C&E 92Førm 990-PF Department of the Treasury

EXTENDED TO NOVEMBER 15, 2018 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.

2017

Internal Revenue Service For calendar year 2017 or tax year beginning and ending Name of foundation A Employer identification number THE EDWIN W. PAULEY FOUNDATION 95-4332470 Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number 1801 CENTURY PARK EAST 2230 323-954-3131 City or town, state or province, country, and ZIP or foreign postal code C if exemption application is pending, check her LOS ANGELES, CA 90067 G Check all that apply: Initial return Initial return of a former public charity D 1. Foreign organizations, check here Final return Amended return 2 Foreign organizations meeting the 85% test, check here and attach computation Name change Address change X Section 501(c)(3) exempt private foundation Check type of organization: E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation under section 507(b)(1)(A), check here Fair market value of all assets at end of year | J | Accounting method: X Accrual If the foundation is in a 60-month termination (from Part II, col. (c), line 16) Other (specify) under section 507(b)(1)(B), check here 3,306,959. (Part I, column (d) must be on cash basis.) **▶**\$ (Part | Analysis of Revenue and Expenses (d) Disbursements (a) Revenue and (b) Net investment (c) Adjusted net (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) charitable purposes (cash basis only) expenses per books income income Contributions, gifts, grants, etc., received N/A Check X If the foundation is not required to attach Sch. B Interest on savings and temporary cash investments 3,631 3,631 STATEMENT 58,780 58,764 4 Dividends and interest from securities STATEMENT 5a Gross rents h Net rental income or (loss) 110,500 6a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a 852,895. 110,500. 7 Capital gain net income (from Part IV, line 2) RECEIVE 8 Net short-term capital gain Income modifications AUG 3 1 2016 10a Gross sales less returns and allowances b Less Cost of goods sold OGDEN. U c Gross profit or (loss) 33,029 37,868 STATEMENT 11 Other income 205,940 210,763 Total. Add lines 1 through 11 38,400. 19,200. 19,200. 13 Compensation of officers, directors, trustees, etc. Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees 2,700. 2,700. STMT 4 5,400. **b** Accounting fees 29,592 29,592 c Other professional fees STMT 17 Interest 2,223 2,153 70. STMT 6 18 Taxes 19 Depreciation and depletion 3,437. 6.873 3,436 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications -47,404 1,586 ~48,590. 23 Other expenses STMT 7 24 Total operating and administrative 35,084 -23,183. expenses Add lines 13 through 23 58,667 470,000 470,000. 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. 505,084 446,817. Add lines 24 and 25 58,667 27 Subtract line 26 from line 12: -29<u>9,144</u> 8 Excess of revenue over expenses and disbursements 152,096 b Net investment income (if negative, enter -0-) N/A c Adjusted net income (if negative, enter -0-)

