## 2949126501215 8

#### Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

2017

Department of the Treasury Internal Revenue Service ▶ 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.

Open to Public Inspection

For	calend	dar year 2017 or tax year beginning , a	and ending				
Na	me of fou	undation		Ü.	A Emplo	yer identification number	
		ESSEN FAMILY FOUNDATION			-3529558		
		d street (or P O box number if mail is not delivered to street address)	om/suite		none number (see instruction:	5)	
		LOS ALTOS WAY  I, state or province, country, and ZIP or foreign postal code			50:	5-820-2700	
	-	A FE NM 87501			C If exen	nption application is pending,	check here
			rn of a former public ch	a refer		erenning ehad be	<b>▶</b> □
· ·	JIIECK (		·	ianty		reign organizations, check he	. —
		H ······				reign organizations meeting t % test, check here and attach	
-		Address change Name cha			03	78 (631, CHECK HOLD BIID BILBOI	Computation
$\overline{}$		type of organization X Section 501(c)(3) exempt private		$\mathscr{A}$		ate foundation status was tern	ninated under
	Section		e private foundation		section	n 507(b)(1)(A), check here	<b>,</b> []
		ket value of all assets at J Accounting method	X Cash   Acc	rual		oundation is in a 60-month te	
		ear (from Part II, col (c), Other (specify)			under	section 507(b)(1)(B), check h	ere
	ne 16)	▶ \$ 0 (Part I, column (d) must	be on cash basis)		L		
Р	art I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal	(a) Revenue and expenses per	(b) Net inv	estment	(c) Adjusted net	(d) Disbursements for charitable
		the amounts in column (a) (see instructions) )	books	incor	ne	income	purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received (attach schedule)	2,312,647				(casir basis orny)
	2	Check ► If the foundation is <b>not</b> required to attach Sch B					
•	3	Interest on savings and temporary cash investments				·· <del>···</del>	
D	4	Dividends and interest from securities	6,550		6,550		
	5a	Gross rents					
4	ь	Net rental income or (loss)					
ă	6a	Net gain or (loss) from sale of assets not on line 10	38,351				
Revenue	b	Gross sales price for all assets on line 6a 38,351					
Š	7	Capital gain net income (from Part IV, line 2)			38,351		
	8	Net short-term capital gain			30,332	0	
	9	Income modifications					
	10a	Gross sales less returns and allowances					
	b	Less Cost of goods sold				······································	<del></del>
	c	Gross profit or (loss) (attach schedule)				···········	<del> </del>
	11	Other income (attach schedule)				<del></del>	
	12	Total. Add lines 1 through 11	2,357,548		44,901	0	
	13	Compensation of officers, directors, trustees, etc	0				
enses	14	Other employee salaries and wages				<del></del>	
ű	15	Pension plans, employee benefits	· · · · · · · · · · · · · · · · · · ·				
Ω.	16a	Legal fees (attach schedule)					
Ä	b	Accounting fees (attach schedule)					
Administrative	c	Other professional fees (attach schedule)				·	
at	17	Interestin					
st	18	Taxes (attach schedule) (see instructions)					
_ <u>=</u>	19	Depreciation (attach-schedule) and depletion					
늍	20	Occupancy OGDEN, UT					
₹	21	Travel, conferences, and meetings	290				
בַּ	22	Printing and publications					
, D	23	Other expenses (att sch) STMT 1	3,000				
~į£	24	Total operating and administrative expenses.					
ā		Add lines 13 through 23	3,290		0	o	0
Operating and	25	Contributions, gifts, grants paid	0				0
5	26	Total expenses and disbursements. Add lines 24 and 25	3,290		0	0	0
<u> </u>	27	Subtract line 26 from line 12					
	а	Excess of revenue over expenses and disbursements	2,354,258				1
	ь	Net investment income (if negative, enter -0-)	,		44,901		
	С	Adjusted net income (if negative, enter -0-)				0	

