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					number
	AGISTRO FAMILY FOUNDATION			68-0527894	
	nber'and street (or PO box number if mail is not delivered to street	address)	Room/suite	B Telephone number	F.C.
	480 E SUNNY DUNES RD	antal anda		907-321-00	
	γ or town, state or province, country, and ZIP or foreign p ${f ALM}$ ${f SPRINGS}$, ${f CA}$ ${f 92264}$	usiai code		C If exemption application is p	ending, check here
	G Check all that apply: Initial return Initial return of a former public charity			D 1. Foreign organizations	s, check here
	Final return	Amended return		2 -	
	Address change	Name change		Foreign organizations me check here and attach co	ening the 85% test, imputation
H C	Check type of organization: X Section 501(c)(3) ex		θΨ	E If private foundation sta	
<u> </u>	Section 4947(a)(1) nonexempt charitable trust In market value of all assets at end of year J Accounting	Other taxable private founds	X Accrual	under section 507(b)(1)	
	· —	her (specify)	Accidat	F If the foundation is in a under section 507(b)(1)	. [
	\$ 9,289,987. (Part I, colun		s.)		(2), sincertifier
Pa	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Λ 3	1 Contributions, gifts, grants, etc., received	/			
WS,	2 Check X if the foundation is not required to attach Sch. B Interest on savings and temporary	7 746	F F46		ama maaraam 4
04	cash investments Dividends and interest from securities	7,746. 186,191.	7,746. 186,191.		STATEMENT 1 STATEMENT 2
J	5a Gross rents	100,121.	100,121.		DIAIBHENI Z
	b Net rental income or (loss)				
ø	6a Net gain or (loss) from sale of assets not on line 10	106,915.			
Revenue	b Gross sales price for all 5,628,031.		106 015	H BECEIV	
Rev	7 Capital gain net income (from Part IV, line 2)		106,915.	9 9 1 2	101 nan 101
	Net short-term capital gain Income modifications				
	10a and allowances			[10]	
	b Less Cost of goods sold			I TACINE !!	441
	c Gross profit or (loss)		,	Part of the second	
	11 Other income 12 Total Add lines 1 through 11	300,852.	300,852.	0.	
ത് —	12 Total Add lines 1 through 11 13 Compensation of officers, directors, trustees, etc	2,500.	0.	0.	2,500.
SCANN	14 Other employee salaries and wages				27000
Z s	15 Pension plans, employee benefits				
	16a Legal fees STMT 3	450.	0.		
C CE Expense	b Accounting fees STMT 4 c Other professional fees STMT 5	16,240. 36,414.	0. 36,414.	0.	16,240.
	1	30,414.	30,414.		0.
	18 Taxes STMT 6	680.	0.	0.	0.
7 & Inistra	19 Depreciation and depletion				
~ ₽	20 Occupancy	10 504		ļ <u>-</u>	10 504
		10,524.	0.	0.	10,524.
ā	22 Printing and publications23 Other expensesSTMT 7	4,883.	4,471.	0.	412.
Operating	24 Total operating and administrative			<u>·</u>	
per	expenses Add lines 13 through 23	71,691.	40,885.	0.	30,126.
0	25 Contributions, girts, grants paid	580,000.		 	580,000.
	26 Total expenses and disbursements	651 601	40 00E		610 126
_	Add lines 24 and 25 27 Subtract line 26 from line 12:	651,691.	40,885.	0.	610,126.
	a Excess of revenue over expenses and disbursements	350,839.			
	b Net investment income (if negative, enter -0-)		259,967.		
	C_Adjusted net income (if negative, enter -0-)			0.	

Fo	m 3 9	0-PF (2017) MAGISTRO FAMILY FOUNDAT	ION, INC.	68-	0527894 Page 2
	art	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End o	f year
드			(a) Book Value	(b) Book Value	(c) Fair Market Value
	ſ	Cash - non-interest-bearing			
		Savings and temporary cash investments	1,847,280.	204,933.	204,933.
	3	Accounts receivable			
	١.	Less: allowance for doubtful accounts			
	4	Pledges receivable -			
]_	Less: allowance for doubtful accounts	 		
]	Grants receivable	 		
	6	Receivables due from officers, directors, trustees, and other			
	_	disqualified persons		 	
	′	Other notes and loans receivable			
		Less, allowance for doubtful accounts			
Assets	1	Inventories for sale or use			
ASS		Prepaid expenses and deferred charges			
_	Į.	Investments - U.S. and state government obligations	0.054.033	0 (55 071	0 655 071
	1	Investments - corporate stock STMT 8	9,254,833.	8,655,071.	8,655,071.
	1	Investments - corporate bonds			
	11	Investments - land, buildings, and equipment basis			
	40	Less accumulated depreciation			
	١.	Investments - mortgage loans Investments - other STMT 9		420 002	400 000
	13		0.	429,983.	429,983.
	14	Land, buildings, and equipment: basis			
	45	Less accumulated depreciation			
	1	Other assets (describe >			
	10	Total assets (to be completed by all filers - see the instructions. Also, see page 1, item 1)	11,102,113.	9,289,987.	9,289,987.
_	17	Accounts payable and accrued expenses		9,409,301.	9,209,901.
	1	Grants payable			
	l .	Deferred revenue		,	
Liabilities		Loans from officers, directors, trustees, and other disqualified persons			
ig	ì	Mortgages and other notes payable			
:"		Other liabilities (describe >			
	~~	outer national (december)			
	23	Total liabilities (add lines 17 through 22)	0.	0.	
_		Foundations that follow SFAS 117, check here			
	}	and complete lines 24 through 26, and lines 30 and 31.			
Sec	24	Unrestricted	-11,102,113.	9,289,987.	
laŭ	25	Temporarily restricted			
Ва	26	Permanently restricted			
pur		Foundations that do not follow SFAS 117, check here			
Net Assets or Fund Balances		and complete lines 27 through 31.			
80	27	Capital stock, trust principal, or current funds		·	
se	28	Paid-in or capital surplus, or land, bldg., and equipment fund			
ţ	29	Retained earnings, accumulated income, endowment, or other funds			
Š	30	Total net assets or fund balances	11,102,113.	9,289,987.	
	}				
_	31	Total liabilities and net assets/fund balances	11,102,113.	9,289,987.	
P	art	Analysis of Changes in Net Assets or Fund B	alances		
-	Total	net assets or fund balances at beginning of year - Part II, column (a), line	30		
ı		t agree with end-of-year figure reported on prior year's return)	00		11,102,113.
9	•	amount from Part I, line 27a	1 2	-350,839.	
		increases not included in line 2 (itemize) UNREALIZED	GATN ON TANKE		937,498.
		ines 1, 2, and 3	CTITIA OIA TIAADDI	4	11,688,772.
		eases not included in line 2 (itemize) TRANSFER TO SY	NAKOS FOINDATI		2,398,785.
		net assets or fund balances at end of year (line 4 minus line 5) - Part II, co		6	9,289,987.
_					Form 990-PF (2017)

