

**Form 990-PF**  
Department of the Treasury  
Internal Revenue Service

## 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.
- Information about Form 990-PF and its instructions is at [www.irs.gov/form990pf](http://www.irs.gov/form990pf).

2017

## Open to Public Inspection

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

Name of foundation CARL E WYNN FOUNDATION		A Employer identification number 95-6136231			
Number and street (or P O box number if mail is not delivered to street address) 444 SOUTH FLOWER ST NO 1700		B Telephone number (see instructions) (877) 686-9215			
City or town, state or province, country, and ZIP or foreign postal code LOS ANGELES, CA 900712901		C If exemption application is pending, check here ► <input type="checkbox"/>			
G Check all that apply <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		D 1. Foreign organizations, check here ► <input type="checkbox"/> 2 Foreign organizations meeting the 85% test, check here and attach computation ► <input type="checkbox"/>			
H Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here ► <input type="checkbox"/>			
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ► \$ 28,773,091	J Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) <i>(Part I, column (d) must be on cash basis)</i>	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ► <input type="checkbox"/>			
<b>Part I Analysis of Revenue and Expenses</b> <i>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))</i>		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
<b>Revenue</b>					
1 Contributions, gifts, grants, etc , received (attach schedule)					
2 Check ► <input checked="" type="checkbox"/> if the foundation is not required to attach Sch B					
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities		679,919	679,919		
5a Gross rents					
b Net rental income or (loss)					
6a Net gain or (loss) from sale of assets not on line 10		831,819			
b Gross sales price for all assets on line 6a					
7 Capital gain net income (from Part IV, line 2)			831,819		
8 Net short-term capital gain					
9 Income modifications					
10a Gross sales less returns and allowances					
b Less Cost of goods sold					
c Gross profit or (loss) (attach schedule)					
11 Other income (attach schedule)					
<b>12 Total.</b> Add lines 1 through 11		1,511,738	1,511,738		
<b>Operating and Administrative Expenses</b>					
13 Compensation of officers, directors, trustees, etc		190,000	57,000		133,000
14 Other employee salaries and wages					
15 Pension plans, employee benefits					
16a Legal fees (attach schedule)					
b Accounting fees (attach schedule)		12,926	0		12,926
c Other professional fees (attach schedule)		183,337	183,337		0
17 Interest					
18 Taxes (attach schedule) (see instructions)		4,919	3,082		0
19 Depreciation (attach schedule) and depletion		120	0		
20 Occupancy					
21 Travel, conferences, and meetings		860	0		860
22 Printing and publications					
23 Other expenses (attach schedule)		5,355	0		6,171
<b>24 Total operating and administrative expenses.</b>					
Add lines 13 through 23		397,517	243,419		152,957
25 Contributions, gifts, grants paid		1,145,582			1,145,582
<b>26 Total expenses and disbursements.</b> Add lines 24 and 25		1,543,099	243,419		1,298,535
<b>27 Subtract line 26 from line 12</b>					
<b>a Excess of revenue over expenses and disbursements</b>		-31,361			
<b>b Net investment income</b> (if negative, enter -0-)			1,268,319		
<b>c Adjusted net income</b> (if negative, enter -0-)					