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	EDWIN W. PAULES and Losses for Tax on I					9	<u>5-433</u>	2470	Page 3
(a) List and describe	the kind(s) of property sold (for exa	ample, real esta		(b) H	low acquired Purchase	(c) Date		(d) Dat	
2-story brick wa	arehouse; or common stock, 200 sh	is. MLC Co.)	<u> </u>	B	- Purchase - Donation	(mo, d		(mo., d	
1a CEE AMMA CUED	CMAMENTAMO			 	+				
b SEE ATTACHED	STATEMENTS								
d _	- 			1					
e									
(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale				ain or (loss) s (f) minus (
<u>a</u>		<u> </u>							
<u>b</u>		 							
d		 					 -		
e 852,895.			742,39	5.				110	,500.
	ng gain in column (h) and owned by	the foundation					ol. (h) gain i	minus	
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col. (1) col. (1), if any				not less than (from col. (f		
<u>a</u>									
<u>b</u>		 							
d d		 							
е								110	,500.
	(If gain, also ente	er in Part I. line	7	7					
2 Capital gain net income or (net ca	apital loss) { If gain, also enter -(0- in Part I, line	7	<i>}</i>	2			110	,500.
3 Net short-term capital gain or (los		nd (6):							
If gain, also enter in Part I, line 8, If (loss), enter -0- in Part I, line 8							N/A		
Part V Qualification U	Inder Section 4940(e) for	r Reduced	Tax on Net	Inve	estment Inc	ome	11/21		
(For optional use by domestic private	e foundations subject to the section	4940(a) tax on	net investment ir	ncome	.)				
If section 4940(d)(2) applies, leave the	hie nart hlank								
, , , , , ,	•								
Was the foundation liable for the sec				rıod?				Yes	X No
If "Yes," the foundation doesn't qualit Finter the appropriate amount in	each column for each year; see the			entries				-	
(a) Base period years	(b)	illibil dellerio be	ioro making arry c	(c)	·			(d) ution ratio	
Base period years Calendar year (or tax year beginni		stributions	Net value of no		itable-use assets	į.	Distribi (col. (b) divi	útión ratio ded by col.	. (c))
2016	27	72,212.			498,500				77808
2015		16 <u>,5</u> 73.		3	,760,168		_		<u> 38980</u>
2014		24,342.			,970,085				81696
2013		37,656.			322,624				$\frac{01248}{67084}$
2012		0,745.		4	,276,694	-	Γ		<u>67984</u>
2 Total of line 1, column (d)						2		. 3	67716
3 Average distribution ratio for the	5-year base period - divide the total	on line 2 by 5.0	O, or by the numb	er of v	ears	-		,	<u> </u>
the foundation has been in existe		•	,	•		3_		.0	<u>73543</u>
									000
4 Enter the net value of noncharitat	ole-use assets for 2017 from Part X,	, line 5				4	<u> </u>	3,355	<u>,223.</u>
5 Multiply line 4 by line 3						5		246	,753.
6 Enter 1% of net investment incon	ne (1% of Part I. line 27b)					6		1	,521.
	,								
7 Add lines 5 and 6						7_		248	<u>,274.</u>
8 Enter qualifying distributions from	m Part XII, line 4					8		446	,817.
	n line 7, check the box in Part VI, line	e 1b, and comp	lete that part usin	ng a 19	% tax rate.				
See the Part VI instructions.									
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	1990-PF (2017) THE EDWIN W. PAULEY FOUNDATION 9 rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 49		3324 see ins			Page 4	
	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.	··				<u>,</u>	
16	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)						
h	Domestic foundations that meet the section 4940(e) requirements in Part V, check here X and enter 1%	1			1,5	21.	
J	of Part I, line 27b	-			<u> </u>	<u> </u>	
c	All other domestic foundations enter 2% of line 27b Exempt foreign organizations, enter 4% of Part I, line 12, col. (b).						
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	2				0.	
	Add lines 1 and 2	3			1,5	21.	
-	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	4				0.	
	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5			1,5	21.	
	Credits/Payments:						
	2017 estimated tax payments and 2016 overpayment credited to 2017 6a 900.						
	Exempt foreign organizations - tax withheld at source 6b 0.						
	Tax paid with application for extension of time to file (Form 8868) 6c 750.	Ì					
d	Backup withholding erroneously withheld 6d 0.						
	Total credits and payments. Add lines 6a through 6d	7			1,6	50.	
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8				21.	
	Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed	9					
10	Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10			1	08.	
11	Enter the amount of line 10 to be: Credited to 2018 estimated tax	11				0.	
Pa	rt VII-A Statements Regarding Activities						_
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in	1			Yes	No	
	any political campaign?			1a		X	
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definiti	on	L	1b		X	
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or		1				
	distributed by the foundation in connection with the activities.		-				
C	Did the foundation file Form 1120-POL for this year?			1c		<u>X</u>	
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:		-				
	(1) On the foundation. ► \$ 0 . (2) On foundation managers. ► \$ 0 .						
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation						
	managers. ► \$ 0 .						
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		_	2		<u> </u>	
	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 instrument, articles of incorporation, or						
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		_	3		<u> </u>	
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		<u> </u>	4a	_	X	
	If "Yes," has it filed a tax return on Form 990-T for this year?	N	'A -	4b		37	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		-	5		<u>X</u>	
	If 'Yes," attach the statement required by General Instruction T.		İ				
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:		İ				
	By language in the governing instrument, or Described to a second of the control of th		j				
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state is	ıw		_	v		
	remain in the governing instrument?		-	7	X		
′	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	•	-	<i>'</i>			
0.	Enter the states to which the foundation reports or with which it is registered. See instructions.						
οa	CA						
h	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)						
U	of each state as required by General Instruction G? If "No," attach explanation		-	8b	X		
Q	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calend	1ar				_	7
v	year 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If "Yes," complete Part XIV			9		x	2
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses			10		X	
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had not been removed from jeopardy before the first day of the tax year beginning in 2017?