	•
Page	

	– Part l	Balance Sheets Attached schedules and amounts in the description column should be for end of year amounts only (See instructions.)	Beginning of year	End o	f year
	Part I	should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash – non-interest-bearing			
	2	Savings and temporary cash investments		41,611	
	3	Accounts receivable ▶			
		Less allowance for doubtful accounts ▶			
	4	Pledges receivable ▶			
		Less allowance for doubtful accounts ▶			
	5	Grants receivable			
1	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see	ı.		
		instructions)			
	7	Other notes and loans receivable (att. schedule)			
		Less allowance for doubtful accounts ▶ 0		·	
S	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
As	10a	Investments – U.S. and state government obligations (attach schedule)			
	b	Investments – corporate stock (attach schedule) SEE STMT 2		2,294,114	
	С	Investments – corporate bonds (attach schedule)			
	11	Investments – land, buildings, and equipment basis			
		Less accumulated depreciation (attach sch.)			
	12	Investments – mortgage loans			
	13	Investments – other (attach schedule)	<u></u>		
	14	Land, buildings, and equipment basis ▶			
		Less accumulated depreciation (attach sch.)			
	15	Other assets (describe ▶			
	16	Total assets (to be completed by all filers – see the			, ,
_		instructions_Also, see page 1, item I)		2,335,725	( X o
	17	Accounts payable and accrued expenses			
**	18	Grants payable			
ties	19	Deferred revenue			
ij	20	Loans from officers, directors, trustees, and other disqualified persons			
Liabilities	21	Mortgages and other notes payable (attach schedule)			Į
_	22	Other liabilities (describe ►)			
_	23	Total liabilities (add lines 17 through 22)	0	0	
		Foundations that follow SFAS 117, check here			
ces		and complete lines 24 through 26 and lines 30 and 31.	İ		
an	24	Unrestricted		2,335,725	
ä	25	Temporarily restricted			Į
5	26	Permanently restricted		ļ . <b></b> .	
ä	1	Foundations that do not follow SFAS 117, check here		İ	
5		and complete lines 27 through 31.			
ts	27	Capital stock, trust principal, or current funds		<del>                                       </del>	
se	28	Paid-in or capital surplus, or land, bldg, and equipment fund			1
AS	29	Retained earnings, accumulated income, endowment, or other funds		0 225 525	
Net Assets or Fund Balan	30	Total net assets or fund balances (see instructions)	0	2,335,725	
_	31	Total liabilities and net assets/fund balances (see		0 335 705	
-	Dort I	Instructions)	0	2,335,725	
_	Part I	II Analysis of Changes in Net Assets or Fund Balances net assets or fund balances at beginning of year – Part II, column (a), line 30 (mu	ust parco with		I
			ist agree with		
7		of-year figure reported on prior year's return) r amount from Part I, line 27a		1 2	2,354,258
		r increases not included in line 2 (itemize) ▶		3	2,334,236
		lines 1, 2, and 3		4	2,354,258
5 Decreases not included in line 2 (itemize) ▶ SEE STATEMENT 3 5 18,					
		net assets or fund balances at end of year (line 4 minus line 5) – Part II, column (	b), line 30	6	2,335,725
<u></u>		The second of your filled a filling of a dirtit, column t	- <u>n</u>		Form 990-PF (201)

Part IV Capital Gains a	nd Losses for Tax on Investme	ent Income	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·		
	the kind(s) of property sold (for example, real estate, arehouse, 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 MUTUAL FUND CAP	PITAL GAIN DIST						
b							
<u>c</u>							
d			<u></u>				
<u>e</u>			<u> </u>		<u></u>		
(e) Gross sales price	(f) Depreciation allowed (or allowable)		other basis	1	n or (loss) f) minus (g))		
a 38,351					38,351		
_b							
с							
d							
<u>e</u>							
Complete only for assets showing	g gain in column (h) and owned by the f	oundation on 12/31/6	69	(I) Gains (Col	(h) gain minus		
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69		s of col (i) (j), if any		less than -0-) or rom col. (h))		
a					38,351		
_b							
С							
d							
e			····				
2 Capital gain net income or (net c	apital loss) If gain, also enter in			2	38,351		
3 Net short-term capital gain or (los	ss) as defined in sections 1222(5) and (6	_					
· · · · · · · · · · · · · · · · · · ·	, column (c) See instructions. If (loss), e						
Part I, line 8				3			
Part V Qualification Ur	nder Section 4940(e) for Reduc	ced Tax on Net	Investment Inco	ome			
(For optional use by domestic private	e foundations subject to the section 4940	D(a) tax on net invest	ment income)				
If section 4940(d)(2) applies, leave th	nis nart blank				N/A		
	,				N/A		
	tion 4942 tax on the distributable amour	• •	base period?		Yes No		
If "Yes," the foundation does not qua	lify under section 4940(e) Do not comp	lete this part					
	each column for each year, see the inst	ructions before maki	ng any entries	<del></del>			
(a) Base period years Calendar year (or tax year beginning in	(b) Adjusted qualifying distributions	s Net value	(c) e of noncharitable-use asse		(d) stribution ratio divided by col (c))		
2016							
2015							
2014							
2013							
2012							
2 Total of line 1, column (d)				2			
	5-year base period – divide the total on		he				
number of years the foundation h	has been in existence if less than 5 year	S		3			
4 Enter the net value of noncharita	ble-use assets for 2017 from Part X, line	e 5		4			
5 Multiply line 4 by line 3	5						
6 Enter 1% of net investment incor	me (1% of Part I, line 27b)			6			
~							
7 Add lines 5 and 6				7			
0 5.4							
8 Enter qualifying distributions from				<u>8</u>			
•	n line 7, check the box in Part VI, line 11	o, and complete that	part using a 1% tax	rate. See the			
Part VI instructions							

