Form 990-PF Department of the Treasury Internal Revenue Service

Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation ➤ Do not enter social security numbers on this form as it may be made public

➤ Go to www.irs gov/Form990PF for instructions and the latest information.

For calendar year 2017 or tax year beginning		, and ending		
Name of foundation			A Employer identification	number
NATALIE GIORGI SUNSHINE FO	UNDATION		46-3699023	
Number and street (or P O box number if mail is not delivered to street a	address)	Room/suite	B Telephone number	
23 RAILROAD AVENUE		1244	(916)281-7	235
City or town, state or province, country, and ZIP or foreign p DANVILLE, CA 94526	ostal code		C If exemption application is p	ending, check here
Check all that apply: Initial return	Initial return of a f	ormer public charity	D 1 Foreign organizations	s, check here
Final return	Amended return		2 5	sature the OSOV test
X Address change	Name change		Foreign organizations me check here and attach co	ering the 85% test, omputation
H Check type of organization: X Section 501(c)(3) ex		$\rho \varphi$	E If private foundation sta	
·	Other taxable private found	ation	under section 507(b)(1))(A), check here
Fair market value of all assets at end of year J Account	-	Accrual	F If the foundation is in a	
	ther (specify) nn (d) must be on cash basi	(S.)	under section 507(b)(1))(B), check here
Part I Angivsis of Revenue and Expenses	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements
(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	expenses per books	income	income	for charitable purposes (cash basis only)
1 Contributions, gifts, grants, etc., received	17,422.		N/A	
2 Check X if the foundation is not required to attach Sch. B				
Interest on savings and temporary cash investments	94.	94.		STATEMENT 1
4 Dividends and interest from securities			ļ	
5a Gross rents				
b Net rental income or (loss)	 	 		
68 Net gain or (loss) from sale of assets not on line 10 Gross sales price for all			 	RECEIVED
Gross sales price for all assets on line 6a 7 Capital gain net income (from Part IV, line 2)	<u> </u>	0.	102	
8 Net short-term capital gain			<u> </u>	MAY 2 1 2018
9 Income modifications	1			
10a Gross sales less returns and allowances				OGDEN LIT
b Less Cost of goods sold			<u> </u>	
c Gross profit or (loss)				
11 Other income	17 516	0.4		
12 Total Add lines 1 through 11	17,516.	94.		0.
13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages	<u> </u>		 	<u> </u>
15 Pension plans, employee benefits				
9 48 - Logol fore				
b Accounting fees STMT 2	9,897.	0.		9,897.
c Other professional fees				
17 Interest				
b Accounting fees STMT 2 c Other professional fees 17 Interest 18 Taxes 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings				ļ
19 Depreciation and depletion			 	
20 Occupancy 21 Travel, conferences, and meetings	<u> </u>			
	 	 		
C DAME 2	935.	0.		935.
24 Total operating and administrative expenses. Add lines 13 through 23				
expenses. Add lines 13 through 23	10,832.	0.	<u></u>	10,832.
25 Contributions, gifts, grants paid	5,000.			10,832. 5,000.
26 Total expenses and disbursements				
Add lines 24 and 25	15,832.	0.	<u> </u>	15,832.
27 Subtract line 26 from line 12				
8 Excess of revenue over expenses and disbursements	1,684.	94.	<u> </u>	
b Net investment income (if negative, enter -0-)		34.	N/A	

Form **990-PF** (2017)

723501 01-03-18 LHA For Paperwork Reduction Act Notice, see instructions.

1	Total net assets or fund balances at beginning of year - Part II, column (a), line 30		1	
	(must agree with end-of-year figure reported on prior year's return)	1		118,540.
2	Enter amount from Part I, line 27a	2	Γ	1,684.
3	Other increases not included in line 2 (itemize)	3	Γ	0.
4	Add lines 1, 2, and 3	4	1	120,224.
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		120,224.

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.

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15,832.