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Part VII-B Statements Regarding Activities for Which	Form 4720 May Be F	Required (contin	ued)		
5a During the year, did the foundation pay or incur any amount to:				Yes	No
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	n 4945(e))?	Ye	s X No		
(2) Influence the outcome of any specific public election (see section 4955); (or to carry on, directly or indire		į.	}	1
any voter registration drive?		Ye	s X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes	3?	Ye	s X No	- 1	ļ
(4) Provide a grant to an organization other than a charitable, etc., organization	on described in section				
4945(d)(4)(A)? See instructions		Ye	s X No		ŀ
(5) Provide for any purpose other than religious, charitable, scientific, literary	, or educational purposes, or t			- 1	
the prevention of cruelty to children or animals?	,,,,		s X No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un	der the exceptions described i			- 1	}
section 53.4945 or in a current notice regarding disaster assistance? See instr	·		N/A	5 b	
Organizations relying on a current notice regarding disaster assistance, check					_
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption if		ined			
expenditure responsibility for the grant?		7/A 🗀 Ye	s No		1
If "Yes," attach the statement required by Regulations section 53.4945-5(d).	•	1/22		1	}
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	nav promiume on				
a personal benefit contract?	pay premiums on		s X No	1	Į.
		L 16	-	,	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	personal benefit contract?	•	<u> </u>	Sb	X
If "Yes" to 6b, file Form 8870.	-1-11-1		□	Ì	ì
7a At any time during the tax year, was the foundation a party to a prohibited tax		J Y6	es X No		
b If 'Yes,' did the foundation receive any proceeds or have any net income attrib				b	<u></u>
Part VIII Information About Officers, Directors, Trust Paid Employees, and Contractors	ees, Foundation Ma	inagers, Highly	/		
List all officers, directors, trustees, and foundation managers and	their expression	 -	- -		
List all officers, directors, trustees, and foundation managers and		(c) Compensation	(d) Contributions to	(a) Evr	20000
(a) Name and address	(b) Title, and average hours per week devoted	(If not paid,	(d) Contributions to employee benefit plans and deferred	(e) Exp acçount	, other
	to position	enter -0-)	compensation	allowa	nces
STEPHEN M. PAULEY	PRESIDENT/CHA	IRMAN			
1801 CENTURY PARK EAST #2230			, ,		
LOS ANGELES, CA 90067	2.00	12,000.	0.		0.
KEVIN PAULEY HILLYER	VICE PRESIDEN	1			
1801 CENTURY PARK EAST #2230					
LOS ANGELES, CA 90067	2.00	12,000.	0.		_0.
MATTHEW V. PAULEY	TREASURER				
1801 CENTURY PARK EAST #2230					
LOS ANGELES, CA 90067	2.00	12,000.	0.1		0.
TANYA HENDRIX	SECRETARY				
1801 CENTURY PARK EAST #2230	1				
LOS ANGELES, CA 90067	2.00	2,400.	0.		0.
2 Compensation of five highest-paid employees (other than those inc					
	(b) Title, and average		(d) Contributions to employee benefit plans and deferred	(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	ačcount allowa	, other inces
NONE					
HOND	1				
	†				
	 	 			
	┥				
	 	 			
	1				
	 	 			
	-				
	L	<u> </u>	<u> </u>		
Total number of other employees paid over \$50,000				200 55	0
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Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)	on Managers, Highly	
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		
		
Total number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities		<u>▶</u> 0
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical	al information such as the	
number of organizations and other beneficiaries served, conferences convened, research papers produc	ced, etc.	Expenses
1 N/A		
		
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 lin	es 1 and 2.	Amount
1N/A		
•		
2		
All other program-related investments. See instructions.		
3		
		
Total. Add lines 1 through 3	<u> </u>	0.
		Form 990-PF (2017)

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndation	ns, see instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	Average monthly fair market value of securities	1a	2,375,002.
Ь		1b	75,592.
С	Fair market value of all other assets	1c	955,724.
d	Total (add lines 1a, b, and c)	1d	3,406,318.
	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	3,406,318.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	51,095.
5	Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4	5	3,355,223.
6	Minimum investment return Enter 5% of line 5	6	167,761.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations an foreign organizations, check here and do not complete this part.)	d certai	
1	Minimum investment return from Part X, line 6	1	167,761.
2a	Tax on investment income for 2017 from Part VI, line 5		
b	Income tax for 2017. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	1,521.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	166,240.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	166,240.
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	166,240.
P	art 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	446,817.
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	446,817.
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	5	1,521.
6	Adjusted qualifying distributions Subtract line 5 from line 4	6	445,296.
	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.	qualifies	for the section