Form	990-PF (2017) VAN ESSEN FAMILY FOUNDATION 82-3529558			Pa	ge <b>4</b>
Pa	rt 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   X 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  N/A				
	here ▶ and enter 1% of Part I, line 27b				
С	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-)				0
3	Add lines 1 and 2				
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)				0
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-				0
6	Credits/Payments				
а	2017 estimated tax payments and 2016 overpayment credited to 2017				
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				
7	Total credits and payments Add lines 6a through 6d				
	——————————————————————————————————————				
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8				<del></del>
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed				
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid				
11	Enter the amount of line 10 to be Credited to 2018 estimated tax ▶ Refunded ▶ 11				
Pa	art VII-A Statements Regarding Activities				
1a	, , , , , , , , , , , , , , , , , , , ,	-		Yes	No_
	participate or intervene in any political campaign?	-	1a		<u>X</u>
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the	1		\	
	Instructions for the definition	Ĺ	1b		<u>X</u>
	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				
С	Did the foundation file Form 1120-POL for this year?	/A	1c		
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year		l	}	
	(1) On the foundation ▶ \$ (2) On foundation managers ▶ \$				
е	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?		2		X
	If "Yes," attach a detailed description of the activities	Ī			
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? 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 year?	İ	4a		X
b	· · · · · · · · · · · · · · · · · · ·	/A	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	′	5		X
•	If "Yes," attach the statement required by General Instruction T	ŀ	_ <u>-</u>		
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either	i			
•	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	x	
7		-	7	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	}			
8a	Enter the states to which the foundation reports or with which it is registered. See instructions NONE				
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General	.			
		/A	8b		
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. If "Yes,"				)
	complete Part XIV	ļ	9		<u> </u>
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their				1
	names and addresses		10	l	X

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Form 990-PF (2017) VAN ESSEN FAMILY FOUNDATION

<u> Pa</u>	art VII-A Statements Regarding Activities (continued)			
	•		Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the	ĺ		
	meaning of section 512(b)(13)? If "Yes," attach schedule See instructions	11		<u> </u>
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		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address ► N/A			_
14	The books are in care of ▶ OWEN VAN ESSEN  Telephone no ▶ 505-8	20-	270	0
	409 LOS ALTOS WAY			
	Located at ▶ SANTA FE NM ZIP+4 ▶ 8750	L		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 – check here			▶ _
	and enter the amount of tax-exempt interest received or accrued during the year   15		<del></del>	
16	At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16	L	X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of	1		
	the foreign country ▶			
Pa	art 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.	<u> </u>	Yes	No
1a	During the year, did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			
	disqualified person?  (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?  Yes X 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)?  Yes X 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 )  Yes X 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  N/A	1b	-	
	Organizations relying on a current notice regarding disaster assistance, check here	<u> </u>	ļ <u> </u>	
С	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?  N/A	1c		
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))			
а	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?			
	If "Yes," list the years ▶ 20 , 20 , 20			İ
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			l
	all years listed, answer "No" and attach statement – see instructions ) N/A	<u>2b</u>	ļ	
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here	ļ		
	<b>▶</b> 20 , 20 , 20 , 20	-		1
3a		1		
	at any time during the year?		1	
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			1
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of			1
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the			
۸.	foundation had excess business holdings in 2017 )  N/A	3b	<del> </del>	+
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	+	X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its	4b		x
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2017?		90-P	_
		3		. (2017