	<b>Part II Balance Sheets</b> Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions )	Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
	<b>1</b> Cash—non-interest-bearing . . . . .			
	<b>2</b> Savings and temporary cash investments . . . . .	802,363	771,783	771,783
	<b>3</b> Accounts receivable ► _____			
	Less allowance for doubtful accounts ► _____			
	<b>4</b> Pledges receivable ► _____			
	Less allowance for doubtful accounts ► _____			
	<b>5</b> Grants receivable . . . . .			
	<b>6</b> Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) . . . . .			
	<b>7</b> Other notes and loans receivable (attach schedule) ► _____			
	Less allowance for doubtful accounts ► _____			
	<b>8</b> Inventories for sale or use . . . . .			
	<b>9</b> Prepaid expenses and deferred charges . . . . .			
	<b>10a</b> Investments—U S and state government obligations (attach schedule)			
	<b>b</b> Investments—corporate stock (attach schedule) . . . . .	11,874,124	9,913,218	16,823,508
	<b>c</b> Investments—corporate bonds (attach schedule) . . . . .	9,055,035	11,015,291	11,177,619
	<b>11</b> Investments—land, buildings, and equipment basis ► _____			
	Less accumulated depreciation (attach schedule) ► _____			
	<b>12</b> Investments—mortgage loans . . . . .			
	<b>13</b> Investments—other (attach schedule) . . . . .			
	<b>14</b> Land, buildings, and equipment basis ► _____ 1,172			
	Less accumulated depreciation (attach schedule) ► 991	312	181	181
	<b>15</b> Other assets (describe ► _____)			
	<b>16</b> <b>Total assets</b> (to be completed by all filers—see the instructions Also, see page 1, item I)	21,731,834	21,700,473	28,773,091
	<b>17</b> Accounts payable and accrued expenses . . . . .			
	<b>18</b> Grants payable. . . . .			
	<b>19</b> Deferred revenue . . . . .			
	<b>20</b> Loans from officers, directors, trustees, and other disqualified persons			
	<b>21</b> Mortgages and other notes payable (attach schedule) . . . . .			
	<b>22</b> Other liabilities (describe ► _____)	0	0	
	<b>23</b> <b>Total liabilities</b> (add lines 17 through 22) . . . . .	0	0	
	<b>Foundations that follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.</b>			
	<b>24</b> Unrestricted . . . . .	21,731,834	21,700,473	
	<b>25</b> Temporarily restricted . . . . .			
	<b>26</b> Permanently restricted . . . . .			
	<b>Foundations that do not follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 27 through 31.</b>			
	<b>27</b> Capital stock, trust principal, or current funds . . . . .			
	<b>28</b> Paid-in or capital surplus, or land, bldg , and equipment fund			
	<b>29</b> Retained earnings, accumulated income, endowment, or other funds			
	<b>30</b> <b>Total net assets or fund balances</b> (see instructions) . . . . .	21,731,834	21,700,473	
	<b>31</b> <b>Total liabilities and net assets/fund balances</b> (see instructions) . . . . .	21,731,834	21,700,473	

**Part III Analysis of Changes in Net Assets or Fund Balances**

<b>1</b> Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	21,731,834
<b>2</b> Enter amount from Part I, line 27a . . . . .	2	-31,361
<b>3</b> Other increases not included in line 2 (itemize) ► _____	3	0
<b>4</b> Add lines 1, 2, and 3 . . . . .	4	21,700,473
<b>5</b> Decreases not included in line 2 (itemize) ► _____	5	0
<b>6</b> Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30	6	21,700,473

**Part IV Capital Gains and Losses for Tax on Investment Income**

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

(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)
<b>a</b> 344,159		322,749	21,410
<b>b</b> 1,881,771		1,534,533	347,238
<b>c</b> 366,545		379,357	-12,812
<b>d</b> 1,919,237		1,450,239	468,998
<b>e</b> 6,985			6,985

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(i) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
<b>(i)</b> F M V as of 12/31/69	<b>(j)</b> Adjusted basis as of 12/31/69	<b>(k)</b> Excess of col (i) over col (j), if any	
<b>a</b>			21,410
<b>b</b>			347,238
<b>c</b>			-12,812
<b>d</b>			468,998
<b>e</b>			6,985
<b>2</b> Capital gain net income or (net capital loss)	If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7		<b>2</b> 831,819
<b>3</b> Net short-term capital gain or (loss) as defined in sections 1222(5) and (6)	If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8		<b>3</b>

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income )

