

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

Name of foundation THE CORTOPASSI FAMILY FOUNDATION		A Employer identification number 68-0232655	
Number and street (or P O box number if mail is not delivered to street address) 11292 N ALPINE ROAD		Room/suite	
City or town, state or province, country, and ZIP or foreign postal code STOCKTON, CA 95212		B Telephone number (see instructions) (209) 948-0792	
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) \$ 19,138,354		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here	
J Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) (Part I, column (d) must be on cash basis)			

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)	5,157,097			
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments	12,871	12,871		
	4 Dividends and interest from securities	588,375	588,375		
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10				
	b Gross sales price for all assets on line 6a				
	7 Capital gain net income (from Part IV, line 2)		0		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
Operating and Administrative Expenses	b Less Cost of goods sold				
	c Gross profit or (loss) (attach schedule)				
	11 Other income (attach schedule)				
	12 Total. Add lines 1 through 11	5,758,343	601,246		
	13 Compensation of officers, directors, trustees, etc	18,900	0		18,900
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule)	3,467	0		3,467
	b Accounting fees (attach schedule)	16,000	4,000		12,000
	c Other professional fees (attach schedule)	45,000	0		45,000
	17 Interest				
	18 Taxes (attach schedule) (see instructions)	10,242	0		0
	19 Depreciation (attach schedule) and depletion	101,493	0		
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses (attach schedule)	374,460	0		0
	24 Total operating and administrative expenses. Add lines 13 through 23	569,562	4,000		79,367
	25 Contributions, gifts, grants paid	911,123			911,123
	26 Total expenses and disbursements. Add lines 24 and 25	1,480,685	4,000		990,490
	27 Subtract line 26 from line 12				
	a Excess of revenue over expenses and disbursements	4,277,658			
	b Net investment income (if negative, enter -0-)		597,246		
c Adjusted net income(if negative, enter -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					
	2	Savings and temporary cash investments	4,160,119	8,539,039	8,539,039		
	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) ▶ _____ 350,000 Less allowance for doubtful accounts ▶ _____ 0	350,000	350,000	350,000		
	8	Inventories for sale or use					
	9	Prepaid expenses and deferred charges					
	10a	Investments—U S and state government obligations (attach schedule)					
	b	Investments—corporate stock (attach schedule)	10,470,385	10,470,385	9,767,423		
	c	Investments—corporate bonds (attach schedule)					
	11	Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____					
	12	Investments—mortgage loans					
	13	Investments—other (attach schedule)					
	14	Land, buildings, and equipment basis ▶ _____ 513,066 Less accumulated depreciation (attach schedule) ▶ _____ 165,584	448,975	347,482	347,482		
15	Other assets (describe ▶ _____)	1,152,693	134,410	134,410			
16	Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)	16,582,172	19,841,316	19,138,354			
Liabilities	17	Accounts payable and accrued expenses					
	18	Grants payable	98,135	35,390			
	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 ▶ _____)	231	0			
	23	Total liabilities (add lines 17 through 22)	98,366	35,390			
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.						
	24	Unrestricted	15,373,803	19,714,206			
	25	Temporarily restricted	1,110,003	91,720			
	26	Permanently restricted					
	Foundations that do not follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 27 through 31.						
	27	Capital stock, trust principal, or current funds					
	28	Paid-in or capital surplus, or land, bldg , and equipment fund					
	29	Retained earnings, accumulated income, endowment, or other funds					
30	Total net assets or fund balances (see instructions)	16,483,806	19,805,926				
31	Total liabilities and net assets/fund balances (see instructions) .	16,582,172	19,841,316				

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	16,483,806
2	Enter amount from Part I, line 27a	2	4,277,658
3	Other increases not included in line 2 (itemize) ▶ _____	3	62,745
4	Add lines 1, 2, and 3	4	20,824,209
5	Decreases not included in line 2 (itemize) ▶ _____	5	1,018,283
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .	6	19,805,926

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1a			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a			
b			
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
a			
b			
c			
d			
e			

2 Capital gain net income or (net capital loss)	{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7	2	
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8		3	

