THE BOYS AND GIRLS CLUB OF HAMILTON 985 EAST AVENUE HAMILTON, OH 45011	NONE	PUBLIC CHARITY	COMMUNITY WELLNESS	500
THE NAVIGATORSPO BOX 6079 ALBERT LEA, MN 56007	NONE	PUBLIC CHARITY	EVANGELISM	5,000
TOGETHER WE RISE 580 W LAMBERT RD A BREA, CA 92821	NONE	PUBLIC CHARITY	COMMUNITY WELLNESS	3,000
<b>Total . . . . . ▶</b> <b>3a</b>				669,262



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>				
TWRPO BOX 8700 CARY, NC 27512	NONE	PUBLIC CHARITY	COMMUNITY WELLNESS	2,476
UCAR3090 CENTER GREEN BOULDER, CO 80301	NONE	PUBLIC CHARITY	EDUCATIONAL	3,000
UNION STATION HOMELESS SERVICE 825 E ORANGE GROVE BLVD PASADENA, CA 91104	NONE	PUBLIC CHARITY	POOR EMPOWERMENT	1,000
<b>Total . . . . . ▶</b> <b>3a</b>				669,262

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>				
UNITED WAY OF GREATER HOUSTON 50 WAUGH DRIVE HOUSTON, TX 77007	NONE	PUBLIC CHARITY	HURRICANE RELIEF	100
VENICE PARENTS DAYCARE & PRESCHOOL 11700 NATIONAL BLVD L-104 LOS ANGELES, CA 90064	NONE	PUBLIC CHARITY	EDUCATIONAL	5,000
WHITTIER PREGNANCY CARE CLINIC 16147 E WHITTIER BLVD WHITTIER, CA 90603	NONE	PUBLIC CHARITY	POOR EMPOWERMENT	15,000
<b>Total . . . . .</b> ► <b>3a</b>				669,262

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>				
WORLD VISIONPO BOX 70102 TACOMA, WA 98481	NONE	PUBLIC CHARITY	NEPAL EARTHQUAKE RELIEF	200
YOUNG LIFEPO BOX 70065 PRESCOTT, AZ 86304	NONE	PUBLIC CHARITY	PUBLIC HEALTH	500
ZOE INTERNATIONAL MINISTRIES PO BOX 221510 SANTA CLARITA, CA 91322	NONE	PUBLIC CHARITY	EVANGELISM	5,027
<b>Total . . . . . ▶</b> <b>3a</b>				669,262

**TY 2017 Accounting Fees Schedule****Name:** LIFERAY FOUNDATION**EIN:** 35-2342014**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	11,695	0	0	11,695
ACCOUNTING EXPENSE	42	42	42	0

**Note:** To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

**TY 2017 Depreciation Schedule**

**Name:** LIFERAY FOUNDATION  
**EIN:** 35-2342014

Description of Property	Date Acquired	Cost or Other Basis	Prior Years' Depreciation	Computation Method	Rate / Life (# of years)	Current Year's Depreciation Expense	Net Investment Income	Adjusted Net Income	Cost of Goods Sold Not Included
LAND	2017-05-24	630,000		L		0	0	0	
BUILDING	2017-05-24	1,470,000		SL	27 5000000000000	33,409	33,409	33,409	

**TY 2017 Investments - Land Schedule****Name:** LIFERAY FOUNDATION**EIN:** 35-2342014

Category/ Item	Cost/Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value
LAND	630,000	0	630,000	630,000
BUILDING	1,470,000	33,409	1,436,591	1,436,591

**TY 2017 Legal Fees Schedule****Name:** LIFERAY FOUNDATION**EIN:** 35-2342014

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
LEGAL	3,080	0	0	3,080

## TY 2017 Other Assets Schedule

**Name:** LIFERAY FOUNDATION

**EIN:** 35-2342014

### Other Assets Schedule

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
MARKETABLE SECURITIES		508,988	566,248



**TY 2017 Other Expenses Schedule****Name:** LIFERAY FOUNDATION**EIN:** 35-2342014**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
SERVICE PROJECTS	600	0	0	600
MISCELLANEOUS	199	0	0	199
CONTRACTED SERVICE	2,050	0	0	2,050
PAYROLL PROCESSING FEES	540	0	0	540
BANK FEES	229	0	0	229
INSURANCE	1,525	0	0	1,525
WORKERS COMPENSATION	516	0	0	516
CLEANING EXPENSE	200	200	200	0
REPAIRS AND MAINTENANCE	7,617	7,617	7,617	0
REMODEL	8,875	8,875	8,875	0

## Other Expenses Schedule

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
LANDSCAPING	360	360	360	0
UTILITIES	8,252	8,252	8,252	0
INSURANCE	3,148	3,148	3,148	0
CLOSING EXPENSES	2,659	2,659	2,659	0