<u>Forn</u>	1 990-PF (2017) VAN ESSEN FAMILY FOUNDATION	82-3	529558			Page 6
P	art VII-B Statements Regarding Activities for Which Form 4	1720 May Be R	equired (conti	nued)		
5a	During the year did the foundation pay or incur any amount to					
	'(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4	945(e))?	Y	es 🛚 No	}	j
	(2) Influence the outcome of any specific public election (see section 4955), or to	o carry on,				
	directly or indirectly, any voter registration drive?		Y	es 🛛 No	}	
	(3) Provide a grant to an individual for travel, study, or other similar purposes?			es 🗓 No		-
	(4) Provide a grant to an organization other than a charitable, etc., organization	described in			Ì	1
	section 4945(d)(4)(A)? See instructions		Y	es 🛚 X No		
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or	educational				İ
	purposes, or for the prevention of cruelty to children or animals?		Y	es X No	į	
b	If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under	er the exceptions d	escribed in		ļ	
	Regulations section 53 4945 or in a current notice regarding disaster assistance	? See instructions		N/A	5b	
	Organizations relying on a current notice regarding disaster assistance, check he	ere		▶ 🔲	1	
C	If the answer is "Yes" to question 5a(4), does the foundation claim exemption fro	m the tax				
	because it maintained expenditure responsibility for the grant?		N/A 🗌 Y	es 🗌 No	1	
	If "Yes," attach the statement required by Regulations section 53 4945-5(d)			_		
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pa	y premiums			ì	ł
	on a personal benefit contract?		Y	es 🗓 No		
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a per	rsonal benefit contr	act?		6b	X
	If "Yes" to 6b, file Form 8870			j		
7a	At any time during the tax year, was the foundation a party to a prohibited tax she	elter transaction?	_ Y	es 🗓 No	1	
_ <u>b</u>	If "Yes," did the foundation receive any proceeds or have any net income attribut	able to the transac	tion?	N/A	7b	
P	art VIII Information About Officers, Directors, Trustees, Fo	undation Man	agers, Highly	Paid Employe	es,	
	and Contractors			·		
1_1	ist all officers, directors, trustees, and foundation managers and their comp	ensation. See ins	tructions			
		(b) Title, and average	(c) Compensation	(d) Contributions to		<b>_</b>
	(a) Name and address	hours per week	(If not paid,	employee benefit plans and deferred		nse account, allowances
		devoted to position	enter -0-)	compensation	ļ	
SI	E STATEMENT 4		ļ			
					ļ	
					<b>└</b>	
		·				
		L			<u></u>	
2	Compensation of five highest-paid employees (other than those included o	on line 1 – see ins	tructions). If non	e, enter		
	"NONE."	T				
		(b) Title, and average	_	<ul> <li>(d) Contributions to employee benefit</li> </ul>	(e) Expe	ense account,
	(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	plans and deferred		allowances
	<del></del>			compensation	<del> </del>	
N	DNE				1	
		ļ			<del> </del>	
	<del></del>				<del> </del>	
					1	
	<del></del>	<del> </del>	-	<del></del>	<del> </del>	
		<del>                                     </del>	-			<del></del>
			1			
	to an hora of other condenses and a section 200	L		<u> </u>	<del> </del>	0
Ota	il number of other employees paid over \$50,000			▶	1	U

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Part VIII	Information About Officers, Directors, Trustees, Fou and Contractors (continued)	ndation Managers, Highly Paid E	mployees,
3 √Five high	est-paid independent contractors for professional services. See ins	tructions. If none, enter "NONE."	
	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE			
<del></del>			
Total number of	others receiving over \$50,000 for professional services		<u> </u>
Part IX-A	Summary of Direct Charitable Activities		_
	s four largest direct charitable activities during the tax year. Include relevant statistical informati other beneficiaries served, conferences convened, research papers produced, etc	on such as the number of	Expenses
1 N/A			
2			
3			
4			
Part IX-B	Summary of Program-Related Investments (see ins	tructions)	
	rgest program-related investments made by the foundation during the tax year on lines 1 and 2	<u> </u>	Amount
1 N/A			
2			
All other program-re	elated investments. See instructions		
3			