		FAMILY FOUL es for Tax on In				68-	052789	4 Page 3
(a) List and describe	the kind(s) of	property sold (for examommon stock, 200 shs	nple, real esta		(b) How acquired P - Purchase D - Donation	(c) Date acq (mo., day,	uired (c	f) Date sold
		011111011 31004, 200 3113	. 10120 00.)		D - Donation			
b SEE ATTACHED	STATE	MENTS			 			
c				· · · · · · · · · · · · · · · · · · ·	†			
d								
e								
(e) Gross sales price		eciation allowed allowable)		st or other basis expense of sale		(h) Gain ((e) plus (f)		
a								
<u>b</u>								
<u>c</u>	<u> </u>				- 			
t	<u> </u>			E E01 11	-			06 01E
e 5,628,031. Complete only for assets showing	l ann in colu	mn /h) and owned by t		5,521,11		Coupe (Col. /		06,915.
(i) FMV as of 12/31/69	(j) A	djusted basis of 12/31/69	(k) Ex	cess of col. (i) col. (j), if any			h) gain minus ess than -0-) c m col. (h))	
a								
b								
C								
d								
е							1	06,915
2 Capital gain net income or (net ca	apital loss)	If gain, also enter If (loss), enter -0-	ın Part I, lıne ın Part I, lıne	7 7	} 2		1	06,915
 Net short-term capital gain or (los If gain, also enter in Part I, line 8, 		ın sections 1222(5) anı	d (6):		1		4-	
Part V Qualification U	Indox Soc	tion 4040(a) for	Poducod	Toy on Not	3 Investment Inc		N/A	
(For optional use by domestic private	e toundations :	subject to the section 4	940(a) tax on	net investment ir	icome.)			
f section 4940(d)(2) applies, leave th	hıs part blank.							
Was the foundation liable for the sec f "Yes," the foundation doesn't qualit					nod?			Yes X No
1 Enter the appropriate amount in	each column f	or each year; see the in	structions be	fore making any e	ntries.			
(a) Base period years Calendar year (or tax year beginni	ng in)	(b) Adjusted qualifying dist		Net value of no	(c) incharitable-use assets		(d) Distribution i (b) divided by	y col. (c))
2016			7,728.		6,919,689			.009788
2015			2,000.		916,115			.056761
2014			7,873.		<u>873,107</u>			.077737
2013			4,935.		741,143			.074122
2012		1,05	2,961.		697,925	- 	1	.508702
Total of line 1, column (d)Average distribution ratio for the	5-voar baso no	oriod - divide the total o	n line 2 by 5 (or by the gumb	or of waare	2	1	.727110
the foundation has been in existe			11 IIII6 Z Dy J.	o, or by the numb	er of years	3		.345422
4 Enter the net value of noncharitat	ole-use assets	for 2017 from Part X, I	ne 5			4	9,8	30,436.
5 Multiply line 4 by line 3			5	3,3	95,649			
6 Enter 1% of net investment incon	ne (1% of Part	I, line 27b)				6		2,600.
7 Add lines 5 and 6						7	3,3	98,249
8 Enter qualifying distributions from If line 8 is equal to or greater than			1b and comp	lete that nart usin	n a 1% tay rate	8	6	51,011.
See the Part VI instructions.			, and domp	mat part usiii				
722521 01 02 18							Form 9	90-PF (2017