**TY 2017 Other Liabilities Schedule****Name:** LIFERAY FOUNDATION**EIN:** 35-2342014

Description	Beginning of Year - Book Value	End of Year - Book Value
CREDIT CARDS PAYABLE	0	712
SECURITY DEPOSIT	0	4,100

**TY 2017 Substantial Contributors  
Schedule****Name:** LIFERAY FOUNDATION**EIN:** 35-2342014

Name	Address
FOR LIFE IOM LTD	TOP FLOOR 14 ATHOL STREET DOUGLAS IM
BRIAN AND CARIS CHAN FAMILY TRUST	3102 CHERRYDALE DR DIAMOND BAR, CA 91765
THE YOUNG FAMILY TRUST	1405 STARDUST DR DIAMOND BAR, CA 91765

**TY 2017 Taxes Schedule****Name:** LIFERAY FOUNDATION**EIN:** 35-2342014

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
CALIFORNIA TAX	10	0	0	10
LICENSE AND REGISTRATION	245	0	0	245
FEDERAL TAX	23	0	0	23
PAYROLL TAX	4,828	0	0	4,828
PROPERTY TAX	27,391	27,391	27,391	0
STATE TAX	1,050	1,050	1,050	0

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93491319050688	
<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>
Name of the organization LIFERAY FOUNDATION				Employer identification number 35-2342014	

Organization type (check one)

Filers of:	Section:
Form 990 or 990-EZ	<input type="checkbox"/> 501(c)( ) (enter number) organization
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust <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> LIFERAY FOUNDATION	<b>Employer identification number</b> 35-2342014
---	---

**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> LIFERAY FOUNDATION	<b>Employer identification number</b> 35-2342014
---	---

<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
1	20,000 SHS - FOR LIFE INTERNATIONAL, INC	\$ 209,600	2017-08-03
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
2	20,000 SHS - FOR LIFE INTERNATIONAL, INC	\$ 209,600	2017-08-03
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
4	24,000 SHS - FOR LIFE INTERNATIONAL, INC	\$ 251,520	2017-08-03
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
5	24,000 SHS - FOR LIFE INTERNATIONAL, INC	\$ 251,520	2017-08-03
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	



<b>Name of organization</b> LIFERAY FOUNDATION	<b>Employer identification number</b> 35-2342014
---	---

<b>Part III</b>	<b>Exclusively</b> 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 <b>exclusively</b> religious, charitable, etc., contributions of <b>\$1,000 or less</b> 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
	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	<div></div> <div></div>	<div></div> <div></div>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	<div></div> <div></div>	<div></div> <div></div>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	<div></div> <div></div>	<div></div> <div></div>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	<div></div> <div></div>	<div></div> <div></div>	

Additional Data

Software ID:  
Software Version:  
EIN: 35-2342014  
Name: LIFERAY 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>	BRIAN AND CARIS CHAN FAMILY TRUST	\$ 209,600	Person <input type="checkbox"/>
	362 TANGERINE PLACE		Payroll <input type="checkbox"/>
	BREA, CA92823		Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution )
<u>2</u>	THE YOUNG FAMILY TRUST	\$ 209,600	Person <input type="checkbox"/>
	1405 STARDUST DR 77 65760		Payroll <input type="checkbox"/>
	DIAMOND BAR, CA91765		Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution )
<u>3</u>	BRIAN AND CARIS CHAN FAMILY TRUST	\$ 100,000	Person <input checked="" type="checkbox"/>
	362 TANGERINE PLACE		Payroll <input type="checkbox"/>
	BREA, CA92823		Noncash <input type="checkbox"/> (Complete Part II for noncash contribution )
<u>4</u>	BRIAN KIM	\$ 251,520	Person <input type="checkbox"/>
	2929 CIMMARON LN		Payroll <input type="checkbox"/>
	FULLERTON, CA92835		Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution )
<u>5</u>	BRYAN CHEUNG	\$ 251,520	Person <input type="checkbox"/>
	163 S KINGSLEY DR		Payroll <input type="checkbox"/>
	LOS ANGELES, CA90004		Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution )
<u>6</u>	ZOE INTERNATIONAL MINISTRIES	\$ 100,000	Person <input checked="" type="checkbox"/>
	24337 MAIN ST		Payroll <input type="checkbox"/>
	NEWHALL, CA91321		Noncash <input 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
<u>7</u>	FOR LIFE IOM LTD	<u>\$ 1,149,967</u>	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution )
	TOP FLOOR 14 ATHOL STREET DOUGLAS		
	ISLE OF MAN, UK		
<u>8</u>	CHASE THE CURE INC	<u>\$ 10,000</u>	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution )
	121 THOMAS LEIGHTON BLVD		
	CUMBERLAND, RI02864		
<u>9</u>	EDWIN CHUNG	<u>\$ 15,000</u>	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution )
	23840 BESSEMER ST		
	WOODLAND HILLS, CA91367		