723521 01-03-18

Enter qualifying distributions from Part XII, line 4

	F(2017) NATALIE GIORGI SUNSHINE FOU	NDATION	4	6-369	<u> 9023 </u>	Page 4
Part VI	Excise Tax Based on Investment Income (Section	4940(a), 4940(b), ²	1940(e), or 494	8 - see	instruct	ions)
· 1a Exemp	ot operating foundations described in section 4940(d)(2), check here	and enter "N/A" on line 1.)			
	f ruling or determination letter: (attach copy of letter		tions)			
	stic foundations that meet the section 4940(e) requirements in Part V, check he			1		2.
of Par	t I, line 27b		1 [
c All oth	er domestic foundations enter 2% of line 27b. Exempt foreign organizations, en	nter 4% of Part I, line 12, c	ol. (b).	· · · · · · · · · · · · · · · · · · ·		
	der section 511 (domestic section 4947(a)(1) trusts and taxable foundations of			2		0.
	nes 1 and 2			3		2.
	le A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations of	only; others, enter -0-)		4		0.
	ased on investment income Subtract line 4 from line 3. If zero or less, enter -0		Γ	5	·	2.
	s/Payments:		Γ			
	estimated tax payments and 2016 overpayment credited to 2017	6a	0.	İ		
	ot foreign organizations - tax withheld at source	вь	0.			1
	aid with application for extension of time to file (Form 8868)	8c	0.	ł		
	p withholding erroneously withheld	84	0.			
	credits and payments. Add lines 6a through 6d	 		7		0.
	any penalty for underpayment of estimated tax. Check here if Form 2220	is attached		8		0.
	ue. If the total of lines 5 and 8 is more than line 7, enter amount owed		▶ ↑	9		2.
	ayment If line 7 is more than the total of lines 5 and 8, enter the amount overg	naid	.	10	**	
	the amount of line 10 to be; Credited to 2018 estimated tax	, 4.4	Refunded	11		
	-A Statements Regarding Activities		THOIS MADE IN			
	g the tax year, did the foundation attempt to influence any national, state, or local	al legislation or did it parti	cipate or intervene in	1	1	Yes No
	plitical campaign?	ar regionaliters of and it parts	orpato or mile verio ii		1a	X
	spend more than \$100 during the year (either directly or indirectly) for political	nurnoses? See the instru	ctions for the definiti	on	1b	X
U Dia it		parpooder des the mental	Stierie for the demini	011	1 ··~ +	
If the	answer is "Ves" to 1e or 1h, attach a detailed description of the activities and c	onias of any materials nut	lished or			1 1
	answer is "Yes" to 1a or 1b, attach a detailed description of the activities and c	opies of any materials pub	olished or			
dıstrıb	outed by the foundation in connection with the activities.	opies of any materials pub	olished or		10	X
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Form 990-PF (2017) NATALIE GIORGI SUNSHINE FOUNDATION	46-3	3699023 Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation I Paid Employees, and Contractors (continued)	Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter "NON	NE."	
(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 of organizations and other beneficiaries served, conferences convened, research papers produced, e	formation such as the	Expenses
1 N/A	70.	
2		
3		
4		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on lines 1	and 2.	Amount
1N/A		
2		
All other program-related investments. See instructions.		
3	· · · · · · · · · · · · · · · · · · ·	
Total, Add lines 1 through 3	▶ 1	0.

4940(e) reduction of tax in those years

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
1 Distributable amount for 2017 from Part XI,				
line 7				5,988.
2 Undistributed income, if any, as of the end of 2017				
a Enter amount for 2016 only			0.	
b Total for prior years:		_		
		0.		
3 Excess distributions carryover, if any, to 2017:				
a From 2012				
b From 2013 2, 478.				
c From 2014 9,555.				
d From 2015 4,828.				
e From 2016 20,404.				
f Total of lines 3a through e	37,265.	·		
4 Qualifying distributions for 2017 from				
Part XII, line 4: ► \$ 15,832.				
a Applied to 2016, but not more than line 2a			0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2017 distributable amount				5,988.
e Remaining amount distributed out of corpus	9,844.			
5 Excess distributions carryover applied to 2017 (If an amount appears in column (d), the same amount	0.			0.
must be shown in column (a)) 8 Enter the net total of each column as				
indicated below:	47 100			
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	47,109.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable		V .		,
amount - see instructions		0.		
e Undistributed income for 2016. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2017. Subtract			· · · · · · · · · · · · · · · · · · ·	
lines 4d and 5 from line 1. This amount must				
be distributed in 2018				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)	0.			
8 Excess distributions carryover from 2012				
not applied on line 5 or line 7	0.	,		
9 Excess distributions carryover to 2018		**************************************		
Subtract lines 7 and 8 from line 6a	47,109.			-
10 Analysis of line 9:	, , , , , , , , , , , , , , , , , , , ,			
a Excess from 2013 2,478.	!			
b Excess from 2014 9,555.	1			
c Excess from 2015 4,828.				
d Excess from 2016 20, 404.	1			
e Excess from 2017 9,844.				