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,				166,240.
line 7				100,240.
2 Undistributed income, if any, as of the end of 2017			0	
a Enter amount for 2016 only			0.	
b Total for prior years:		0		
		0.		
3 Excess distributions carryover, if any, to 2017:				il
a From 2012 76,910.				
b From 2013 225, 293.				
c From 2014 129,316.				
d From 2015				
e From 2016 100,035.				
f Total of lines 3a through e	531,554.			
4 Qualifying distributions for 2017 from				
Part XII, line 4: ► \$ 446,817.				
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				166,240.
e Remaining amount distributed out of corpus	280,577.			
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	812,131.			
b Prior years' undistributed income. Subtract	012/2020			
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				
be distributed in 2018				0.
7 Amounts treated as distributions out of				<u>_</u> _
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	76,910.			
9 Excess distributions carryover to 2018	7075108			
Subtract lines 7 and 8 from line 6a	735,221.			
10 Analysis of line 9:	733,221.			
a Excess from 2013 225, 293.	{			
b Excess from 2014 129, 316.	į			
c Excess from 2015			,	
d Excess from 2016 100,035.	}			
e Excess from 2017 280,577.			L—————————————————————————————————————	<u></u>

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Part XIV Private Operating F			II-A, question 9)	N/A	
1 a If the foundation has received a ruling o					
foundation, and the ruling is effective fo		-	. ▶ └	1	
b Check box to indicate whether the found		ig foundation described		4942(j)(3) or49	42(j)(5)
2 a Enter the lesser of the adjusted net	Tax year (a) 2017	(b) 2016	Prior 3 years	(4) 2014	(a) Tatal
income from Part I or the minimum	(a) 2017	(0) 2010	(c) 2015	(d) 2014	(e) Total
investment return from Part X for				· ·	
each year listed			 		
b 85% of line 2a			 	 -/	
c Qualifying distributions from Part XII,				por a series	
line 4 for each year listed			 		
d Amounts included in line 2c not					
used directly for active conduct of			لمو ا	<u> </u>	
exempt activities			,		
 e Qualifying distributions made directly for active conduct of exempt activities. 					
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the			 		
alternative test relied upon:				Ì	
a "Assets" alternative test - enter:(1) Value of all assets					
• •			1	 	
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter		/			
2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter:		/	1		
(1) Total support other than gross					
investment income (interest,					
dividends, rents, payments on			Ì		
securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public					
and 5 or more exempt					
organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from					
an exempt organization				i	
(4) Gross investment income					
Part XV Supplementary Info			if the foundation	n had \$5,000 or mo	ore in assets
at any time during t	he year-see instr	ructions.)			
1 Information Regarding Foundation	n Managers:				
a List any managers of the foundation wh			tributions received by the	e foundation before the clos	se of any tax
year (but only if they have contributed in	nore than \$5,000). (See s	ection 507(d)(2).)		•	
NONE				·	
b List any managers of the foundation wh			(or an equally large port	ion of the ownership of a pa	artnership or
other entity) of which the foundation ha	s a 10% or greater interes	st.			
NONE			 		
2 Information Regarding Contribut			•		
Check here > if the foundation of					ests for funds. If
the foundation makes gifts, grants, etc.,	to individuals or organiza	itions under other condi	tions, complete items 2a	, b, c, and d.	
a The name, address, and telephone num	ber or email address of th	e person to whom appl	cations should be addres	ssed:	
CEE CMAMENENM 11					
SEE STATEMENT 11	a submitted and informati	non and materials they	bould include:		
b The form in which applications should be	e submitted and informat	ion and materials triey s	modia melade.		
c Any submission deadlines:					
d Any restrictions or limitations on award	s. Such as by neonraphics	l areas, charitable fields	kinds of institutions or	other factors:	
t , my roomand or minimum on the	of open go of Accountines	,	,o or montenona, or	oor igotoro.	
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▶ 3b

Total

Part XVI-A **Analysis of Income-Producing Activities**

Enter gross amounts unless otherwise indicated.	Unrelated	d business income		ded by section 512, 513, or 514	(e)
	(a)	(b)	(C) Exclu-	(d)	Related or exempt
1 Program service revenue:	Business code	Amount	sion	Amount	function income
a			_		
b					
c				·	
d			7		
					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments	1		16	3,631.	
4 Dividends and interest from securities			14	58,780.	
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	1		1 1		
7 Other investment income			16	33,029.	
8 Gain or (loss) from sales of assets other					
than inventory	1		18	110,500.	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory			T		
11 Other revenue:					
a					
b		·			
c					
d					
e					
12 Subtotal. Add columns (b), (d), and (e)			0.	205,940.	0.
13 Total. Add line 12, columns (b), (d), and (e)			_	13	
(See worksheet in line 13 instructions to verify calculations.)					