Form 990-PF (2017) MAGISTRO FAMILY FOUNDATION, Part VI Excise Tax Based on Investment Income (Section 49)		68-0525 948 - see		Page 4
1a Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Date of ruling or determination letter (attach copy of letter if r				
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here		1	5,3	199.
of Part I, line 27b				
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	5,1	199.
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	5,1	199.
6 Credits/Payments:	1 1			
a 2017 estimated tax payments and 2016 overpayment credited to 2017	6a 1,921.			
b Exempt foreign organizations - tax withheld at source	6b 0.	}		
c Tax paid with application for extension of time to file (Form 8868)	6c <u>0.</u>			
d Backup withholding erroneously withheld	6d O.			
7 Total credits and payments. Add lines 6a through 6d		7	1,9	921.
8 Enter any penalty for underpayment of estimated tax. Check here If Form 2220 is a	ttached	8		15.
9 Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed	.	9	3,2	<u> 293.</u>
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 ► Part VII-A Statements Regarding Activities	Refunded	11		
1a During the tax year, did the foundation attempt to influence any national, state, or local le	giolation or did it participate or interiopae		Vas	No
any political campaign?	gistation of did it participate of intervene	101	ia les	X
 b Did it spend more than \$100 during the year (either directly or indirectly) for political pur 	noces? See the instructions for the defin	ition	1b	X
If the answer is "Yes" to 1a or 1b , attach a detailed description of the activities and copie		illon	-"- 	
distributed by the foundation in connection with the activities.	o or any materials published of			
c Did the foundation file Form 1120-POL for this year?			1c	x
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during	the vear:			
(1) On the foundation. > \$ 0 . (2) On foundation manage				
e Enter the reimbursement (if any) paid by the foundation during the year for political expe			1	
managers. ► \$ 0 .]
2 Has the foundation engaged in any activities that have not previously been reported to the	e IRS?		2	X
If "Yes," attach a detailed description of the activities.				
3 Has the foundation made any changes, not previously reported to the IRS, in its governing	g instrument, articles of incorporation, c	Г	1 1	
bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3	X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the y	rear?		4a	X
b If "Yes," has it filed a tax return on Form 990-T for this year?		N/A	4b	
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year	5	X		
If "Yes," attach the statement required by <i>General Instruction T</i>			1 1	
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied	either:		1 1	
By language in the governing instrument, or		1-	1	
 By state legislation that effectively amends the governing instrument so that no mandal remain in the governing instrument? 	tory directions that conflict with the state	iaw		
	mplete Part II, eal. (a), and Part VI		6 X 7 X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," col	ilpiete Part II, coi (c), and Part XV		- ' -	
8a Enter the states to which the foundation reports or with which it is registered. See instruc	tions -			
CA				
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the	e Attorney General (or designate)			
of each state as required by General Instruction G? If "No," attach explanation			8b X	1
9 Is the foundation claiming status as a private operating foundation within the meaning of	section 4942(i)(3) or 4942(i)(5) for cale	ndar		
year 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If "Yes," or		- 	9	\mathbf{x}
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schi	•		10	X
		Fo	rm 990-PF	(2017)

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statement - see instructions.)

during the year?

c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

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,

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time

Form 4720, to determine if the foundation had excess business holdings in 2017.)

had not been removed from jeopardy before the first day of the tax year beginning in 2017?

N/A

N/A

Yes X No

2b

3b

4a

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Part VII-B Statements Regarding Activities for Which F	orm 4/20 May Be I	Requirea (contin	ued)		Yes	No
5a During the year, did the foundation pay or incur any amount to:(1) Carry on propaganda, or otherwise attempt to influence legislation (section	1 ADAE(a)\2		es 🗓 No		165	140
(2) Influence the outcome of any specific public election (see section 4955); o	,		S LAL INU			
any voter registration drive?	i to carry on, unectry or mun		s X No			
(3) Provide a grant to an individual for travel, study, or other similar purposes'	>		s X No			
(4) Provide a grant to an individual for travel, study, or other stimilar purposes		16	3 (22) 110		1	
4945(d)(4)(A)? See instructions	r described in section	X va	s 🔲 No		1	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or		.5 110		1	
the prevention of cruelty to children or animals?	or codounterial parposco, or		s X No			
b if any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	ler the excentions described	=	3 (22) 110			
section 53.4945 or in a current notice regarding disaster assistance? See instru	•	riogulatione		5b	x	
Organizations relying on a current notice regarding disaster assistance, check h			▶□			
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr		uned				
·	E STATEMENT 1		s 🔲 No			
If "Yes," attach the statement required by Regulations section 53.4945-5(d).	o pinididini 1	الحداد			1 1	
6a Did the foundation, during the year, receive any funds, directly or indirectly, to p	nav premilime on					·
a personal benefit contract?	dy premiums on		s X No			l
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	areanal hanafit contract?	10	:5 LAL 140	6b	[[Х
If "Yes" to 6b, file Form 8870.	cisoliai bellelit colitiact.			00		
7a At any time during the tax year, was the foundation a party to a prohibited tax si	halter transaction?		s 🗓 No			
b If "Yes," did the foundation receive any proceeds or have any net income attribu		16	N/A	7b		
Part VIII Information About Officers, Directors, Truste		nagers Highly		<u>/ U</u>		
Paid Employees, and Contractors	ses, i oundation wie	inagers, riigini	,			
1 List all officers, directors, trustees, and foundation managers and the	neir compensation.					
	(b) Title, and average hours per week devoted	(c) Compensation	(d) Contributions to employee benefit plan and deferred		(e) Exp	ense
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	and deferred compensation	°∣ a	ccount, allowar	other nces
				1		
SEE STATEMENT 10		2,500.	0	_		0.
				-		
				\dagger		
		<u> </u>				
				1		
2 Compensation of five highest-paid employees (other than those inc	luded on line 1). If none,	enter "NONE."				
(a) Name and address of each ampletics and mare than 050,000	(b) Title, and average	() Company	(d) Contributions to employee benefit plan	s T	(e) Exp	ense
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	and deferred compensation	a a	ccount, allowar	otner aces
NONE				\top		
		1		Ì		
	 			1		
		1		}		
				1		
				1		
				\top		
]				
Total number of other employees paid over \$50,000						0
			For	m 99 0	O-PF	(2017)