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	1,131,239	13,094,908	0 086388
2015	2,732,017	18,530,829	0 147431
2014	1,430,843	31,330,546	0 045669
2013	1,887,516	25,107,055	0 075179
2012	1,050,960	25,275,599	0 041580
2 Total of line 1, column (d)			2 0 396247
3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years			3 0 079249
4 Enter the net value of noncharitable-use assets for 2017 from Part X, line 5			4 16,914,700
5 Multiply line 4 by line 3			5 1,340,473
6 Enter 1% of net investment income (1% of Part I, line 27b)			6 5,972
7 Add lines 5 and 6			7 1,346,445
8 Enter qualifying distributions from Part XII, line 4			8 990,490

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate See the Part VI instructions

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)

1a	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1 Date of ruling or determination letter _____ (attach copy of letter if necessary—see instructions)		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b	1	11,945
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	0
3	Add lines 1 and 2.	3	11,945
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	0
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	11,945
6	Credits/Payments		
a	2017 estimated tax payments and 2016 overpayment credited to 2017	6a	8,320
b	Exempt foreign organizations—tax withheld at source	6b	
c	Tax paid with application for extension of time to file (Form 8868)	6c	
d	Backup withholding erroneously withheld	6d	0
7	Total credits and payments. Add lines 6a through 6d.	7	8,320
8	Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8	0
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed ▶	9	3,625
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid ▶	10	
11	Enter the amount of line 10 to be Credited to 2018 estimated tax ▶ Refunded ▶	11	

Part VII-A Statements Regarding Activities

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a	No
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)? <i>If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities</i>	1b	No
c Did the foundation file Form 1120-POL for this year?	1c	No
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation ▶ \$ _____ (2) On foundation managers ▶ \$ _____		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ▶ \$ _____		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If "Yes," attach a detailed description of the activities</i>	2	No
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If "Yes," attach a conformed copy of the changes</i>	3	No
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	No
b If "Yes," has it filed a tax return on Form 990-T for this year?	4b	
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If "Yes," attach the statement required by General Instruction T</i>	5	No
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	Yes
7 Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col (c), and Part XV</i>	7	Yes
8a Enter the states to which the foundation reports or with which it is registered (see instructions) ▶ CA _____		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? <i>If "No," attach explanation</i> .	8b	Yes
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2017 or the taxable year beginning in 2017 (see instructions for Part XIV)? <i>If "Yes," complete Part XIV</i>	9	No
10 Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses</i>	10	No

Part VII-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions).	11		No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► N/A	13	Yes	
14	The books are in care of ► DONALD G LENZ Telephone no ► (209) 948-0792			


Located at **►** 11292 N ALPINE RD STOCKTON CAZIP+4 **►** 95212

15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —Check here <input type="checkbox"/>	15		
16	At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). If "Yes," enter the name of the foreign country ►	16	Yes	No

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required**File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.**

1a	During the year did the foundation (either directly or indirectly)		Yes	No
(1)	Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
(2)	Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
(3)	Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
(4)	Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
(5)	Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
(6)	Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? <input type="checkbox"/> Organizations relying on a current notice regarding disaster assistance check here. ► <input type="checkbox"/>	1b		
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2017? <input type="checkbox"/>	1c		No
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
a	At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2017? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ► 20____, 20____, 20____, 20____			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see instructions). <input type="checkbox"/>	2b		
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here ► 20____, 20____, 20____, 20____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b	If "Yes," did it have excess business holdings in 2017 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2017). <input type="checkbox"/>	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2017?	4b		No

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

5a	<p>During the year did the foundation pay or incur any amount to</p> <p>(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>(3) Provide a grant to an individual for travel, study, or other similar purposes? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>			
b	<p>If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Organizations relying on a current notice regarding disaster assistance check here. <input type="checkbox"/> </p>	5b		
c	<p>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</p> <p><i>If "Yes," attach the statement required by Regulations section 53.4945–5(d)</i></p>			
6a	<p>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</p>			
b	<p>Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><i>If "Yes" to 6b, file Form 8870</i></p>	6b		No
7a	<p>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</p>			
b	<p>If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	7b		

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
SAN TOMO INC 11292 ALPINE ROAD STOCKTON, CA 95212	MANAGEMENT	350,000

Total number of others receiving over \$50,000 for professional services.