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Part XIV Private Operating F	oundations (see in	structions and Part V	II-A, question 9)	N/A	*
1 a If the foundation has received a ruling of	or determination letter tha	t it is a private operating			200
foundation, and the ruling is effective fo	or 2017, enter the date of t	the ruling	▶		
b Check box to indicate whether the foun	d <u>ation is a private operatir</u>	ng foundation described	in section	4942(j)(3) or 494	12(₁)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years	/	
income from Part I or the minimum	(a) 2017	(b) 2016	(c) 2015	(d) 2014 ×	(e) Total
investment return from Part X for				,	
each year listed					
b 85% of line 2a				,	
c Qualifying distributions from Part XII,					
line 4 for each year listed					
d Amounts included in line 2c not	<u> </u>				
used directly for active conduct of					
exempt activities					
Qualifying distributions made directly	· · · · · · · · · · · · · · · · · · ·		 	- 	
for active conduct of exempt activities.					
Subtract line 2d from line 2c 3 Complete 3a, b, or c for the					
alternative test relied upon:			X		
a "Assets" alternative test - enter:		/			
(1) Value of all assets		/	-		
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter					
2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter.		/			
(1) Total support other than gross		1			
investment income (interest,					
dividends, rents, payments on		•			
securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public					
and 5 or more exempt					
organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from			 		
an exempt organization					
		 			
(4) Gross investment income Part XV Supplementary Info	rmation (Comple	te this part only	if the foundation	had \$5,000 or more	in accote
at any time during t	•	•	ii the loundation	mad wo,ooo or more	5 III 055 0 15
	-				
1 Information Regarding Foundation	•	than 00/ of the total con	tributions reserved by th	a favordation bafava tha alasa	-f t
a List any managers of the foundation where year (but only if they have contributed in the contributed in			tributions received by th	e loundation defore the close	or any lax
NONE	11010 than 40,000). (000 0	0011011 001 (4)(2).)			
			/		
b List any managers of the foundation wh other entity) of which the foundation ha			(or an equally large port	ion of the ownership of a par	tnersnip or
- ·	to a 1070 or greater interes	J.,			
NONE	- · · · · · · · · · · · · · · · · · · ·		 		
2 Information Regarding Contribut					
Check here ► X if the foundation					sts for funds. If
the foundation makes gifts, grants, etc.			<u> </u>		
a The name, address, and telephone num	iber or email address of th	e person to whom apple	cations should be addres	ssed:	
b The form in which applications should	be submitted and informa	tion and materials they s	hould include;		
c Any submission deadlines:					
d Any restrictions or limitations on award	ls such as by geographic	al areas, charitable fields	kinds of institutions or	other factors	
	, saon as by goograpille	a a out, that habit helds	, minus of momunons, u	Other Ideters.	

Part XV Supplementary Information	(continued)			
3 Grants and Contributions Paid During the Ye	ear or Approved for Future	Payment		·
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	contribution	
Paid during the year				
FOOD ALLERGY RESEARCH & EDUCATION,	N/A	PC	TEEN SUMMIT	
INC. 7925 JONES BRANCH DRIVE, SUITE 1100			SCHOLARSHIP	
MCLEAN, VA 22102-5303		}		5,000.
				-
			_	
Total	1		▶ 3a	5,000.
b Approved for future payment				
- Approved for latelle paymon.				
MONT				
NONE				
		<u> </u>		
T-1-1		<u> </u>		0.
Total			▶ 3b	orm 990-PF (2017)

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelated business income			ded by section 512, 513, or 514	(e)
Enter group amounts amound attended managed.	(a)	(b)	(c) Exclu-	(d)	Related or exempt
1 Program service revenue;	Business code	Amount	sion	Amount	function income
a					
b					
С					
d		·			
6				· · · · · · · · · · · · · · · · · · ·	
1		 			
g Fees and contracts from government agencies					
2 Membership dues and assessments		-			
3 Interest on savings and temporary cash					
investments			14	94.	
4 Dividends and interest from securities					
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal					
property					
7 Other investment income					
8 Gain or (loss) from sales of assets other					
than inventory					
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory			<u> </u>		
11 Other revenue:	1				
a					
b					
c					
d	\				
e					
12 Subtotal. Add columns (b), (d), and (e)		0.		94.	
13 Total Add line 12, columns (b), (d), and (e)				13	94.
(See worksheet in line 13 instructions to verify calculations.)					

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

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes)

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Pai	rt XVII	Information Re Exempt Organ		sfers to a	nd Transactions a	nd Relationsh	ips With Nonc	haritable		
1	Did the c			of the following	ng with any other organization	on described in secti	on 501(c)		Yes	No
		•			g to political organizations?					
a	Transfer:	s from the reporting founds	ation to a noncharita	ble exempt or	ganization of:					
	(1) Casi	h						1a(1)		Х
	(2) Othe	er assets						1a(2)		Х
b	Other tra	nsactions;						<u> </u>		
	(1) Sale	s of assets to a noncharital	ble exempt organıza	tion				1b(1)		X
		chases of assets from a nor	•	organization				1b(2)		X
	` '	tal of facilities, equipment,	or other assets					1b(3)		X
	. ,	nbursement arrangements						1b(4)		X
		ns or loan guarantees						1b(5)		X
	• •	ormance of services or me of facilities, equipment, ma	•	•				1b(6)		X
			= :		adule Column (b) should al	lwave show the fair r	narket value of the or		ats	21
	or servic	es given by the reporting fo	oundation. If the fou	ndation receive	ed less than fair market valu	•			010,	
		(d) the value of the goods,			a support organization	(4) 5				
(a) Lii	ne no	(b) Amount involved	(c) Name o	N/A	e exempt organization	(d) Description	of transfers, transaction	s, and sharing arra	angemer	nts
				N/A						
					···		 			
					· · · · · · · · · · · · · · · · · · ·			·		
								•••		-
	_									
					· · · · · · · · · · · · · · · · · · ·					
	-									
2a	Is the for	undation directly or indirect	l tly affiliated with, or	related to, one	or more tax-exempt organ	ızatıons described				
	ın sectio	n 501(c) (other than section	n 501(c)(3)) or in se	ection 527?	, -			Yes	X	No
<u>b</u>	If "Yes," o	complete the following sch	edule.							
		(a) Name of org	janization		(b) Type of organization		(c) Description of rel	ationship		
		N/A				<u> </u>				
						 				