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Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)		
3 Five highest-paid independent contractors for professional services. If none, enter "NONE."		
(a) Name and address of each person paid more than \$50,000 (b) Type of service		(c) Compensation
NONE		
	1	
		
		
		
	1	
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	F	xpenses
number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.		———————
1 <u>N/A</u>		
2		
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
1 N/A		
2		
All III		
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3		0.
	Form	990-PF (2017)

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndation	s, see instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a		1a	9,122,307.
b		1b	9,122,307. 857,831.
C		1c	
d	Total (add lines 1a, b, and c)	1d	9,980,138.
е	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	9,980,138.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	149,702.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	9,830,436.
6	Minimum investment return Enter 5% of line 5	6	491,522.
P	foreign organizations, check here and do not complete this part.)	id certaii	n
1	Minimum investment return from Part X, line 6	1	491,522.
2a			
Ь	Income tax for 2017. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	5,199.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	486,323.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	486,323.
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	486,323.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		640.406
a		1a	610,126.
b		1b	40.005
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	40,885.
3	Amounts set aside for specific charitable projects that satisfy the:		
a	and the second of the second	3a	
b	,	3b	CF1 011
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	651,011.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment	_	0
_	Income. Enter 1% of Part I, line 27b	5	651,011.
6	Adjusted qualifying distributions Subtract line 5 from line 4	6	
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of 4940(e) reduction of tax in those years.	qualities	TOT THE SECTION

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Part XIII Undistributed Income (see instructions)

	(a)	(b)	(c)	(d)
4. Distributable amount for 2017 from Port VI	Corpus	Years prior to 2016	2016	2017
1 Distributable amount for 2017 from Part XI,				106 222
line 7 2 Undistributed income, if any, as of the end of 2017	· · · · · · · · · · · · · · · · · · ·	······································		486,323.
a Enter amount for 2016 only			0.	
b Total for prior years:			0.	
	 	ο.		
3 Excess distributions carryover, if any, to 2017:				
a From 2012 755, 106 .				
b From 2013 18,700.				
c From 2014 26,145.				
d From 2015 10,150.				
e From 2016				
f Total of lines 3a through e	810,101.			
4 Qualifying distributions for 2017 from				
Part XII, line 4: ► \$ 651,011.				
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				486,323.
e Remaining amount distributed out of corpus	164,688.		 	
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	974,789.			
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 instr.			0.	
f Undistributed income for 2017. Subtract				
lines 4d and 5 from line 1. This amount must	Ì			
be distributed in 2018				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by	į			
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	755,106.			
9 Excess distributions carryover to 2018.	, , , , , , , , , , , , , , , , , , , ,			
Subtract lines 7 and 8 from line 6a	219,683.			
10 Analysis of line 9:	223,000.			
a Excess from 2013 18,700.				
b Excess from 2014 26,145.]			
c Excess from 2015 10,150.	1			
d Excess from 2016				
e Excess from 2017 164,688.				
				Form 990- PE (2017)

Form 990-PF (2017) MAGISTI	RO FAMILY F	OUNDATION,	INC.		27894 Page 10
Part XIV Private Operating I				N/A	
1 a if the foundation has received a ruling					
foundation, and the ruling is effective for the four by Check box to indicate whether the four			In cootion	4942(J)(3) or 49)42(_J)(5)
2 a Enter the lesser of the adjusted net	Tax year	ung loundation described	Prior 3 years	1 4942(J)(3) 01 48	942(J)(5)
income from Part I or the minimum	(a) 2017	(b) 2016	(c) 2015	(d) 2014/	(e) Total
investment return from Part X for	(2)2011	(3) 20 10	(0) 23 10	(6) 25 7 7	(0) 70.01
	Į.				
each year listed b 85% of line 2a			 	 	
	<u> </u>	 	 		<u> </u>
c Qualifying distributions from Part XII,	į				
line 4 for each year listed			 	//	
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities			 /	 	L
e Qualifying distributions made directly				1	
for active conduct of exempt activities.					
Subtract line 2d from line 2c 3 Complete 3a, b, or c for the		 	+/	 	<u></u>
alternative test relied upon:				,	
a "Assets" alternative test - enter:		,	/		
(1) Value of all assets	<u> </u>	 	 	 	
(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			1		
listed					
c "Support" alternative test - enter:					
(1) Total support other than gross					
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	4				
an exempt organization					
(4) Gross investment income					
Part XV Supplementary Info			if the foundation	had \$5,000 or mo	ore in assets
at any time during	the year-see ins	tructions.)			
1 Information Regarding Foundation	on Managers:				
a List any managers of the foundation wi			tributions received by the	foundation before the clos	se of any tax
year (but only if they have contributed	more than \$5,000). (See	section 507(d)(2).)			
MARY N. MAGISTRO					
b List any managers of the foundation who other entity) of which the foundation has			(or an equally large portion	on of the ownership of a pa	artnership or
NONE					
2 Information Regarding Contribut	tion, Grant, Gift, Loa	n, Scholarship, etc P	rograms:		
Check here ▶ ☐ If the foundation				not accept unsolicited requ	ests for funds. If
the foundation makes gifts, grants, etc.					
a The name, address, and telephone num	nber or email address of	the person to whom appli	cations should be addres	sed:	
PAULETTE SIMPSON, 90					
1480 E SUNNY DUNES F		SERT, CA 922	264		
b The form in which applications should					
REQUEST LETTER AND T	AX DETERMI	NATION LETTI	ERS		
c Any submission deadlines: NONE					
d Any restrictions or limitations on award	s, such as by geograph	ical areas, charitable fields	, kınds of ınstitutions, or o	other factors:	
HEALTH AND EDUCATION	1				