0

Part IX-A

Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1	
2	
3	
4	

Part IX-B

Summary of Program-Related Investments (see instructions)

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

Total. Add lines 1 through 3

0

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

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
a	Average monthly fair market value of securities.	1a	9,867,792
b	Average of monthly cash balances.	1b	7,293,119
c	Fair market value of all other assets (see instructions).	1c	11,373
d	Total (add lines 1a, b, and c).	1d	17,172,284
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	1e	0
2	Acquisition indebtedness applicable to line 1 assets.	2	0
3	Subtract line 2 from line 1d.	3	17,172,284
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	257,584
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	16,914,700
6	Minimum investment return. Enter 5% of line 5.	6	845,735

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

1	Minimum investment return from Part X, line 6.	1	845,735
2a	Tax on investment income for 2017 from Part VI, line 5.	2a	11,945
b	Income tax for 2017 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	11,945
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	833,790
4	Recoveries of amounts treated as qualifying distributions.	4	0
5	Add lines 3 and 4.	5	833,790
6	Deduction from distributable amount (see instructions).	6	0
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	7	833,790

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.	1a	990,490
b	Program-related investments—total from Part IX-B.	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required).	3a	
b	Cash distribution test (attach the required schedule).	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4.	4	990,490
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see instructions).	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	990,490

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
1 Distributable amount for 2017 from Part XI, line 7				833,790
2 Undistributed income, if any, as of the end of 2017				
a Enter amount for 2016 only.			0	
b Total for prior years 20____, 20____, 20____		0		
3 Excess distributions carryover, if any, to 2017				
a From 2012.				
b From 2013. 633,201				
c From 2014.				
d From 2015. 1,817,948				
e From 2016. 493,110				
f Total of lines 3a through e.	2,944,259			
4 Qualifying distributions for 2017 from Part XII, line 4 ▶ \$ 990,490				
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.				833,790
e Remaining amount distributed out of corpus	156,700			
5 Excess distributions carryover applied to 2017 (If an amount appears in column (d), the same amount must be shown in column (a))	0			0
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	3,100,959			
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 amount—see instructions		0		
e Undistributed income for 2016 Subtract line 4a from line 2a Taxable amount—see instructions			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 (see instructions).	0			
9 Excess distributions carryover to 2018. Subtract lines 7 and 8 from line 6a	3,100,959			
10 Analysis of line 9				
a Excess from 2013. 633,201				
b Excess from 2014.				
c Excess from 2015. 1,817,948				
d Excess from 2016. 493,110				
e Excess from 2017. 156,700				

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

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.)

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

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
a <i>Paid during the year</i> See Additional Data Table				
Total			▶ 3a	911,123
b <i>Approved for future payment</i>				
Total			▶ 3b	0

Enter gross amounts unless otherwise indicated

Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
1 Program service revenue					
a _____					
b _____					
c _____					
d _____					
e _____					
f _____					
g Fees and contracts from government agencies					
2 Membership dues and assessments.					
3 Interest on savings and temporary cash investments			14	12,871	
4 Dividends and interest from securities.			14	588,375	
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					
11 Other revenue a _____					
b _____					
c _____					
d _____					
e _____					
12 Subtotal. Add columns (b), (d), and (e).		0		601,246	0
13 Total. Add line 12, columns (b), (d), and (e).			13		601,246

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

[illegible]

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

1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?		Yes	No
a Transfers from the reporting foundation to a noncharitable exempt organization of			
(1) Cash.			No
(2) Other assets.			No
b Other transactions			
(1) Sales of assets to a noncharitable exempt organization.			No
(2) Purchases of assets from a noncharitable exempt organization.			No
(3) Rental of facilities, equipment, or other assets.			No
(4) Reimbursement arrangements.			No
(5) Loans or loan guarantees.			No
(6) Performance of services or membership or fundraising solicitations.			No
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees.		1c	No

d If the answer to any of the above is "Yes," complete the following schedule. Column **(b)** should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column **(d)** the value of the goods, other assets, or services received.

