OMB No 1545-0687

EXTENDED TO NOVEMBER 15, 2018 **Exempt Organization Business Income Tax Return**

723701 01-22-18 LHA For Paperwork Reduction Act Notice, see instructions.

Form 990:

Form 990-T

orm 990-T		THE DOUDERA FAMILY	FOUNDATION			<u>54-18</u>	<u> 31765</u>	4	Page 2
Part I		Tax Computation				<u> </u>			
35	Orga	nizations Taxable as Corporations. See instruct	ons for tax computation.]	
	Contr	olled group members (sections 1561 and 1563)	check here 🕨 🔙 Se	e instructions and	d:		-	1	
а	Enter	your share of the \$50,000, \$25,000, and \$9,925	,000 taxable income brac	kets (in that order	·):			Ì	
	(1)	\$ (2) \\$	(3)	\$			ŀ		
b	Enter	organization's share of: (1) Additional 5% tax (n	ot more than \$11,750)	\$					
	(2) A	dditional 3% tax (not more than \$100,000)		\$					
С	Incom	ne tax on the amount on line 34				•	► 35c	22	<u> 126.</u>
36	Trust	s Taxable at Trust Rates. See instructions for ta	x computation. Income ta	x on the amount o	on line 3	4 from:			
		Tax rate schedule or Schedule D (Form	1041)			•	▶ 36		
37	Proxy	tax. See instructions				•	▶ 37		
38	Alterr	native minimum tax					38		
39	Tax o	n Non-Compliant Facility Income. See instruction	ons				39		
40	Total	. Add lines 37, 38 and 39 to line 35c or 36, which	ever applies				40	22	<u> 126.</u>
Part I	<u>v </u>	Tax and Payments							
41a	Forei	gn tax credit (corporations attach Form 1118; tru	sts attach Form 1116)		41a			İ	
b	Other	credits (see instructions)			41b				
C	Gene	ral business credit. Attach Form 3800			41c				
d	Credi	t for prior year minimum tax (attach Form 8801 c	r 8827)		41d				
е	Total	credits. Add lines 41a through 41d					41e		
42	Subt	ract line 41e from line 40				_	42	22	<u>126.</u>
43	Other	taxes. Check if from: Form 4255 Fo	rm 8611 🔲 Form 869	7 📖 Form 886	66 L	Other (attach schedule) 43		
44	Tota	tax. Add lines 42 and 43		1	, ,		44	22	<u> 126.</u>
45 a	Paym	nents: A 2016 overpayment credited to 2017			45a	2160	<u>).</u>		
b	2017	estimated tax payments			45b				
C	Tax c	leposited with Form 8868			45c	19930) .		
d	Forei	gn organizations: Tax paid or withheld at source (see instructions)		45d				
е	Back	up withholding (see instructions)			45e				
f	Credi	it for small employer health insurance <u>prem</u> iums i	(Attach Form 8941)		45f				
g	Other	r credits and payments:	2439						
		Form 4136 Other	· · · · · · · · · · · · · · · · · · ·	_ Total 🕨	45g		 │		
46	Total	payments. Add lines 45a through 45g	_	_			46	22	<u>090.</u>
47	Estim	nated tax penalty (see instructions). Check if Form	2220 is attached 🕨 🗀				47		
48	Tax c	lue. If line 46 is less than the total of lines 44 and	47, enter amount owed			•	► <u>48</u>		<u> 36.</u>
49		payment. If line 46 is larger than the total of lines		overpaid		, ▶	49		
50		the amount of line 49 you want: Credited to 201				Refunded	50		
Part \	<u> </u>	Statements Regarding Certain A	ctivities and Othe	r Informatio	n (see	instructions)			
51		y time during the 2017 calendar year, did the org		•		-		Yes	S No
		a financial account (bank, securities, or other) in a		-	-				
	FinCE	EN Form 114, Report of Foreign Bank and Financi	al Accounts. If YES, enter	the name of the f	oreign c	ountry			
	here								X
52		g the tax year, did the organization receive a distr		grantor of, or tra	nsferor	to, a foreign trust?		<u> </u>	X
		6, see instructions for other forms the organization	•						
<u>53</u>		the amount of tax-exempt interest received or ac	<u>,</u>			-			
Sian		nder penalties of perjury, I declare that I have examined thi rrect, and complete. Declaration of preparer (other than ta					nowledge a	nd belief, it is true,	
Sign Here			1	22222			•	S discuss this retur	
пете		Signature of officer	Date	PRESIDE	NT'	i		sr shown below (see	_
			<u> </u>	Title				s)? X Yes	No
		Print/Type preparer's name	reparer's signature	Date	e	Check L	ıf PTII	N	
Paid		COMPRISATE CAMPAGE	Minhai the	- X/1	/1 -	self- employe		0040600	4
Prepa	arer	STEPHANIE SAUNDERS	7000	8014	/15/			0048689	
Use (Only		UNDERS,/P.C.	- 		Firm's EIN I	<u> </u>	4-14556	<u>U</u> 0
	-	4992 RAVENS		2 4216		Dh	/757	\ 407.2	<i>C C T</i>
		Firm's address ► VIRGINIA BE	ACH, VA 2346	<u> </u>		Phone no.	(757	/ =# / V	
								Form 990- 1	ı (2017)