Supplementary Information (continued) Part XV Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient show any relationship to Foundation Purpose of grant or Amount any foundation manager status of contribution Name and address (home or business) or substantial contributor recipient a Paid during the year NONE BRIGHT PROSPECT PC HIGH SCHOOL EDUCATION 1460 HOLT AVE FOR LOW INCOME POMONA CA 91767 STUDENTS 12,500. FOUNDATION FOR PHYSICAL THERAPY NONE PC SUPPORT PHYSICAL 1111 N FAIRFAX ST THERAPY PROGRAMS ALEXANDRIA VA 22314 25,000. CATHOLIC COMMUNITY SERVICES NONE PC HOSPICE AND PALLIATIVE CARE PROGRAMS 419 6TH ST JUNEAU, AK 99801 12,500. POMONA HOPE COMMUNITY CENTER NONE PC GRADE SCHOOL EDUCATION 401 N, GIBBS ST FOR LOW INCOME POMONA, CA 91767 STUDENTS 12,500. POMONA VALLEY HOSPITAL MEDICAL CENTER NONE PC REHABILITATIVE NEEDS 1798 N GAREY AVE OF CHILDREN POMONA CA 91767 10,000 SEE CONTINUATION SHEET(S) → 3a T<u>ot</u>al 580,000. b Approved for future payment NONE Total **▶** 3b

Part XVI-A	Analysis of Income-Producing Activities

nter gross amounts unless otherwise indicated.	Unrelated	Unrelated business income		d by section 512, 513, or 514	(e)	
-	(a) Business	(b) Amount	(C) Exclu- sion	(d) Amount	Related or exempt function income	
1 Program service revenue:	code		code	741100111		
a			-++			
b	-					
<u> </u>			+			
d			+-+			
e	-		+++			
g Fees and contracts from government agencies						
2 Membership dues and assessments						
3 Interest on savings and temporary cash						
investments			14	7,746.		
4 Dividends and interest from securities			14	186,191.		
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			14	106,915.		
9 Net income or (loss) from special events						
O Gross profit or (loss) from sales of inventory						
1 Other revenue:						
a	_					
b	_					
C	, ,					
d	1 1					
e	_					
2 Subtotal. Add columns (b), (d), and (e)		0		300,852.	0.	
3 Total Add line 12, columns (b), (d), and (e)				13	300,852.	
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).			

Form **990-PF** (2017)

723621 01-03-18

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

N/A 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527? b If "Yes," complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relate that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge here Sign and belief, it is true, correct, and complete Declaration of prepare (other than taxpayer) is based on all information of which prepare has any knowledge here Signature of officer or trustee Paul LLL LALLY Signature of officer or trustee Print/Type preparer's name W. DAVID HELM, PARTNER Preparer's signature Date Check If Part Signature Check Signature of Date Check If Part Part Signature Date Check Signature of Date Check Signature Date Check Part Part Part Part Part Part Part Part				es/	No		
a Transf	ers from the reporting founda	ation to a noncharitable exempt or	ganization of:		1 1		
(1) Ca	ash				1a(1)		X
(2) 01	ther assets				1a(2)		X
b Other t	transactions:				1 1		
(1) Sa	ales of assets to a noncharital	ble exempt organization			1b(1)		<u>X</u>
(2) Pi	urchases of assets from a nor	ncharitable exempt organization			1b(2)		X
(3) Re	ental of facilities, equipment, (or other assets			1b(3)		X
(4) Re	(other than section 501(c)(3) organizations) or in section 527, relating to political organizations? Transfers from the reporting foundation to a noncharitable exempt organization of: (1) Cash (2) Other transactions: (1) Sales of assets from a noncharitable exempt organization (2) Purchases of assets from a noncharitable exempt organization (3) Retail of facilities, equipment, or other assets (4) Rembursement arrangements (5) Loans or fam guarantees (8) Performance of services or membership or fundiasing solicitations Sharing of facilities, equipment, mailing lists, other assets, or paid employees (1th enamer to any of the above "S"s", complete the following schedule. Column (b) should always show the fair market value of the goal or services given by the reporting foundation, if the foundation received less than fair market value in any transaction or sharing arrange column (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of examples in the foundation received less than fair market value in any transaction or sharing arrange column (b) the value of the goals, other assets, a resense received. (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of examples or examples organization (e) Description of received in section 501(c) (other than section 501(1b(4)		<u>X</u> _	
(5) Lo	oans or loan guarantees				1b(5)		X
(6) Pe	erformance of services or me	embership or fundraising solicitation	ons		1b(6)		<u>X</u>
			-		1c	1	X
						ts,	
				in any transaction or sharing arrangement,	show in		
				T			
a) Line no	(b) Amount involved	 :	e exempt organization	(d) Description of transfers, transactions, and	1 sharing arrai	ngeme	nts
		N/A					
		 					
		 					
		 		 			