(a) Line No	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No

b If "Yes," complete the following schedule

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

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

*****	2018-05-09	*****
Signature of officer or trustee	Date	Title


May the IRS discuss this return with the preparer shown below?
 (see instr.)? ☒ Yes ☐ No

Paid Preparer Use Only	Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	GARY R DANIEL		2018-05-08		P00045989
	Firm's name ▶ BOWMAN & COMPANY LLP				Firm's EIN ▶ 94-1481988
Firm's address ▶ 10100 TRINITY PARKWAY SUITE 310 STOCKTON, CA 95219					Phone no (209) 473-1040


Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation				
(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
DEAN CORTOPASSI	PRESIDENT 1 00	0	0	0
11292 N ALPINE ROAD STOCKTON, CA 95212				
JOAN CORTOPASSI	TRUSTEE 1 00	0	0	0
11292 N ALPINE ROAD STOCKTON, CA 95212				
DONALD LENZ	SEC/TREAS 1 00	0	0	0
11292 N ALPINE ROAD STOCKTON, CA 95212				
KATHERINE WHITLOW	TRUSTEE 1 00	4,050	0	0
11292 N ALPINE ROAD STOCKTON, CA 95212				
REBECCA CARLSON	TRUSTEE 1 00	2,700	0	0
11292 N ALPINE ROAD STOCKTON, CA 95212				
CARLA DONALDSON	TRUSTEE 1 00	4,050	0	0
11292 N ALPINE ROAD STOCKTON, CA 95212				
TOM CORTOPASSI	TRUSTEE 1 00	4,050	0	0
11292 N ALPINE ROAD STOCKTON, CA 95212				
JEFF COLOMBINI	TRUSTEE 1 00	4,050	0	0
11292 N ALPINE ROAD STOCKTON, CA 95212				

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
ALZHEIMER'S AID SOCIETY OF NO CALIFORNIA 2641 COTTAGE WAY 4 SACRAMENTO, CA 95825	NONE	PC	CHARITABLE	1,000
AMERICAN ASSOCIATION OF UNIVERSITY WOMEN PO BOX 690663 STOCKTON, CA 95269	NONE	PC	CHARITABLE	2,000
AMERICAN CANCER SOCIETY 207 E ALPINE AVE STOCKTON, CA 95204	NONE	PC	CHARITABLE	1,000
AMERICAN WOMEN ARTISTSPO BOX 755 LODI, CA 95241	NONE	PC	CHARITABLE	2,500
ANIMAL PROTECTION LEAGUE PO BOX 691912 STOCKTON, CA 95269	NONE	PC	CHARITABLE	1,000
Total ▶ 3a				911,123

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
ASPIRE PUBLIC SCHOOLS 1001 22ND AVE NO 100 OAKLAND, CA 94606	NONE	PC	CHARITABLE	16,000
ASSISTANCE LEAGUE OF STOCKTON PO BOX 7766 STOCKTON, CA 95267	NONE	PC	CHARITABLE	3,000
BIG VALLEY TRACK CLUB 169 WEST 5TH ST STOCKTON, CA 95206	NONE	PC	CHARITABLE	5,000
BOSTON COLLEGE WOMEN'S ROWING 201 D2 SOUTH END ZONE CHESTNUT HILL, MA 02467	NONE	PC	CHARITABLE	1,000
BOYS & GIRLS CLUB OF MANTECA AND LATHROP PO BOX 1061 MANTECA, CA 95336	NONE	PC	CHARITABLE	2,500
Total 				911,123
3a				

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
BOYS AND GIRLS CLUB OF LODI PO BOX 244 LODI, CA 95241	NONE	PC	CHARITABLE	10,000
CALIF SECTION AMERICAN CHEMICAL SOCIETY 2950 MERCED STREET 225 SAN LEANDRO, CA 94577	NONE	PC	CHARITABLE	5,000
CALIFORNIA PACIFIC MEDICAL CENTER FNDTN 2100 WEBSTER STREET 401 SAN FRANCISCO, CA 94115	NONE	PC	CHARITABLE	1,000
CANCER KIDS OF SAN JOAQUIN COUNTY PO BOX 1592 WOODBIDGE, CA 95258	NONE	PC	CHARITABLE	2,000
CARDIOVASCULAR RESEARCH FOUNDATION OF SOUTHERN CALIFORNIA 414 N CAMDEN AVENUE NO 1100 BEVERLY HILLS, CA 90210	NONE	PC	CHARITABLE	5,000
Total ► 3a				911,123


Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
CATHEDRAL OF THE ANNUNCIATION SCHOOL 1110 N LINCOLN ST STOCKTON, CA 95203	NONE	PC	CHARITABLE	1,000
CHILD ABUSE PREVENTION COUNCIL PO BOX 1257 STOCKTON, CA 95201	NONE	PC	CHARITABLE	2,500
CHILDREN'S HOME AUXILIARY PO BOX 7512 STOCKTON, CA 95267	NONE	PC	CHARITABLE	3,500
CHILDREN'S MUSEUM OF STOCKTON 402 W WEBER AVENUE STOCKTON, CA 95203	NONE	PC	CHARITABLE	1,000
COMMUNITY CENTER FOR THE BLIND 2453 GRAND CANAL BLVD STOCKTON, CA 95207	NONE	PC	CHARITABLE	1,000
Total 				911,123
3a				

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
COMMUNITY FOUNDATION OF SAN JOAQUIN 6735 HERNDON PLACE NO B STOCKTON, CA 95219	NONE	PC	CHARITABLE	1,800
COMMUNITY PARTNERSHIP FOR FAMILIES PO BOX 1569 STOCKTON, CA 95201	NONE	PC	CHARITABLE	126,000
EL CONCILIO 445 N SAN JOAQUIN STREET STOCKTON, CA 95202	NONE	PC	CHARITABLE	2,000
EMERGENCY FOOD BANKPO BOX 2241 STOCKTON, CA 95201	NONE	PC	CHARITABLE	2,500
FEATHER RIVER LAND TRUST PO BOX 1826 QUINCY, CA 95971	NONE	PC	CHARITABLE	5,000
Total ▶ 3a				911,123

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
GOSPEL CENTER RESCUE MISSION 445 S SAN JOAQUIN STREET STOCKTON, CA 95203	NONE	PC	CHARITABLE	5,000
GREAT VALLEY BOOKFESTPO BOX 2188 MANTECA, CA 95337	NONE	PC	CHARITABLE	1,000
HAGGIN MUSEUM 1201 N PERSHING AVENUE STOCKTON, CA 95203	NONE	PC	CHARITABLE	1,000
HARVEST RIDGE PLACER ACADEMY 2213 SUNSET BLVD ROCKLIN, CA 95675	NONE	PC	CHARITABLE	1,000
HOSPICE OF SAN JOAQUIN 3888 PACIFIC AVE STOCKTON, CA 95204	NONE	PC	CHARITABLE	20,000
Total ▶ 3a				911,123

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
IRONSTONE CONCOURS FOUNDATION 3247 W MARCH LANE SUITE 200 STOCKTON, CA 95219	NONE	PC	CHARITABLE	2,500
JOHN BURTON ADVOCATES FOR YOUTH 235 MONTGOMERY ST STE 1142 SAN FRANCISCO, CA 94104	NONE	PC	CHARITABLE	15,000
JUNIOR LEAGUE OF SAN JOAQUIN COUNTY PO BOX 7363 STOCKTON, CA 95267	NONE	PC	CHARITABLE	2,500
JUNIOR WOMEN'S GROUP 1201 N PERSHING STOCKTON, CA 95203	NONE	PC	CHARITABLE	1,000
LEADERSHIP LODI PARTNERS IN EDUCATION 35 S SCHOOL ST LODI, CA 95240	NONE	PC	CHARITABLE	2,500
Total ► 3a				911,123

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
LIGURI NEL MONDOPO BOX 693132 STOCKTON, CA 95269	NONE	PC	EDUCATIONAL	2,500
LILLIPUT CHILDREN'S SERVICES 8391 AUBURN BLVD CITRUS HEIGHTS, CA 95610	NONE	PC	CHARITABLE	5,000
LINDEN-PETERS CHAMBER OF COMMERCE PO BOX 557 LINDEN, CA 95236	NONE	PC	CHARITABLE	1,000
LODI HOUSE 801 SOUTH WASHINGTON STREET LODI, CA 95240	NONE	PC	CHARITABLE	10,000
LODI MEMORIAL HOSPITAL FOUNDATION 845 S FAIRMONT AVE STE 3 LODI, CA 95240	NONE	PC	CHARITABLE	2,500
Total 				911,123
3a				