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

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

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In section 501(c) (other than section 501(c)(3)) or in section 527? If 'Yes,' complete the following schedule. (a) Name of organization N/A Under penalties of period, ideclare that I have standed this return, including accompanying schedules and statements, and to the best of my knowledge and belief, the trie period of interest and prighter pectagricin of preparer than taxpayer) is based on all information of which preparer has any knowledge. Signature of officer or trustee Print/Type preparer's name Preparer's signature Preparer's signature Date Check If PTIN self-employed Print/Type preparer's name LYNNE LEAVITT, CPA Print/Type preparer's name Preparer's signature Date Check If PTIN self-employed Print/Type preparer's name Prin									
In section 501(c) (other than section 501(c)(3)) or in section 527? If 'Yes,' complete the following schedule. (a) Name of organization N/A Under penalties of period, ideclare that I have standed this return, including accompanying schedules and statements, and to the best of my knowledge and belief, the trie period of interest and prighter pectagricin of preparer than taxpayer) is based on all information of which preparer has any knowledge. Signature of officer or trustee Print/Type preparer's name Preparer's signature Preparer's signature Date Check If PTIN self-employed Print/Type preparer's name LYNNE LEAVITT, CPA Print/Type preparer's name Preparer's signature Date Check If PTIN self-employed Print/Type preparer's name Prin									
b If 'Yes," complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship N/A Under penalties at perpen, I declare that I have stammed this return, including accompanying schedules and statements, and to the best of my knowledge and belief, the type preparer has any knowledge return with the preparer shown below? See instr Y 8 2 2 / F TREASURER Title Print/Type preparer's name Preparer's signature Print/Type preparer's name Preparer's signature Prim's name ► ESMOND & ASSOCIATES INC. Firm's address ► 23901 CALABASAS RD, #1010 CALABASAS, CA 91302 Phone no. 818 - 610 - 2900		=	-		or more tax-exempt organ	izations described		r	==
(a) Name of organization (b) Type of organization (c) Description of relationship N/A Under penalties of period, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is that period of preparer than taxpayer) is based on all information of which preparer has any knowledge shown below? See insit X yes No No Print/Type preparer's name Preparer Signature Print/Type preparer's name LYNNE LEAVITT, CPA Print/Type preparer's name LYNNE LEAVITT, CPA Print/Signature of Check if self- employed Print				ection 527?			L	Yes L	X No
N/A Sign Under penalties of person, I declare that I have cannot this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true true, and or injects declaration of preparer (either than taxpayer) is based on all information of which preparer has any knowledge shown below? See instruction with the preparer shown below? See instruction of officer or trustee Print/Type preparer's name Preparer's signature Print/Type preparer's name LYNNE LEAVITT, CPA Print/Type preparer's name Preparer's signature O6/12/18 Prim's name ► ESMOND & ASSOCIATES INC. Firm's address ► 23901 CALABASAS RD, #1010 CALABASAS, CA 91302 Phone no. 818-610-2900	b If Yes, co				(h) Type of organization	Ţ	(a) Deceription of relational		
Sign Here			janization		(b) Type of Organization		(c) Description of relations	11þ	
Sign Here A		N/A	 						
Sign Here A					 		 		
Sign Here A	 								
Sign Here A									
Here Y 8 25/15 TREASURER Title	I .	penalties of perjuty, I declare	that I have examined th	is return, includin	g accompanying schedules and	statements, and to the	best of my knowledge	the IRS discu	ss this
Paid Preparer Use Only Pirm's address ▶ 23901 CALABASAS RD, #1010 CALABASAS, CA 91302 TREASURER Title Tritle Tritle Tritle Tritle Check if self-employed self-em	Sign \ \	slief, it is true correct, and o	holete Declaration of pi	reparer (other than	n taxpayer) is based on all inform	mation of which prepare	retu	rn with the pre	parer
Paid Preparer Use Only Print/Type preparer's name Preparer's signature Date Check if self-employed Print/Type preparer's name Date Check if self-employed Poid Preparer Self-employed Poid Print's name ► ESMOND & ASSOCIATES INC. Firm's name ► ESMOND & ASSOCIATES INC. Firm's address ► 23901 CALABASAS RD, #1010 CALABASAS, CA 91302 Phone no. 818-610-2900	Here	(//m_///·	1m/		1 8/28/18	TREAS			
Paid Preparer Use Only Calabasas, Ca 91302 Phone no. 818-610-2900	Sign	,			Date /	Title			
Paid Preparer Use Only LYNNE LEAVITT, CPA Symmetric Leavit 06/12/18 P00146565 Firm's name ► ESMOND & ASSOCIATES INC. Firm's EIN ► 20 - 3250475 Firm's address ► 23901 CALABASAS RD, #1010 Phone no. 818 - 610 - 2900		Print/Type preparer's na	ame	Preparer's si	gnature	Date			
Preparer Use Only Firm's name ► ESMOND & ASSOCIATES INC. Firm's EIN ► 20 - 3250475 Firm's address ► 23901 CALABASAS RD, #1010 Phone no. 818 - 610 - 2900	Doid			7	The state of the s		' '		
Use Only Firm's address ≥ 23901 CALABASAS RD, #1010				Cym	2 7770	06/12/18			
Firm's address ► 23901 CALABASAS RD, #1010 CALABASAS, CA 91302 Phone no. 818 - 610 - 2900	•	Firm's name ESM	OND & ASS	OCIATE	S INC.		Firm's EIN > 20 - 32	450475	i
CALABASAS, CA 91302 Phone no. 818 - 610 - 2900	300 Omy	Firm's address > 22	901 CATAT	RACAC P	D #1010				
							Phone no 818-6	10-290	10
									