Schedule A - Cost of Goods	Sold. Enter method of inver	itory valuation N/A	,	_	
1 Inventory at beginning of year	1	6 Inventory at end of year	ır	6	
2 Purchases	2	7 Cost of goods sold. St	ubtract line 6		
3 Cost of labor	3	from line 5. Enter here	and in Part I,		
4a Additional section 263A costs		line 2		<u> 7</u>	
(attach sc hedule)	4 <u>a</u>	8 Do the rules of section	263A (with respect to		Yes No
b Other costs (attach schedule)	4b	property produced or a	acquired for resale) apply to		
5 Total. Add lines 1 through 4b	5	the organization?			
Schedule C Rent Income (see instructions)	From Real Property and	d Personal Property	Leased With Real Pro	operty)	
Description of property					
(1)	<u> </u>				
(2)					
(3)					
(4)					
	2. Rent received or accrued		0(-)-		
(a) From personal property (if the per rept for personal property is more 10% but not more than 50%	than 'of rent for p	and personal property (if the percenta personal property exceeds 50% or if nt is based on profit or income)	age 3(a) Deductions directl columns 2(a) a	ly connected with the and 2(b) (attach sche	
(1)					
(2)					
(3)					
(4)	· <u></u> .				
Total	O . Total		0.		
(c) Total incom e. Add totals of columns a here and on page 1, Part I, line 6, column			(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	•	0.
Schedule E - Unrelated Deb	ot-Financed Income (see	instructions)			
		2. Gross income from	3. Deductions directly conto debt-finan		cable
1. Description of debt-fin	nanced property	or allocable to debt- financed property	(a) Straight line depreciation (attach schedule)		deductions schedule)
				STATEM	ENT 7
(1)					
(2) CEROS INVESTMENT	<u>S</u>	369582.			52218.
(3)					·
(4)	 				
Amount of average acquisition debt on or all locable to debt-financed property (attach schedule)	Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	(column 6 x	ble deductions total of columns and 3(b))
STATEMENT 8	STATEMENT 9			-	
(1) (2) 1716454.	5412472.	31.71%	117194		16550
			11/194	:•	16558.
(3)		%			
(4)		76	Enter here and an ac 1	Enter have a	
			Enter here and on page 1, Part I, line 7, column (A)		ind on page 1, 7, column (B)
Totals		▶	117194		16558.
Total dividends-received deductions inc	cluded in column 8			-	0.

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0

0

0.