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
LODI MUSICAL THEATER 2044 SUGARBOWL WAY LODI, CA 95242	NONE	PC	CHARITABLE	1,000
LODI SANDHILL CRANE ASSOCIATION PO BOX 1616 LODI, CA 95241	NONE	PC	CHARITABLE	5,000
MD ANDERSON CANCER CENTER PO BOX 4486 HOUSTON, TX 77210	NONE	PC	CHARITABLE	100,000
MEXICAN HERITAGE CENTER PO BOX 77985 STOCKTON, CA 95267	NONE	PC	CHARITABLE	1,000
NAMASTE FOUNDATION 229 BRANNAN ST UNITE 3A SAN FRANCISCO, CA 94107	NONE	PC	CHARITABLE	5,000
Total ► 3a				911,123

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
ONE TLC SCHOOL FOR HOMELESS CHILDREN FOUNDATION PO BOX 692383 STOCKTON, CA 95269	NONE	PC	CHARITABLE	5,000
PACE UNIVERSAL 1 N CALLE CEASER CHAVEZ 102 STOCKTON SANTA BARBARA, CA 93103	NONE	PC	CHARITABLE	2,500
PACIFIC ITALIAN ALLIANCE PO BOX 4142 STOCKTON, CA 95204	NONE	PC	CHARITABLE	1,000
PIXIE WOODS CHILDREN'S PARK PO BOX 4622 STOCKTON, CA 95204	NONE	PC	CHARITABLE	1,000
PLUMAS COUNTY SEARCH & RESCUE PO BOX 47 QUINCY, CA 95971	NONE	PC	CHARITABLE	1,000
Total ► 3a				911,123

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
PLUMAS COUNTY SHERIFF ASSOCIATION 1400 EAST MAIN STREET QUINCY, CA 95971	NONE	PC	CHARITABLE	500
POLICE SUPPORT FOUNDATION 11292 N ALPINE DR STOCKTON, CA 95212	NONE	PC	CHARITABLE	5,000
PREGNANCY RESOURCE CENTER OF LODI 942 EAST PINE STREET LODI, CA 95240	NONE	PC	CHARITABLE	1,000
READ TO ME STOCKTON 1346 EAST HARDING WAY STOCKTON, CA 95205	NONE	PC	CHARITABLE	2,000
READY TO WORK119 E WEBER AVE STOCKTON, CA 95202	NONE	PC	CHARITABLE	25,000
Total ▶ 3a				911,123

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
RED RHINO ORPHANAGE PROJECT 5131 MORADA LANE STOCKTON, CA 95212	NONE	PC	CHARITABLE	1,000
RIO DEL MAR PARENT ALLIANCE 819 PINEHURST DR APTOS, CA 95003	NONE	PC	CHARITABLE	1,000
STARS7000 MICHAEL N CANLIS BLVD FRENCH CAMP, CA 95231	NONE	PC	CHARITABLE	2,500
SACRAMENTO DISTRICT DENTAL FOUNDATION 2035 HURLEY WAY SACRAMENTO, CA 95825	NONE	PC	CHARITABLE	1,000
SAINT MARY'S HIGH SCHOOL PO BOX 7247 STOCKTON, CA 95267	NONE	PC	CHARITABLE	3,000
Total ▶ 3a				911,123

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
SAINT MARY'S HIGH SCHOOL PO BOX 7247 STOCKTON, CA 95267	NONE	PC	EDUCATIONAL	63,839
SALVATION ARMY - LODI CORPS PO BOX 1388 LODI, CA 95240	NONE	PC	CHARITABLE	10,000
SAN JOAQUIN COUNTY 4-H CLUB FOUNDATION 2101 E EARHART AVE SUITE 200 STOCKTON, CA 95206	NONE	PC	CHARITABLE	2,500
SAN JOAQUIN COUNTY HISTORICAL SOCIETY PO BOX 30 LODI, CA 95241	NONE	PC	CHARITABLE	1,000
SAN JOAQUIN COUNTY JUNIOR SHOW AND AUCTION COUNCIL PO BOX 30695 STOCKTON, CA 95213	NONE	PC	CHARITABLE	2,500
Total 3a				911,123