CONTINUATION FOR 990-PF, PART IV THE EDWIN W. PAULEY FOUNDATION 95-4332470 PAGE 1 OF Part IV | Capital Gains and Losses for Tax on Investment Income

Capital Gains and Los	sses for lax on investment income			, -	
	describe the kind(s) of property sold ick warehouse; or common stock, 20		(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
			· 	` ' ' '	· · · · · · · · · · · · · · · · · · ·
	565)		<u> </u>	 	
	565)		P	ļ	
	565)		P	ļ	
	861)		P		
	861)		P		
f WELLS FARGO (8)	861)		P		
g WELLS FARGO (1	695)		P		
	695)		P		
	695)		P		
	695)		P	1	
	664)		P	†	
	664)		P	 	
	664)		P	 	
	017)		P		·
	017)		P		
o WELLS FARGO (1		110 11 11 11		1.0	
(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 10,500.		10,824.			-324.
b 178,843.		184,299.			-5,456.
c 51,304.		53,329.			-2,025.
d 19,402.		17,803.			1,599.
02 105		63,294.			19,811.
6 83,105. f 28,361.		13,430.			14,931.
		6,872.			153.
g 7,025.					
h 4,470.		4,528.			-58.
17,600.		20,624.			-3,024.
<u>25,435.</u>		25,244.			191.
k 19,480.		19,458.			22.
53,025.		41,308.			11,717.
m 35,509.		18,350.			1 7,159.
n 11,041.		10,663.			378.
<u>o</u> 38,209.		32,484.			5,725.
Complete only for assets showing	ng gain in column (h) and owned by t	the foundation on 12/31/69		sses (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		of col. (h) gain over iot less than "-0-")	col. (k),
a					-324.
b					-5,456.
					-2,025.
C					1,599.
<u>d</u>					19,811.
<u>e</u>					
<u>f</u>					14,931.
9					<u>153.</u>
<u>h</u>					-58.
1					-3,024.
1				·	191.
k					22.
1					11,717.
m					17,159.
п					378.
0					5,725.
a. Capital gain net income or /act co	ipital loss) { If gain, also enter "-0	in Part I, line 7			
2 Capital gain net income or (net ca3 Net short-term capital gain or (los		, I	-		
If gain, also enter in Part I, line 8, If (loss), enter "-0-" in Part I, line 8	column (c).	3			

723591 04-01-17

Part IV Capital Gains ar	id Losses for Tax on Investment Income				
(a) Lis	st and describe the kind(s) of property so bry brick warehouse; or common stock, 2	ld, e.g., real estate,	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a WELLS FARGO	(5016)		P P	 	
b WELLS FARGO	(5016)		P	 	
© WELLS FARGO	(5016)		P		
d WELLS FARGO	(1169)		P	 	
e WELLS FARGO	(1169)		P		
WELLS FARGO	(1695) RTN OF PRIN	ICT PAI.	P		
g CAPITAL GAIN		<u> </u>		 	
h	<u>O_DIVIDENDO</u>				
				 	