				 			
				<u></u>			
				<u> </u>			
				<u> </u>			
				<u> </u>			
			_ 	<u> </u>			
		<u></u>		<u> </u>			
2a Is the f	foundation directly or indirect	tly affiliated with, or related to, one	or more tax-exempt organiza	ations described			
ın sect	ion 501(c) (other than section	n 501(c)(3)) or in section 527?			Yes	\mathbf{x}] No
b If "Yes,	" complete the following sche	edule.					
	(a) Name of org	janization	(b) Type of organization	(c) Description of relations	ship		
	N/A						
			1				
I				, a	ay the IRS dis	cuse t	hie
oign⊹ ,				tion of which preparer has any knowledge	turn with the pown below?	prepare	er
Here	Haulell	1 supso	15-12-18		X Yes	See IIIs] No
3	Signature of officer or trustee		Date				
	Print/Type preparer's na	ame Preparer's s		——————————————————————————————————————			
			1001	self- employed			
Paid		1024		5/8/18 100	07968	227	
		RINEK TRINE DAV	L CO. T.T.D	Firm's EIN ▶ 95-2			
		THE PERSON OF TH	а со., ппг	FILLIS CIN P 33-2	.04040	, ,	
O II		681 FOORBITT PT	AND GITTIE 300				
				Dhara - 000 4	66 11	110	
		MCHO CUCAMONGA,	CA 31/30	Phone no 909-4			(0043)
				ŀ	Form 990 -	-r-	(2017)

Part IV Capital Gains and Lo	sses for Tax on investment income				
	d describe the kind(s) of property sol rick warehouse; or common stock, 2		(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a ISHARES CORE S	&P MID CAP			11/14/16	05/23/17
b ISHARES CORE S	&P SMALL CAP			10/13/16	
c ISHARES 20+ YE	AR		P	10/13/16	05/23/17
d ISHARES EDGE M	SCI		P	10/13/01	05/23/17
e VANGUARD INTER				10/13/16	
f ISHARES CORE S	&P 500			10/13/16	
VANGUARD MORTG				10/13/16	
h VANGUARD S&P 5				10/13/16	
VANGUARD S&P 5				10/13/16	
SECTOR SPDR EN				10/13/16	
k THE OAKMARK IN				10/13/16	
	OR BIOTECHNOLOGY			10/13/16	
m JANUS FLEXIBLE				10/13/16	
□ FIDELITY ADVIS				10/13/16	
o CATHOLIC HEALT				02/07/17	05/24/17
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		Gain or (loss) lus (f) minus (g)	
a 73,117.		67,372.			5,745.
b 64,395.		57,222.			7,173.
c 191,811.		210,010.			<u>-18,199.</u>
d 107,559.		99,218.			8,341.
e 156,328.		161,220.			-4,892.
f 244,163.		220,845.			23,318.
g 154,149. h 149,603.		157,255. 131,535.			-3,106.
$\frac{h}{1}$ 149,603.		108,179.			18,068.
195,305.		207,739.			<u>11,696.</u> -12,434.
120 452	 	109,667.		- 	$\frac{-12,434.}{22,786.}$
$\frac{k}{1}$ 132,453.		134,478.			11,062.
m 153,986.		157,075.			-3,089.
n 121,108.		118,504.			2,604.
0 199,740.		200,413.			-673.
	ng gain in column (h) and owned by		(I) Loss	ses (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	Gains (excess o	f col. (h) gain over ot less than "-0-")	col. (k),
<u>a</u>					5,745.
<u>b</u>					7,173.
<u>c</u>					-18,199.
<u>d</u>					<u>8,341.</u>
<u>e</u>	! 				-4,892.
<u>f</u>					23,318.
9					<u>-3,106.</u>
<u>h</u>					18,068.
					11,696.
					-12,434.
<u>k</u>	 				22,786.
<u></u>					11,062.
m					-3,089.
<u>n</u>					2,604. -673.
0	r If gain, also enter	ın Part I, line 7	T		-0/3.
2 Capital gain net income or (net ca3 Net short-term capital gain or (los	pital loss) { If gain, also enter "-0 if (loss), enter "-0 ss) as defined in sections 1222(5) an	5	 		
If gain, also enter in Part I, line 8, If (loss), enter "-0-" in Part I, line 8	column (c).	3			