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part

 Yes  No**1** Enter the appropriate amount in each column for each year, see instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2016	1,367,473	26,776,600	0.051070
2015	1,369,189	27,641,701	0.049533
2014	1,331,474	28,090,908	0.047399
2013	1,265,710	26,893,970	0.047063
2012	1,269,597	25,543,053	0.049704
<b>2</b> Total of line 1, column (d)			<b>2</b> 0.244769
<b>3</b> Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years			<b>3</b> 0.048954
<b>4</b> Enter the net value of noncharitable-use assets for 2017 from Part X, line 5			<b>4</b> 27,763,035
<b>5</b> Multiply line 4 by line 3			<b>5</b> 1,359,112
<b>6</b> Enter 1% of net investment income (1% of Part I, line 27b)			<b>6</b> 12,683
<b>7</b> Add lines 5 and 6			<b>7</b> 1,371,795
<b>8</b> Enter qualifying distributions from Part XII, line 4			<b>8</b> 1,298,539

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

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

1a	Exempt operating foundations described in section 4940(d)(2), check here ► <input type="checkbox"/> and enter "N/A" on line 1	1	25,366
	Date of ruling or determination letter _____ (attach copy of letter if necessary—see instructions)		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here ► <input type="checkbox"/> and enter 1% of Part I, line 27b	1	25,366
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	25,366
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	4	0
5	<b>Tax based on investment income.</b> Subtract line 4 from line 3 If zero or less, enter -0-	5	25,366
6	Credits/Payments		
a	2017 estimated tax payments and 2016 overpayment credited to 2017	6a	22,679
b	Exempt foreign organizations—tax withheld at source	6b	
c	Tax paid with application for extension of time to file (Form 8868)	6c	
d	Backup withholding erroneously withheld	6d	0
7	Total credits and payments Add lines 6a through 6d.	7	22,679
8	Enter any <b>penalty</b> for underpayment of estimated tax Check here <input checked="" type="checkbox"/> if Form 2220 is attached	8	48
9	<b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b>	9	2,735
10	<b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b>	10	
11	Enter the amount of line 10 to be <b>Credited to 2018 estimated tax</b> ►	Refunded	11

**Part 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 any political campaign?	1a	Yes	No
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)?	1b	Yes	No
	<i>If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities</i>			
c	Did the foundation file <b>Form 1120-POL</b> for this year?	1c	Yes	No
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	
e	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	Yes	No
	<i>If "Yes," attach a detailed description of the activities</i>			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If "Yes," attach a conformed copy of the changes</i>	3	Yes	No
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	Yes	No
b	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?	4b	Yes	No
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5	Yes	No
	<i>If "Yes," attach the statement required by General Instruction T</i>			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either <ul style="list-style-type: none"> <li>By language in the governing instrument, or</li> <li>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?</li> </ul>	6	Yes	
7	Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col (c), and Part XV</i>	7	Yes	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)			
	►CA			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? <i>If "No," attach explanation</i>	8b	Yes	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2017 or the taxable year beginning in 2017 (see instructions for Part XIV)? <i>If "Yes," complete Part XIV</i>	9	Yes	No
10	Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses</i>	10	Yes	No

**Part VII-A Statements Regarding Activities (continued)**

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions).	11	No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	12	No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ►N/A	13	Yes
14	The books are in care of ►CARL E WYNN FOUNDATION	Telephone no	►(877) 686-9215

Located at ►444 SO FLOWER ST SUITE 1700 LOS ANGELES CA

ZIP+4 ►900712901

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

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required**

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

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

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

5a	During the year did the foundation pay or incur any amount to			
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
	(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive? . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
	(3) Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
	(4) Provide a grant to an organization other than a charitable, etc , organization described in section 4945(d)(4)(A)? (see instructions). . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
b	If any answer is "Yes" to 5a(1)–(5), did <b>any</b> of the transactions fail to qualify under the exceptions described in Regulations section 53 4945 or in a current notice regarding disaster assistance (see instructions)? . . . . . Organizations relying on a current notice regarding disaster assistance check here. . . . . ►			5b
c	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? . . . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	<i>If "Yes," attach the statement required by Regulations section 53 4945-5(d)</i>			
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	6b
	<i>If "Yes" to 6b, file Form 8870</i>			No
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
b	If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? . . . . .			7b