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
SEEDS TO THE WORLD301 S AURORA STOCKTON, CA 95203	NONE	PC	CHARITABLE	1,000
SENECA HOSPITAL AUXILIARY PO BOX 160 CHESTER, CA 96020	NONE	PC	CHARITABLE	2,000
SJ COUNTY OFFICE OF EDUCATION FOUNDATION PO BOX 213030 STOCKTON, CA 95213	NONE	PC	CHARITABLE	30,984
ST JOSEPH'S FOUNDATION 1800 N CALIFORNIA STREET STOCKTON, CA 95204	NONE	PC	CHARITABLE	2,500
STOCKTON BEAUTIFUL 1615 W LINCOLN ROAD STOCKTON, CA 95207	NONE	PC	CHARITABLE	1,000
Total ▶ 3a				911,123

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
STOCKTON CIVIC THEATER 2312 ROSEMARIE LANE STOCKTON, CA 95207	NONE	PC	CHARITABLE	15,000
STOCKTON CRIME STOPPERS 22 E MARKET STREET STOCKTON, CA 95202	NONE	PC	CHARITABLE	5,000
STOCKTON OPERA ASSOCIATION 431 S HAM LANE LODI, CA 95242	NONE	PC	CHARITABLE	1,000
STOCKTON OPERA GUILDPO BOX 4314 STOCKTON, CA 95204	NONE	PC	CHARITABLE	500
STOCKTON POLICE YOUTH ACTIVITIES 22 E MARKET STREET STOCKTON, CA 95202	NONE	PC	CHARITABLE	2,500
Total ▶ 3a				911,123

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
STOCKTON SHELTER FOR THE HOMELESS PO BOX 4803 STOCKTON, CA 95204	NONE	PC	CHARITABLE	5,000
TEEN SUCCESS INC508 VALLEY WAY MILPITAS, CA 95035	NONE	PC	CHARITABLE	5,000
THE CONSERVATION FUND 1655 N FORT MYER DRIVE NO 1300 ARLINGTON, VA 22209	NONE	PC	CHARITABLE	210,000
THE DOE FUND INC 232 EAST 84TH STREET NEW YORK, NY 10028	NONE	PC	CHARITABLE	2,500
THE LOEL FOUNDATIONPO BOX 477 NEW YORK, NY 10163	NONE	PC	CHARITABLE	1,000
Total ▶ 3a				911,123

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
THE STOCKTON CHORALEPO BOX 7711 STOCKTON, CA 95267	NONE	PC	CHARITABLE	2,000
THOMAS PARKER MEMORIAL SCHOLARSHIP FUND AT TURLOCK HIGH SCHOOL 1600 EAST CANAL DRIVE TURLOCK, CA 95380	NONE	PC	CHARITABLE	2,500
TIPPING POINT COMMUNITY 220 MONTGOMERY STREET SAN FRANCISCO, CA 94104	NONE	PC	CHARITABLE	75,000
TOKAY HIGH SCHOOL - BASEBALL BOOSTERS CLUB 1111 WEST CENTURY BLVD LODI, CA 95240	NONE	PC	CHARITABLE	500
TOKAY HIGH SCHOOL 1111 WEST CENTURY BLVD LODI, CA 95240	NONE	PC	CHARITABLE	2,000
Total ► 3a				911,123

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
TULEBURG PRESS1007 W VERNAL WAY STOCKTON, CA 95203	NONE	PC	CHARITABLE	1,000
UC DAVIS FOUNDATION ONE SHIELDS AVE DAVIS, CA 95616	NONE	PC	CHARITABLE	10,000
UNITED CEREBRAL PALSY4224 N CEDAR FRESNO, CA 93726	NONE	PC	CHARITABLE	2,000
UNIVERSITY OF THE PACIFIC 3601 PACIFIC AVENUE STOCKTON, CA 95211	NONE	PC	CHARITABLE	10,000
Total ▶ 3a				911,123

TY 2017 Accounting Fees Schedule**Name:** THE CORTOPASSI FAMILY FOUNDATION**EIN:** 68-0232655**Accounting Fees Schedule**

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
PROFESSIONAL FEES	16,000	4,000		12,000