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Total Add lines 1 through 3

1057			
	1 990-PF (2017) VAN ESSEN FAMILY FOUNDATION 82-3529558		Page 8
P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign	an toundation	ns,
	see instructions )	<del>,</del>	
1	'Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes	1.1	0
	Average monthly fair market value of securities	1a	0
	Average of monthly cash balances	1b	
С	Fair market value of all other assets (see instructions)	1c	0
d	Total (add lines 1a, b, and c)	1d	0
е	Reduction claimed for blockage or other factors reported on lines 1a and	]	
	1c (attach detailed explanation) 1e 0	4 1	•
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	0
4	Cash deemed held for charitable activities Enter 11/2% of line 3 (for greater amount, see	]	_
	instructions)	4	0
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	0
6	Minimum investment return. Enter 5% of line 5	6	0
Pi	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating	foundations	1
	and certain foreign organizations check here ▶ ☐ and do not complete this part )		
1	Minimum investment return from Part X, line 6	1	
2a	Tax on investment income for 2017 from Part VI, line 5	<u> </u>	
b	Income tax for 2017 (This does not include the tax from Part VI)	] ]	
С	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments Subtract line 2c from line 1	3	
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7 1	
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а	Expenses, contributions, gifts, etc. – total from Part I, column (d), line 26	1a	C
b	Program-related investments – total from Part IX-B	1b	
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		

Form 990-PF (2017)

3b

4

b

5

Suitability test (prior IRS approval required)

Enter 1% of Part I, line 27b See instructions

Cash distribution test (attach the required schedule)

Adjusted qualifying distributions. Subtract line 5 from line 4

qualifies for the section 4940(e) reduction of tax in those years

Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4

Note The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income

Pa	irt XIII Undistributed Income (s	ee instructions)				
	•		(a)	(b)	(c)	(d)
1	Distributable amount for 2017 from Part XI,		Corpus	Years prior to 2016	2016	2017
	line 7					0
2	Undistributed income, if any, as of the end o	of 2017				
	Enter amount for 2016 only					
b	Total for prior years 20, 20	, 20				
3	Excess distributions carryover, if any, to 201	7				
а	From 2012					
b	From 2013					
	From 2014					
	From 2015					
6	From 2016					
f	Total of lines 3a through e					
4	Qualifying distributions for 2017 from Part XI	II,				
	line 4 ▶ \$					
	Applied to 2016, but not more than line 2a	-				
b	Applied to undistributed income of prior year	rs	i			
	(Election required – see instructions)			<u> </u>		
С	Treated as distributions out of corpus (Electi	ion	!			
	required – see instructions)	-	· · · · · · · · · · · · · · · · · · ·			
	Applied to 2017 distributable amount	}				
	Remaining amount distributed out of corpus	ł	<del></del>			
5	Excess distributions carryover applied to 201	ì				
	(If an amount appears in column (d), the same	ne				
6	amount must be shown in column (a) ) Enter the net total of each column as	ļ			,	
u	indicated below:					
9	Corpus Add lines 3f, 4c, and 4e Subtract lin	ne 5				
	Prior years' undistributed income Subtract	ile 5			·	
~	line 4b from line 2b					
С	Enter the amount of prior years' undistribute	.d				
Ī	income for which a notice of deficiency has	-				
	been issued, or on which the section 4942(a	<sub>1</sub> )				
	tax has been previously assessed	,				
d	Subtract line 6c from line 6b Taxable					
	amount - see instructions					_
е	Undistributed income for 2016 Subtract line					
	4a from line 2a Taxable amount - see					
	instructions					
f	Undistributed income for 2017 Subtract line	es				
	4d and 5 from line 1 This amount must be					
	distributed in 2018					
7	Amounts treated as distributions out of corp	us				
	to satisfy requirements imposed by section					
	170(b)(1)(F) or 4942(g)(3) (Election may be					1
	required—see instructions)					
8	Excess distributions carryover from 2012 no	ot				
_	applied on line 5 or line 7 (see instructions)					<del></del>
9	Excess distributions carryover to 2018.				]	
4.0	Subtract lines 7 and 8 from line 6a					
10	Analysis of line 9					
a	Excess from 2013					
b	Excess from 2014					
q	Excess from 2015					
d	Excess from 2016 Excess from 2017				!	
ď	LAUG33 11U111 4U11		ı	i	i	i

Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other

factors N/A

Part XV Supplementary Information (co	ontinued)			
3 Grants.and Contributions Paid During the	Year or Approved for F	uture Payment		
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	Contribution	
a Paid during the year N/A	or substantial contributor			
Total			<b>▶</b> 3a	
b Approved for future payment N/A				
Total	·	L	<b>▶</b> 3b	

Part XVI	-A Analysis of Income-Producing Acti	vities				
Enter gross a	amounts unless otherwise indicated		ed business income	Excluded	d by section 512, 513, or 514	(0)
•		(2)	(5)	(c)	(d)	(e) Related or exempt
		(a) Business code	(b) Amount	Exclusion code	Amount	function income
1 Program	service revenue			1		(See instructions )
a						
b						
		ļ				
d				ļ. <u>.</u>		
e						
f		ļ				
g Fees	and contracts from government agencies					
2 Members	ship dues and assessments					·- <u></u>
3 Interest of	on savings and temporary cash investments	ļ				
4 Dividend	s and interest from securities			<u> </u>		6,550
5 Net renta	il income or (loss) from real estate					
	-financed property			<del>  </del>		
b Not o	lebt-financed property					
6 Net renta	I income or (loss) from personal property					
	estment income					<del></del>
8 Gain or (	oss) from sales of assets other than inventory			ļ		38,351
	ne or (loss) from special events			ļ		
	ofit or (loss) from sales of inventory	ļ				
11 Other rev	renue a					
b		ļ				
c		ļ				
d				<b> </b>		
e		<u></u>				
	Add columns (b), (d), and (e)		(	<u> </u>	0	44,901
	ld line 12, columns (b), (d), and (e)				13	44,901
	eet in line 13 instructions to verify calculations )			<u> </u>		<del></del>
Part XVI						<del></del>
Line No. ▼	Explain below how each activity for which income					
N/A	accomplishment of the foundation's exempt purpo	ses (other than	by providing runds it	or such po	urposes) (See instructi	olis )
	· · · · · · · · · · · · · · · · · · ·		<del> </del>	<del></del>		·
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						<u> </u>
					<u> </u>	
					<del></del>	
		-				

DAA

Part XVII Information Regarding Transcriptions	ansfers To and Transaction	ns and Relationships Wi	ith Noncharitable	
Did the organization directly or indirectly engage	e in any of the following with any o	ther organization described		es No
in section 501(c) (other than section 501(c)(3)	, ,	<u> </u>		
organizations?				
a Transfers from the reporting foundation to a no	ncharitable exempt organization of			
(1) Cash			1a(1)	<u> </u>
(2) Other assets			1a(2)	X
b Other transactions				
(1) Sales of assets to a noncharitable exempt	- <del>-</del>		1b(1)	X
(2) Purchases of assets from a noncharitable	, -		1b(2)	X
(3) Rental of facilities, equipment, or other ass	ets		1b(3)	X
(4) Reimbursement arrangements	•		1b(4)	$\frac{\lambda}{x}$
(5) Loans or loan guarantees	. for a decrease and a decrease and	•	1b(5)	$\frac{\mathbf{x}}{\mathbf{x}}$
(6) Performance of services or membership of	•		1b(6) 1c	$\frac{x}{x}$
c Sharing of facilities, equipment, mailing lists, o		on (h) chould always show tha f		
d If the answer to any of the above is "Yes," com- value of the goods, other assets, or services g	<del>-</del>			
value in any transaction or sharing arrangemen	• •			
	of noncharitable exempt organization		ransactions, and sharing arrangements	
N/A				
			·	
				<del></del>
2a Is the foundation directly or indirectly affiliated described in section 501(c) (other than section b If "Yes," complete the following schedule  (a) Name of organization			Yes	X No
N/A	(m) - Mr = - a Barrenan	(5) 50301	F	
		······································		
Under penalties of perjury, I declare that I have examined correct, and complete. Declaration of preparer (other to			f my knowledge and belief, it is true,	
		FF	May the IRS discuss this retu	
Sign 7 2			with the preparer shown below See instructions	
Here	<u> </u>	1.40		[ لحا
Con In	ser 1/1	<del></del>	SIDENT	
Signature of officer or trustee	/Date	Title	<del></del>	
Print/Type preparer's name	Preparer's signatur	e 		heck I if
Paid WAYNE W DREATAN CDA	Wayne	W Breakan C	<i>A U I</i>	elf-employed
Preparer DDEALAN CPA			103/04/10	20
les Oply	LHAUG HOEFKER & (	CO., P.A	PTIN P012096	
Firm's address ► 909 FOURTH WORTHINGTON	AVENUE, SUITE A I, MN 56187-2326		Firm's EIN ▶ 41-1735  Phone no 507-376	
WORTHINGTOR	1, PH 30101-2326		<del></del>	-4151 -PF (2017)