Part IV Capital Gains and Lo	sses for Tax on Investment Income				
	describe the kind(s) of property solution describe the kind(s) of property solution stock, 20		(b) How acquired P - Purchase D - Donation (c) Date acquired (mo., day, yr.) (d) Date sold (mo., day, yr.)		
1a EBAY			P 01/24/1705/24/17		
b CD BANC OF CAL	IFORNIA		P 10/13/1601/17/17		
c CD BANK OF CHI	NA		P 10/13/1601/19/17		
d CD LUTHER BURB	ANK		P 10/17/1601/31/17		
e CD BANK OF IND	IA		P 10/19/1601/25/17		
f CD BANK OF CHI	NA		P 01/19/17/04/28/17		
g CD BANK OF BAR	ODA		P 01/19/17/05/01/17		
h CD BANK OF IND	IA		P 01/24/1705/10/17		
CD LUTHER BURB	ANK		P 02/07/1705/30/17		
L CD WILMINGTON			P 05/09/1705/24/17		
k CD MIZRAHI	k CD MIZRAHI				
CD BEAL BANK		P 12/28/1605/24/17			
m FIDELITY ADVIS	OR		P 10/13/1608/24/17		
n FIDELITY ADVIS	OR-REAL ESTATE		P 10/13/1608/24/17		
o ISHARES COMEX	GOLD		P 10/13/16/09/30/17		
(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 444,408.		445,267.	-859.		
b 245,000.		245,000.	0.		
c 245,000.		245,000.	0.		
d 245,000.		245,000.	0.		
e 245,000.		245,000.	0.		
f 245,000.		245,000.	0.		
g 245,000.		245,000.	0.		
h 245,000.		245,000.	0.		
200,000.		200,000.	0.		
124,926.		125,000.			
k 245,000.		245,000.	0.		
1 244,909.		245,000.			
m 63,817.		53,648.	10,169.		
n 43,515.		42,034.	1,481.		
<u>o</u> 132.		128.	4.		
(i) F.M.V. as of 12/31/69	g gain in column (h) and owned by t (j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col (j), if any	(I) Losses (from col. (h)) Gains (excess of col. (h) gain over col. (k), but not less than "-0-")		
a			-859.		
b			0.		
С			0.		
d			0.		
e			0.		
<u>f</u>			0.		
<u>g</u>			0.		
h			0.		
1			0.		
4					
k			0.		
		ļ	-91.		
m	 	 	10,169.		
n		 	1,481.		
0		L	<u>4.</u>		
2 Capital gain net income or (net ca	pital loss) { If gain, also enter for the lift (loss), enter for the lift (in Part I, line 7 -* in Part I, line 7	2		
3 Net short-term capital gain or (los if gain, also enter in Part I, line 8, if (loss), enter "-0-" in Part I, line 8	ss) as defined in sections 1222(5) an column (c).	nd (6):	3		
					

Fait Capital Gains and Los	sses for rax on investment income				
	d describe the kind(s) of property solution describe the kind(s) of property solution stock, 26		(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a ISHARES TRADE			P	10/13/16	08/24/17
b ISHARES TRADE			P	10/13/16	
c JANUS FLEXIBLE	BOND		P		08/24/17
d VANGUARD INTER	MEDIATE TERM		P	10/13/16	08/24/17
e VANGUARD MORTG	AGE BACKED		P	10/13/16	
ISHARES COMEX	GOLD		P	10/13/16	
g WASH SALE			P		
h CAPITAL GAINS	DIVIDENDS			<u> </u>	L
					_
					
<u>k</u>				ļ	
					
<u>m</u>					<u> </u>
n				 '	
				<u></u>	L
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale) Gain or (loss) plus (f) minus (g)	
a 132,853.	(er anonabro)	115,783.	(*/F	, , , , , , , , , , , , , , , , , , ,	17,070.
		126,594.			-6,553.
40 605		13,844.			-209.
d 13,635.		29,075.			-634·
e 23,418.		23,817.			-399 .
f 198.		194.			4.
g 1,406.					1,406.
h 17,200.					17,200.
1					
k					
m	<u> </u>				
n			_ 		
0					
Complete only for assets showin	ng gain in column (h) and owned by t		(I) Los	ses (from col. (h))	and (II)
(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	Gains (excess of but n	of col. (h) gain over ot less than "-0-")	coi. (K),
a					17,070.
b					-6,553.
С					<u>-209.</u>
d	<u> </u>				<u>-634.</u>
<u>e</u>					
t					4.
9					$\frac{1,406}{17,000}$
<u>h</u>					<u>17,200.</u>
!					
1,					
<u>k</u>	_ 				
m					
0					
2 Capital gain net income or (net ca	ipital loss) { If gain, also enter "-0	In Part I, line 7 -* in Part I, line 7	2		106,915.
3 Net short-term capital gain or (los if gain, also enter in Part I, line 8,		d (6):			
If (loss), enter "-0-" in Part I, line 8		J	3	N/A	

MAGISTRO FAMILY FOUNDATION, INC. 68-0527894 Part XV **Supplementary Information** Grants and Contributions Paid During the Year (Continuation) Recipient If recipient is an individual, show any relationship to any foundation manager Foundation status of Purpose of grant or contribution Amount Name and address (home or business) or substantial contributor recipient BARTLETT HOSPITAL FOUNDATION NONE PC SUPPORT MEDICAL 3268 HOSPITAL DR SERVICES AND PROGRAMS JUNEAU AK 99801 7.500. SANTA ROSA MEMORIAL HOSPITAL NONE РÇ TO ASSIST IN OBTAINING 1165 MONTGOMERY DR A HOSPICE HOUSE 500,000. SANTA ROSA, CA 95405

Total from continuation sheets

507 500

FORM 990-PF INTERE	ST ON SAVII	NGS AND TEM	PORARY	CASH IN	VESTMENTS	STATEMENT	1
SOURCE		REVE	REVENUE NET INV		(B) VESTMENT COME	(C) ADJUSTI NET INCO	
MERRILL LYNCH-02703 MERRILL LYNCH-04F97			80. 7,666.		80. 7,666.	7,	80.
TOTAL TO PART I, LI	NE 3		7,746.		7,746.	7 ,	746.
FORM 990-PF	DIVIDEND	S AND INTER	EST FR	OM SECUR	ITIES	STATEMENT	2
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDEND	R	(A) EVENUE R BOOKS	(B) NET INVES MENT INCO		STED
MERRILL LYNCH MERRILL LYNCH-74033	96,467 106,924		0.	96,467. 89,724.			467.
TO PART I, LINE 4	203,391	. 17,20	0.	186,191.	186,19	186	191.
FORM 990-PF		LEGAL	FEES		 	STATEMENT	. 3
DESCRIPTION		(A) EXPENSES PER BOOKS	NET II	B) NVEST- INCOME	(C) ADJUSTED NET INCOM		ABLE
LEGAL FEES		450.		0.		0.	450.
TO FM 990-PF, PG 1,	LN 16A	450.		0.		0.	450.