-'			- 	 	
k				 	
- <u>'`</u>				 	
_ .' m				 	
n					
0				 	
(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 13,16	<u></u>	10,130.		., (8)	3,034.
a 13,16 b 128,32		103,930.			24,392.
04.05		7,324.			13,946.
d 21,27		54,723.			6,366.
e 34,97		33,562.			1,412.
f 10,21		10,216.			0.
	1.	10,210			551.
h					
<u>"</u>					
<u></u>				 	
k					
<u></u> 					
m					
n					
0					
	howing gain in column (h) and owned by	the foundation on 12/31/69	(I) Lo	sses (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	of col. (h) gain over not less than "-0-")	col. (k),
a					3,034.
b					24,392.
C		 			13,946.
d	- 				6,366.
e					1,412.
<u> </u>					0.
g				 	551.
. y h			 		
1					
k					
1					
m					
n					
0					
	17	ne ne Deut I. Iran 7			
2 Capital gain net income or (net capital loss) { If gain, also enter "-	er in Part I, line 7 0-" in Part I, line 7	2		110,500.
	or (loss) as defined in sections 1222(5) a	nd (6):			
if gain, also enter in Part I, I	ne 8, column (c).	† 1		•	
If (loss), enter "-0-" in Part I,	line 8	J	3	N/A	

THE EDWIN W. PAULEY FOUNDATION

Part XV **Supplementary Information** Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to Amount status of contribution any foundation manager Name and address (home or business) recipient or substantial contributor NORTHWOOD HIGH SCHOOL ALTHETIC NONE OTHER EDUCATION PROGRAMS BOOSTER 4515 PORTOLA PARKWAY IRVINE, CA 92620 2,500. KISS THE GROUND NONE OTHER PUBLIC ENVIRONMENTAL PROGRAMS 628 FLOWER AVENUE CHARITY 2,500. VENICE CA 90291 JOHN TRACY CLINIC NONE OTHER PUBLIC PROGRAM SERVICES CHARITY 806 WEST ADAMS BLVD. 1,000. LOS ANGELES, CA 90007 NONE OTHER PUBLIC ENVIRONMENTAL & SUN VALLEY INSTITUTE CHARITY EDUCATION SERVICES P O. BOX 5569 2,000, KETCHUM, ID 83340 PARK CENTURY SCHOOL NONE OTHER PUBLIC EDUCATION PROGRAMS CHARITY 3939 LANDMARK ST 6,000, CULVER CITY, CA 90232 NONE OTHER PUBLIC PROGRAM SERVICES SAINT MATTHEW PARISH CHARITY P.O. BOX 37 2,500. PACIFIC PALISADES, CA 90272 UCLA FOUNDATION NONE OTHER PUBLIC BUILDING FUND CHARITY P.O. BOX 24044 340,000. LOS ANGELES CA 90024-0044 OTHER PUBLIC PROGRAM SERVICES NONE UC SANTA BARBARA FOUNDATION UC SANTA BARBARA CHARITY SANTA BARBARA, CA 93106-5200 25,000. SUN VALLEY SUMMER PROGRAM NONE OTHER PUBLIC PROGRAM SERVICES CHARITY P.O. BOX 1914 SUN VALLEY, ID 83353 10,000. NONE OTHER PUBLIC PROGRAM SERVICES WESTERN LOS ANGELES CITY COUNCIL BSA 16525 SHERMAN WAY, UNIT C-B CHARITY 5,000. VAN NUYS CA 90140 Total from continuation sheets 396,500.

SOURCE	(A) REVENUE PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME
B.C.&R. LTD	16.	16.	
WELLS FARGO ADVISORS (0565)	5.	5.	
WELLS FARGO ADVISORS (1017)	7.	7.	
WELLS FARGO ADVISORS (1169)	3.	3.	
WELLS FARGO ADVISORS (1664)	19.	19.	
WELLS FARGO ADVISORS (1695)	3,733.	3,733.	
WELLS FARGO ADVISORS (5016)	6.	6.	
WELLS FARGO ADVISORS (6945)	1.	1.	
WELLS FARGO ADVISORS (8861) WELLS FARGO ADVISORS ACCRUED	9.	9.	
INTEREST PAID	-168.	-168.	
TOTAL TO PART I, LINE 3	3,631.	3,631.	

FORM 990-PF INTEREST ON SAVINGS AND TEMPORARY CASH INVESTMENTS STATEMENT 1

FORM 990-PF	DIVIDENDS	AND INTEREST	FROM SECUR	ITIES ST	PATEMENT 2
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
WELLS FARGO ADVISORS (0565) WELLS FARGO	32,628.	0.	32,628.	32,628.	
ADVISORS (1017)	369.	1.	368.	368.	
WELLS FARGO ADVISORS (1169)	2,369.	0.	2,369.	2,369.	
WELLS FARGO ADVISORS (1664) WELLS FARGO	4,365.	76.	4,289.	4,289.	
ADVISORS (1695) WELLS FARGO	5,346.	474.	4,872.	4,872.	
ADVISORS (5016) WELLS FARGO	5,436.	0.	5,436.	5,436.	
ADVISORS (88616) WELLS FARGO	8,802.	0.	8,802.	8,802.	
ADVISORS - RETURN OF PRINCIPAL	16.	0.	16.	0.	
TO PART I, LINE 4	59,331.	551.	58,780.	58,764.	