Schedule B

(Form 990, 990-EZ, or 990-PF)
Department of the Treasury Internat Revenue Service

#### **Schedule of Contributors**

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No 1545-0047

2017

Name of the organization

Employer identification number

VAN ESSEN F.	AMILY	FOUNDATION	82-3529558
Organization type (chec	k one)		
Filers of:	Sec	tion:	
Form 990 or 990-EZ		501(c)( ) (enter number) organization	
		4947(a)(1) nonexempt charitable trust not treated as a private foundation	
		527 political organization	
Form 990-PF	X	501(c)(3) exempt private foundation	
		4947(a)(1) nonexempt charitable trust treated as a private foundation	
		501(c)(3) taxable private foundation	
	<del></del> -		
, -		d by the General Rule or a Special Rule or (10) organization can check boxes for both the General Rule and a Special	al Rule See
General Rule			
	y or proper	rm 990, 990-EZ, or 990-PF that received, during the year, contributions total ty) from any one contributor. Complete Parts I and II. See instructions for de ns	<del>-</del>
Special Rules			
regulations under 13, 16a, or 16b, a	r sections 5 and that rec	od in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 <sup>1</sup> / <sub>3</sub> % suppor 09(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ eived from any one contributor, during the year, total contributions of the great of (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete	Z), Part II, line eater of (1)
contributor, durin	g the year,	ed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from total contributions of more than \$1,000 exclusively for religious, charitable, sees, or for the prevention of cruelty to children or animals. Complete Parts I	scientific,
contributor, durin contributions tota during the year fo	g the year, led more th or an <i>exclus</i> plies to this	ed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from fried from the section of th	h e received less the
990-EZ, or 990-PF), but i	t <b>must</b> ans	overed by the General Rule and/or the Special Rules doesn't file Schedule & wer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its that it doesn't meet the filing requirements of Schedule B (Form 990, 990-E	Form 990-EZ or on its

PAGE 1 OF 1

Name of organization

Employer identification number

82-3529558 VAN ESSEN FAMILY FOUNDATION Part I Contributors (see instructions) Use duplicate copies of Part I if additional space is needed (a) (d) Type of contribution **Total contributions** Name, address, and ZIP + 4 No. 1 OWEN VAN ESSEN Person 409 LOS ALTOS WAY Pavroll 2,312,647 X Noncash SANTA FE NM 87501 (Complete Part II for noncash contributions) (b) (d) (a) (c) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 Person Payroll \$ Noncash (Complete Part II for noncash contributions) (a) (b) (c) (d) No Name, address, and ZIP + 4 Total contributions Type of contribution Person Payroll \$ Noncash (Complete Part II for noncash contributions) (a) (b) (c) (d) No. Name, address, and ZIP + 4 Total contributions Type of contribution Person **Payroll** \$ Noncash (Complete Part II for noncash contributions) (a) (b) (c) (d) No Name, address, and ZIP + 4 Total contributions Type of contribution Person Payroli \$ Noncash (Complete Part II for noncash contributions) (a) (b) (c) (d) Name, address, and ZIP + 4 No. Total contributions Type of contribution Person Payroll \$ Noncash (Complete Part II for noncash contributions)

age 3

Name of organization
VAN ESSEN FAMILY FOUNDATION

Employer identification number

82-3529558 Part II Noncash Property (see instructions) Use duplicate copies of Part II if additional space is needed (a) No. (c) (d) from FMV (or estimate) Date received Description of noncash property given Part I (See instructions.) 17,414 AMG YACKTMAN FOCUSED 1 410,796 12/14/17 (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given Date received Part I (See instructions.) 30,455 HENNESSY CORNERSTONE MID 1 12/14/17 590,827 (a) No. (c) (b) (d) from FMV (or estimate) Date received Description of noncash property given Part I (See instructions.) 3,010 THORNBURG VALUE 1 210,098 12/22/17 (a) No (c) (b) (d) from FMV (or estimate) Description of noncash property given Date received Part I (See instructions) 66,339 THORNBURG STRATEGIC 1 780,147 \$ 12/22/17 (a) No (c) (b) (d) from FMV (or estimate) Description of noncash property given Date received Part I (See instructions.) 4,435 ALTRIA GROUP INC 1 318,389 12/14/17 \$ (a) No. (c) (d) from FMV (or estimate) Description of noncash property given Date received Part I (See instructions.) 55 ADVANSIX INC 1 2,180 12/14/17 \$