FORM 990-PF	ACCOUNTI	NG FEES	ST	CATEMENT 4
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING	16,240.	0.	0.	16,240.
TO FORM 990-PF, PG 1, LN 16B	16,240.	0.	0.	16,240.
FORM 990-PF C	THER PROFES	SIONAL FEES	ST	CATEMENT 5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ADVISORY FEES	36,414.	36,414.	0.	0.
TO FORM 990-PF, PG 1, LN 16C =	36,414.	36,414.	0.	0.
FORM 990-PF	TAX	ES	ST	PATEMENT 6
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
FEDERAL TAX	680.	0.	0.	0.
TO FORM 990-PF, PG 1, LN 18 =	680.	0.	0.	0.
FORM 990-PF	OTHER E	XPENSES	ST	ATEMENT 7
				
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
	(A) EXPENSES	NET INVEST-	ADJUSTED	CHARITABLE
DESCRIPTION OFFICE FILING FEES FOREIGN TAXES	(A) EXPENSES PER BOOKS 177. 235. 2,555.	NET INVEST- MENT INCOME 0. 0. 2,555.	ADJUSTED NET INCOME 0. 0. 0.	CHARITABLE PURPOSES 177. 235. 0.

FORM 990-PF	CORPOR	ATE STOCK		STATEMENT	8
DESCRIPTION			BOOK VALUE	FAIR MARKE	T
ISHARES CORE S&P MIDCAP ISHARES CORE S&P SMALL ISHARES 20+ YEARS ISHARES EDGE MSCI ISHARES GOLD ISHARES CORE S&P 500 JANUS FLEXIBLE BOND THE OAKMARK INTERNATIONAL FUND VANGUARD INTERMEDIATE VANGUARD MORTGAGE-BACKED VANGUARD S&P 500 VANGUARD S AND P 500 FIDELITY ADVISOR BIOTECHNOLOGY			546,566. 325,060. 450,734. 774,829. 325,635. 490,651. 762,396. 735,256. 757,572. 760,800. 1,123,620. 1,129,172. 472,780.	546,56 325,06 450,73 774,82 325,63 490,69 762,39 735,29 757,5 760,80 1,123,62 1,129,1	60. 34. 29. 35. 51. 96. 72.
TOTAL TO FORM 990-PF, PART II,	LINE 10	В :	8,655,071.	8,655,0	71.
FORM 990-PF	OTHER I	NVESTMENTS		STATEMENT	9
DESCRIPTION		VALUATION METHOD	BOOK VALUE	FAIR MARKET	r
FIDELITY ADVISOR-REAL ESTATE	•	FMV	429,983.	429,98	83.
		_			

TRUSTEES A	AND FOUNDATION MAN	IAGERS		-
NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION		EXPENSE
MARY N. MAGISTRO 1480 E SUNNY DUNES RD PALM SPRINGS, CA 92264	DIRECTOR EMER 2.00	ITUS 0.	0.	0.
PAULETTE M. SIMPSON 1480 E SUNNY DUNES RD PALM SPRINGS, CA 92264	PRESIDENT 2.00	500.	0.	0.
ELISE MAGISTRO 1480 E SUNNY DUNES RD PALM SPRINGS, CA 92264	DIRECTOR 2.00	500.	0.	0.
MARIA M. SHERRY 1480 E SUNNY DUNES RD PALM SPRINGS, CA 92264	DIRECTOR 2.00	500.	0.	0.
KEVIN SIMPSON 1480 E SUNNY DUNES RD PALM SPRINGS, CA 92264	TREASURER 2.00	500.	0.	0.
JULIA BAUMGAERTNER 1480 E SUNNY DUNES RD PALM SPRINGS, CA 92264	SECRETARY 2.00	500.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE	E 6, PART VIII	2,500.	0.	0.

FORM 990-PF PART VIII - LIST OF OFFICERS, DIRECTORS STATEMENT 10

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FORM 990-PF

EXPENDITURE RESPONSIBILITY STATEMENT PART VII-B, LINE 5C

STATEMENT

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GRANTEE'S NAME

SYNAKOS FOUNDATION

GRANTEE'S ADDRESS

19 TARRO RD SANTA FE, NM 87508

GRANT AMOUNT DATE OF GRANT AMOUNT EXPENDED

VERIFICATION DATE

2,398,785. 05/08/17

1,000,500.

05/02/18

PURPOSE OF GRANT

GRANT FOR ENDOWMENT: A TRANSFER OF ASSETS BETWEEN THE FAMILY GOVERNING THE FOUNDATION. SYNAKOS FOUNDATION WAS ESTABLISHED MAY 8, 2017, TO ALLOW A FAMILY MEMBER TO SEPARATELY AND EFFICIENTLY MANAGE THE ASSETS.

DATES OF REPORTS BY GRANTEE

DECEMBER 31, 2017

ANY DIVERSION BY GRANTEE

NONE

RESULTS OF VERIFICATION

GRANT SPENT IN ACCORDANCE WITH REQUIREMENTS