FORM 990-PF	OTHER I	NCOME	S	TATEMENT
DESCRIPTION		(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
B.C. & R. LTD PARTNERSHIP INC MOKU O LO'E BOOK - ROYALTIES U.S. TREASURY REFUND B.C. & R. LTD PARTNERSHIP ND		37,835. 33. 654. -5,493.	37,835. 33. 0. 0.	
TOTAL TO FORM 990-PF, PART I,	LINE 11	33,029.	37,868.	
FORM 990-PF	ACCOUNTI	ING FEES	S	TATEMENT
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABL PURPOSES
ACCOUNTING	5,400.	2,700	•	2,700
TO FORM 990-PF, PG 1, LN 16B	5,400	2,700		2,700
FORM 990-PF C	THER PROFES	SSIONAL FEES	S	STATEMENT
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABL PURPOSES
INVESTMENT MANAGEMENT FEES	29,592	29,592	•	0
TO FORM 990-PF, PG 1, LN 16C	29,592	29,592	•	0

FORM 990-PF	TAXES			STATEMENT 6		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVE MENT INC		(C) ADJUSTED NET INCOM		
FOREIGN TAXES STATE TAXES FEDERAL EXCISE TAX SECRETARY OF STATE	698. 60. 1,445. 20.	1,	698. 0. 445. 10.			0. 60. 0. 10.
TO FORM 990-PF, PG 1, LN 18	2,223.	2,	153.			70.
FORM 990-PF	OTHER E	XPENSES			STATEMENT	7
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVE MENT INC		(C) ADJUSTED NET INCOM		
INSURANCE OFFICE EXPENSES DELIVERY & MESSENGER INVESTMENT FEES PARTNERSHIP EXPENSES WRITE OFF - PLEDGE	1,231. 1,020. 136. 177. 32.		815. 510. 68. 177. 16.		5	16. 10. 68. 0. 16.
CONTRIBUTION	-50,000.		0.		-50,0	00.
TO FORM 990-PF, PG 1, LN 23	-47,404.	1,	586.		-48,5 	90.
FORM 990-PF U.S. AND	STATE/CITY G	OVERNMENT	OBL	IGATIONS	STATEMENT	8
DESCRIPTION	U.S GOV'		вос	OK VALUE	FAIR MARKE VALUE	T
US GOVERNMENT SECURITIES BONDS	X	x		59,428. 55,171.	57,3 55,8	
TOTAL U.S. GOVERNMENT OBLIGA	TIONS		<u>.</u> .	59,428.	57,3	14.
TOTAL STATE AND MUNICIPAL GOVERNMENT OBLIGATIONS				55,171.	55,8	44.
TOTAL TO FORM 990-PF, PART I	I, LINE 10A			114,599.	113,1	58.

FORM 990-PF	CORPORATE STOCK		STATEMENT 9
DESCRIPTION		BOOK VALUE	FAIR MARKET VALUE
CORPORATE STOCK		881,755.	1,144,246.
TOTAL TO FORM 990-PF, PART	II, LINE 10B	881,755.	1,144,246.
FORM 990-PF	OTHER INVESTMENTS		STATEMENT 10
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
BC & R LTD PARTNERSHIP MINERAL RIGHTS OPEN END MONEY FUNDS	COST COST COST	-174,463. 4,782. 1,041,952.	950,942. 4,782. 1,018,151.
TOTAL TO FORM 990-PF, PART	II, LINE 13	872,271.	1,973,875

FORM 990-PF GRANT APPLICATION SUBMISSION INFORMATION PART XV, LINES 2A THROUGH 2D

STATEMENT 11

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

STEPHEN M. PAULEY, M.D. 1801 CENTURY PARK EAST #2230 LOS ANGELES, CA 90067

TELEPHONE NUMBER

(323)954-3131

FORM AND CONTENT OF APPLICATIONS

WRITTEN REQUESTS INCLUDING DESCRIPTION OF ORGANIZATION, TAX IDENTIFICATION NUMBER, AND WHETHER THE ORGANIZATION IS TAX EXEMPT OR NON EXEMPT

ANY SUBMISSION DEADLINES

NONE

RESTRICTIONS AND LIMITATIONS ON AWARDS

GIFTS ARE PRIMARILY FOR EDUCATIONAL PURPOSES