				7.4	m					
				-\6 W	1					
	Unde	er penalties of perjury. I declared	hat I have examined this	retury, including	accompanying schedules and s	I tatements, and to the be	st of my knowledge			
Sig		pelief, it is true, correct, and com	plete Declaration of pre	eparer (other than	taxpayer) is based on all informa	ation of which preparer h	as any knowledge	May the IRS of return with the shown below	discuss to prepare	his er
Hei					15/10/18	PRESI	ENT	X Yes		No No
	Sıç	nature of officer or trustee			Date	Title		- 100		
		Print/Type preparer's na		Preparer's s	ignature	Date	Check If	PTIN		
							self- employed			
Pai		TRACY S. P.			S. PAGLIA	05/07/18		P00366		
	parer	Firm's name ► MOS	S ADAMS I	LP			Firm's EIN ▶ 91	L-01893	18	
US	e Only						<u> </u>			
		Firm's address ► 31						\	.	
		J ST	OCKTON, C	:A 9521	9-2367		Phone no. 209	9-955-6		
								Form 990	J-PF	(2017)

TOTAL TO PART I, LINE 3		94.	94.	
FORM 990-PF	ACCOUNTI	NG FEES	S	STATEMENT 2
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		
ACCOUNTING FEES	9,8974	. 04	-	9,897.
TO FORM 990-PF, PG 1, LN 16B	9,897.	0.		9,897.
FORM 990-PF	OTHER E	OTHER EXPENSES		STATEMENT 3
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		(D) CHARITABLE PURPOSES
TRAINING TAXES	900.			900.
TO FORM 990-PF, PG 1, LN 23.	935.	0		935.

16450507 146892 630760

15 STATEMENT(S) 1, 2, 3

FORM 990-PF	PART VIII - LIST TRUSTEES AND			STATEMENT 4			
NAME AND ADDRESS		TITLE A	ND /WK	COMPEN- SATION	-	EMPLOYEE BEN PLAN CONTRIB	EXPENSE
KELLY BROTHERS 23 RAILROAD AVENUE DANVILLE, CA 94526	#1244	DIRECTOR 0.20			0.	0.	0.
JOANNE GIORGI 23 RAILROAD AVENUE DANVILLE, CA 94526	#1244	DIRECTOR, 5.00	SECI	RETARY	0.	0.	0.
LOUIS GIORGI, JR., 23 RAILROAD AVENUE DANVILLE, CA 94526		PRESIDENT 5.00	AND	DIRECTOR	0.	0.	0.
MARK GRIJNSZTEIN, 1 23 RAILROAD AVENUE DANVILLE, CA 94526		DIRECTOR 0.20			0.	0.	0.
DAVID HAGEN 23 RAILROAD AVENUE DANVILLE, CA 94526	#1244	DIRECTOR 0.20			0.	0.	0.
VERONICA HAGEN 23 RAILROAD AVENUE DANVILLE, CA 94526	#1244	DIRECTOR 0.20			0.	0.	0.
CANDACE LUCCHETTI 23 RAILROAD AVENUE DANVILLE, CA 94526	#1244	DIRECTOR 0.20			0.	0.	0.
RYAN LUCCHETTI 23 RAILROAD AVENUE DANVILLE, CA 94526	#1244	DIRECTOR 0.20			0.	0.	0.
JOHN MCGINNESS 23 RAILROAD AVENUE DANVILLE, CA 94526		DIRECTOR 0.20			0.	0.	0.
KATHY OERTLI 23 RAILROAD AVENUE DANVILLE, CA 94526	#1244	TREASURER 1.00	AND	CFO	0.	0.	0.

NATALIE GIORGI SUNSHINE FOUNDATION			46-36990	23
DON WREDEN, M.D. 23 RAILROAD AVENUE #1244 DANVILLE, CA 94526	DIRECTOR 0.20	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6,	PART VIII	0.	0.	0.