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors****1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).**

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, (e) other allowances
See Additional Data Table				

**2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."**

(a) Name and address of each employee paid more than \$50,000	Title, and average hours per week (b) devoted to position	(c) Compensation	Contributions to employee benefit plans and deferred compensation (d)	Expense account, (e) other allowances
NONE				

Total number of other employees paid over \$50,000. . . . . ► 0

**3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".**

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
WEST OAK CAPITAL LLC 2801 TOWNSGATE RD SUITE 112 WESTLAKE VILLAGE, CA 91361	INVESTMENT MANAGEMENT	183,337

Total number of others receiving over \$50,000 for professional services. . . . . ► 0

**Part IX-A Summary of Direct Charitable Activities**

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

**Part IX-B Summary of Program-Related Investments (see instructions)**

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2		Amount
1		
2		
All other program-related investments See instructions		
3		
<b>Total. Add lines 1 through 3</b>		0

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

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc , purposes		
a	Average monthly fair market value of securities. . . . .	1a	27,184,940
b	Average of monthly cash balances. . . . .	1b	1,000,882
c	Fair market value of all other assets (see instructions). . . . .	1c	0
d	<b>Total</b> (add lines 1a, b, and c). . . . .	1d	28,185,822
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation). . . . .	1e	0
2	Acquisition indebtedness applicable to line 1 assets. . . . .	2	0
3	Subtract line 2 from line 1d. . . . .	3	28,185,822
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions). . . . .	4	422,787
5	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3 Enter here and on Part V, line 4	5	27,763,035
6	<b>Minimum investment return.</b> Enter 5% of line 5. . . . .	6	1,388,152

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

1	Minimum investment return from Part X, line 6. . . . .	1	1,388,152
2a	Tax on investment income for 2017 from Part VI, line 5. . . . .	2a	25,366
b	Income tax for 2017 (This does not include the tax from Part VI). . . . .	2b	
c	Add lines 2a and 2b. . . . .	2c	25,366
3	Distributable amount before adjustments Subtract line 2c from line 1. . . . .	3	1,362,786
4	Recoveries of amounts treated as qualifying distributions. . . . .	4	0
5	Add lines 3 and 4. . . . .	5	1,362,786
6	Deduction from distributable amount (see instructions). . . . .	6	0
7	<b>Distributable amount</b> as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1. . . . .	7	1,362,786

**Part XII Qualifying Distributions** (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc , purposes		
a	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26. . . . .	1a	1,298,539
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	<b>Qualifying distributions.</b> Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	1,298,539
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see instructions). . . . .	5	0
6	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4. . . . .	6	1,298,539
<b>Note:</b> The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years			