Name of organization

Employer identification number

82-3529558 VAN ESSEN FAMILY FOUNDATION Part II Noncash Property (see instructions) Use duplicate copies of Part II if additional space is needed (a) No. (c) (d) (b) FMV (or estimate) from Date received Description of noncash property given Part I (See instructions.) 3 THORNBURG VALUE FUND CL 1 12/26/17 209 \$ (a) No. (c) (b) (d) FMV (or estimate) from Description of noncash property given Date received Part I (See instructions) .109 THORNBURG STRATEGIC INCOME 1 1 12/28/17 \$ (a) No. (c) (b) (d) FMV (or estimate) from Description of noncash property given Date received Part I (See instructions) \$ (a) No. (c) (d) (b) from FMV (or estimate) Description of noncash property given Date received Part I (See instructions.) \$ (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given Date received Part I (See instructions.) \$ (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given Date received Part I (See instructions.) \$

# 1-2

71057 VAN ESSEN FAMILY FOUNDATION 82-3529558 FYE: 12/31/2017

Federal Statements

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Charitable Purpose	\$	0		Fair Market Value	v, v,
Adjusted Net		0	Investments	Basis of Valuation	
Net Investment	<i>φ</i>	0	b - Corporate Stock	End of Year	\$ 2,314 316,703 367,261 617,019 209,343 781,474 \$ 2,294,114
Total	\$ 3,000	\$ 3,000 \$	Statement 2 - Form 990-PF, Part II, Line 10b - Corporate Stock Investments	Beginning of Year	\( \text{O} \) \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\
Description	EXPENSES TRUSTEE FEES	TOTAL	Statement 2 - F	Description	55 SH ADVANSIX INC 4435 SH ALTRIA GROUP INC 17,414 AMG YACKTMAN FOCUSED 30,455 HENNESSY CORNERSTONE MID 3,013 THORNBURG VALUE 66,339 THORNBUG STRATEGIC TOTAL

#### 71057 VAN ESSEN FAMILY FOUNDATION

82-3529558

**Federal Statements** 

FYE: 12/31/2017

#### Statement 3 - Form 990-PF, Part III, Line 5 - Other Decreases

	Description	 Amount
FMV LOSSES		\$ 18,533
TOTAL		\$ 18,533

71057 VAN ESSEN FAMILY FOUNDATION 82-3529558 FYE. 12/31/2017

# Federal Statements

Statement 4 - Form 990-PF, Part VIII, Line 1 - List of Officers, Directors, Trustees, Etc.

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
OWEN VAN ESSEN 409 LOS ALTOS WAY SANTA FE NM 87501	PRESIDENT	00.00	0	0	0
KATHERINE VAN ESSEN 409 LOS ALTOS WAY SANTA FE NM 87501	SECRETARY/TR	00.00	0	0	0
DANIEL R VAN ESSEN 409 LOS ALTOS WAY SANTA FE NM 87501	DIRECTOR	00.00	0	0	0
JOEL B VAN ESSEN 409 LOS ALTOS WAY SANTA FE NM 87501	DIRECTOR	00.0	0	0	0
TREVOR T VAN ESSEN 409 LOS ALTOS WAY SANTA FE NM 87501	DIRECTOR	00.0	0	0	0

# 71057 VAN ESSEN FAMILY FOUNDATION 82-3529558 Federal Statements

FYE: 12/31/2017

Na	me of Manager	 Amount
OWEN VAN ESSEN		\$ 2,312,647
TOTAL		\$ 2,312,647

### Form 990-PF, Part XV, Line 1b - Managers Who Own 10% or More Stock

Name of Manager	·	Amount
OWEN VAN ESSEN	\$_	2,312,647
TOTAL	\$	2,312,647