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Totals (carry to Part II, line (5))

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1, Name of periodical		2. Gross advertising income	3. Direct advertising costs	Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)		_					
(2)							
(3)							
(4)							
Totals from Part I		0.	0.				0
		Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)		0.	0.				0

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		>	0.

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Form 4626 Department of the Treasury Internal Revenue Service

Alternative Minimum Tax - Corporations

Attach to the corporation's tax return.

▶ Go to www.irs.gov/Form4626 for instructions and the latest information.

OMB No 1545-0123

Name				Employer identification number
	THE DOUDERA FAMILY FOUNDATION			54-1817654
	Note: See the instructions to find out if the corporation is a small corporation exempt			
	from the alternative minimum tax (AMT) under section 55(e).			
1	Taxable income or (loss) before net operating loss deduction		1	99636.
2	Adjustments and preferences:			
а	Depreciation of post-1986 property		2a	
b	Amortization of certified pollution control facilities		2b	
c	Amortization of mining exploration and development costs		2c	
d	Amortization of circulation expenditures (personal holding companies only)		2d	
e	Adjusted gain or loss		2e	
f	Long-ter m contracts		2f	
c	Merchan't marine capital construction funds		2g	
ŀ	Section 833(b) deduction (Blue Cross, Blue Shield, and similar type organizations only)		2h	
i	Tax shelter farm activities (personal service corporations only)		2i	
j	Passive activities (closely held corporations and personal service corporations only)		2j	
,	Loss lim itations		2k	
1	Depletion		21	
ı	n Tax-exempt interest income from specified private activity bonds		2m	
ı	Intangib le drilling costs		2n	
(Other ad justments and preferences		20	
3	Pre-adju stment alternative minimum taxable income (AMTI). Combine lines 1 through 20		3	99636.
4	Adjusted current earnings (ACE) adjustment:	1 1	ŀ	
•	ACE from line 10 of the ACE worksheet in the instructions	4a 996	36.	
ı	Subtract line 3 from line 4a. If line 3 exceeds line 4a, enter the difference as a			
	negative amount. See instructions	4b	0.	
(: Multiply line 4b by 75% (0.75). Enter the result as a positive amount	4c		
(I Enter the excess, if any, of the corporation's total increases in AMTI from prior			
	year ACE adjustments over its total reductions in AMTI from prior year ACE			
	adjustments. See instructions. Note: You must enter an amount on line 4d			
	(even if I ine 4b is positive)	4d		
(ACE adjustment.			
	 If line 4b is zero or more, enter the amount from line 4c)		
	• If line 4b is less than zero, enter the smaller of line 4c or line 4d as a negative amount	}	4e	0.
5	Combine lines 3 and 4e. If zero or less, stop here; the corporation does not owe any AMT		5	99636.
6	Alternative tax net operating loss deduction. See instructions		6	ļ
7	Alternative minimum taxable income. Subtract line 6 from line 5. If the corporation held a	a residual		
	interest in a REMIC, see instructions		7_	99636.
8	Exemption phase-out (If line 7 is \$310,000 or more, skip lines 8a and 8b and enter -0- on	line 8c):		
1	Subtract \$150,000 from line 7. If completing this line for a member of a controlled	1 1		
	group, see instructions. If zero or less, enter -0-	8a	0.	
	Multiply line 8a by 25% (0.25)	8b	0.	
	Exemption. Subtract line 8b from \$40,000. If completing this line for a member of a control	lled		
	group, see instructions. If zero or less, enter -0-		<u>8</u> c	40000.
9	Subtract line 8c from line 7. If zero or less, enter -0-		9	59636.
10	Multiply line 9 by 20% (0.20)		10	11927.
11	Alternative minimum tax foreign tax credit (AMTFTC). See instructions			1122
12	Tentative minimum tax. Subtract line 11 from line 10		12	11927.
13	Regular tax liability before applying all credits except the foreign tax credit		13	22126.
14	Alternative minimum tax. Subtract line 13 from line 12. If zero or less, enter -0 Enter her			
	Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return	<u>n</u>	14	0.
114//	Cor Department Reduction Act Notice see senarate instructions			Form 4626 (2017)