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

TY 2017 Depreciation Schedule

Name: THE CORTOPASSI FAMILY FOUNDATION
EIN: 68-0232655

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	2016-05-06	100,101		L		0	0		
LAND IMPROVEMENTS	2016-05-06	412,965	64,091	SL	7 000000000000	101,493	0		

TY 2017 Investments Corporate Stock Schedule**Name:** THE CORTOPASSI FAMILY FOUNDATION**EIN:** 68-0232655

Name of Stock	End of Year Book Value	End of Year Fair Market Value
MARKETABLE SECURITIES-MORGAN STANLEY	10,459,012	9,756,050
BIOLOGICS MD	11,373	11,373

**TY 2017 Land, Etc.
Schedule****Name:** THE CORTOPASSI FAMILY FOUNDATION**EIN:** 68-0232655

Category / Item	Cost / Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value
LAND	100,101	0	100,101	
LAND IMPROVEMENTS	412,965	165,584	247,381	

TY 2017 Legal Fees Schedule**Name:** THE CORTOPASSI FAMILY FOUNDATION**EIN:** 68-0232655

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
LEGAL FEES	3,467	0		3,467

TY 2017 Other Assets Schedule**Name:** THE CORTOPASSI FAMILY FOUNDATION**EIN:** 68-0232655**Other Assets Schedule**

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
REMAINDER INTEREST IN RESIDENTIAL REAL ESTATE	1,018,283	0	
REVERSIONARY INTEREST IN RESIDENTIAL REAL ESTATE	91,720	91,720	91,720
GARDEN SCULPTURE	42,690	42,690	42,690

TY 2017 Other Decreases Schedule

Name: THE CORTOPASSI FAMILY FOUNDATION

EIN: 68-0232655

Description	Amount
ADJUSTMENT TO FOUNDATION'S BOOKS FOR ASSET ERRONEOUSLY INCLUDED	1,018,283

TY 2017 Other Expenses Schedule**Name:** THE CORTOPASSI FAMILY FOUNDATION**EIN:** 68-0232655**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
CAPITAL SERVICE FEE	350,000	0		0
HOSTED EVENTS PROGRAM EXPENSES	23,117	0		0
SUPPLIES	1,343	0		0

TY 2017 Other Increases Schedule

Name: THE CORTOPASSI FAMILY FOUNDATION

EIN: 68-0232655

Description	Amount
DECREASE IN BOARD DESIGNATED FUNDS	62,745

TY 2017 Other Liabilities Schedule**Name:** THE CORTOPASSI FAMILY FOUNDATION**EIN:** 68-0232655

Description	Beginning of Year - Book Value	End of Year - Book Value
INCOME TAXES PAYABLE	231	0

TY 2017 Other Professional Fees Schedule**Name:** THE CORTOPASSI FAMILY FOUNDATION**EIN:** 68-0232655

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
CONSULTANT	45,000	0		45,000

TY 2017 Taxes Schedule**Name:** THE CORTOPASSI FAMILY FOUNDATION**EIN:** 68-0232655

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FEDERAL EXCISE TAXES	10,157	0		0
OTHER TAXES	85	0		0

Schedule B (Form 990, 990-EZ, or 990-PF) <small>Department of the Treasury Internal Revenue Service</small>	Schedule of Contributors ▶ 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 <u>www.irs.gov/form990</u>	OMB No 1545-0047 2017
	Name of the organization THE CORTOPASSI FAMILY FOUNDATION	Employer identification number 68-0232655

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 not 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 33¹/₃% 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).

Name of organization THE CORTOPASSI FAMILY FOUNDATION	Employer identification number 68-0232655
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Part I Contributors (See instructions) Use duplicate copies of Part I if additional space is needed			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	DEAN AND JOAN CORTOPASSI 11292 N ALPINE ROAD STOCKTON, CA 95212	\$ 5,157,097	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
-		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
-		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
-		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
-		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
-		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
-		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
-		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)

Employer identification number

68-0232655

Part II **Noncash Property** (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
		\$	
(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
		\$	
(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
		\$	
(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
		\$	

Name of organization THE CORTOPASSI FAMILY FOUNDATION	Employer identification number 68-0232655
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Part III	Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$ _____ Use duplicate copies of Part III if additional space is needed
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(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>	