Adjusted Current Earnings (ACE) Worksheet

	<u> </u>	➤ See ACE Worksheet Ins	tructions.		
1	Pre-adjustment AMTI. Enter the amount from line 3	of Form 4626		1	<u>99636.</u>
2	ACE depreciation adjustment:		1 1		
	AMT depreciation				
t	ACE depreciation:				
	(1) Post-1993 property	2b(1)			
	(2) Post-1989, pre-1994 property	2b(2)			
	(3) Pre-1990 MACRS property	2b(3)			
	(4) Pre-1990 original ACRS property	2b(4)			
	(5) Property described in sections				
	168(f)(1) through (4)	2b(5)			
	(6) Other property	2b(6)			
	(7) Total ACE depreciation. Add lines 2b(1) throu	gh 2b(6)	2b(7)		
(ACE depreciation adjustment. Subtract line 2b(7) fro	m line 2a		2c	
3	Inclusion in ACE of items included in earnings and p	rofits (E&P):			
	a Tax-exempt interest income		3a		
ı	b Death benefits from life insurance contracts		3b		
(All other distributions from life insurance contracts (including surrenders)	3c		
(d Inside buildup of undistributed income in life insurar	nce contracts	3d		
(e Other items (see Regulations sections 1.56(g)-1(c)(6	6)(III) through (IX)			
	for a partial list)		3e		
1	f Total increase to ACE from inclusion in ACE of items	included in E&P. Add lines 3a three	ough 3e	3f	
4	Disallowance of items not deductible from E&P:		1		
;	a Certain dividends received		4a		
1	Dividends paid on certain preferred stock of public utilities that	at are deductible under section 247 (as			
	affected by P L 113-295, Div A, section 221(a)(41)(A), Dec 16	9, 2014, 128 Stat 4043)	4b		
(c Dividends paid to an ESOP that are deductible under	section 404(k)	4c		
	d Nonpatronage dividends that are paid and deductible	e under section			
	1382(c)		4d		
4	e Other items (see Regulations sections 1.56(g)-1(d)(3)(ı) and (ıı) for a			
	partial list)		4e		
1	f Total increase to ACE because of disallowance of itel	ns not deductible from E&P. Add l	lines 4a through 4e	4f	
5	Other adjustments based on rules for figuring E&P:		1 1		
	a Intangible drilling costs		5a		
	b Circulation expenditures		5b		
-	c Organizational expenditures		5c		
	d LIFO inventory adjustments		5d		
	e Installment sales		5e		
1	f Total other E&P adjustments. Combine lines 5a thro	ugh 5e		5f	
6	Disallowance of loss on exchange of debt pools			6	
7	Acquisition expenses of life insurance companies for	qualified foreign contracts		7	
8	Depletion			8	
9	Basis adjustments in determining gain or loss from s	=		9	
10	Adjusted current earnings. Combine lines 1, 2c, 3f,	4f, and 5f through 9. Enter the res	ult here and on line 4a of		
	Form 4626			10	<u>99636.</u>

FORM 990-T SCHEDULE E - OT	HER DEDUCTIONS		STATEMENT	7
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL	
MARGIN INTEREST - SUBTOTA	L - 5	52218.	522:	18.
TOTAL OF FORM 990-T, SCHEDULE E, COLU	MN 3(B)		522	18.
FORM 990-T AVERAGE ACQUISITE ALLOCABLE TO DEBT-			STATEMENT	8
			STATEMENT	8
ALLOCABLE TO DEBT-	ACTIVITY NUMBER	RTY		

FORM 990-T	ERTY	STATEMENT	9		
DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL	
BASIS	- SUBTOTAL -	5	5412472.	541247	72.
TOTAL OF FORM 9	90-T, SCHEDULE E, COLUMN	5		541247	72.