**Part XIII Undistributed Income (see instructions)**

	(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
<b>1</b> Distributable amount for 2017 from Part XI, line 7				1,362,786
<b>2</b> Undistributed income, if any, as of the end of 2017			1,145,582	
<b>a</b> Enter amount for 2016 only. . . . .		0		
<b>b</b> Total for prior years 20____, 20____, 20____				
<b>3</b> Excess distributions carryover, if any, to 2017				
<b>a</b> From 2012. . . . .				
<b>b</b> From 2013. . . . .				
<b>c</b> From 2014. . . . .				
<b>d</b> From 2015. . . . .				
<b>e</b> From 2016. . . . .				
<b>f</b> <b>Total</b> of lines 3a through e. . . . .	0			
<b>4</b> Qualifying distributions for 2017 from Part XII, line 4 ► \$ 1,298,539			1,145,582	
<b>a</b> Applied to 2016, but not more than line 2a				
<b>b</b> Applied to undistributed income of prior years (Election required—see instructions). . . . .		0		
<b>c</b> Treated as distributions out of corpus (Election required—see instructions). . . . .	0			
<b>d</b> Applied to 2017 distributable amount. . . . .				152,957
<b>e</b> Remaining amount distributed out of corpus	0			
<b>5</b> Excess distributions carryover applied to 2017 (If an amount appears in column (d), the same amount must be shown in column (a) )	0			0
<b>6</b> <b>Enter the net total of each column as indicated below:</b>				
<b>a</b> Corpus Add lines 3f, 4c, and 4e Subtract line 5	0			
<b>b</b> Prior years' undistributed income Subtract line 4b from line 2b. . . . .		0		
<b>c</b> 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	
<b>d</b> Subtract line 6c from line 6b Taxable amount—see instructions . . . . .			0	
<b>e</b> Undistributed income for 2016 Subtract line 4a from line 2a Taxable amount—see instructions . . . . .				0
<b>f</b> Undistributed income for 2017 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2018 . . . . .				1,209,829
<b>7</b> Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) . . . . .	0			
<b>8</b> Excess distributions carryover from 2012 not applied on line 5 or line 7 (see instructions) . . . . .	0			
<b>9</b> <b>Excess distributions carryover to 2018.</b> Subtract lines 7 and 8 from line 6a . . . . .	0			
<b>10</b> Analysis of line 9				
<b>a</b> Excess from 2013. . . . .				
<b>b</b> Excess from 2014. . . . .				
<b>c</b> Excess from 2015. . . . .				
<b>d</b> Excess from 2016. . . . .				
<b>e</b> Excess from 2017. . . . .				

**Part XIV Private Operating Foundations** (see instructions and Part VII-A, question 9)

1a	If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2017, enter the date of the ruling. ►			
b	Check box to indicate whether the organization is a private operating foundation described in section <input type="checkbox"/> 4942(j)(3) or <input type="checkbox"/> 4942(j)(5)			
2a	Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed.			
b	85% of line 2a.			
c	Qualifying distributions from Part XII, line 4 for each year listed.			
d	Amounts included in line 2c not used directly for active conduct of 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			
a	"Assets" alternative test—enter			
(1)	Value of all assets.			
(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)	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 an exempt organization.			
(4)	Gross investment income.			

**Part XV Supplementary Information (Complete this part only if the organization had \$5,000 or more in assets at any time during the year—see instructions.)****1 Information Regarding Foundation Managers:**

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2))

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

**2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**

Check here ►  if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d

a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed

MELVYN A MASUDA CEO CARL E WYNN FOU  
444 SOUTH FLOWER ST SUITE 1700  
LOS ANGELES, CA 900712901  
(877) 686-9215

b The form in which applications should be submitted and information and materials they should include

FULL APPLICATION SHOULD BE RECEIVED BETWEEN MAY 1-15

c Any submission deadlines

NONE

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

NONE

**Part XV Supplementary Information (continued)****3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
<i>a Paid during the year</i> See Additional Data Table				
<b>Total</b> . . . . .			► 3a	1,145,582
<i>b Approved for future payment</i>				
<b>Total</b> . . . . .			► 3b	0

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated

Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions )
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
<b>1</b> Program service revenue					
a					
b					
c					
d					
e					
f					
<b>g</b> Fees and contracts from government agencies					
<b>2</b> Membership dues and assessments.					
<b>3</b> Interest on savings and temporary cash investments					
<b>4</b> Dividends and interest from securities.				14	679,919
<b>5</b> Net rental income or (loss) from real estate					
a Debt-financed property.					
b Not debt-financed property.					
<b>6</b> Net rental income or (loss) from personal property					
<b>7</b> Other investment income.					
<b>8</b> Gain or (loss) from sales of assets other than inventory				18	831,819
<b>9</b> Net income or (loss) from special events					
<b>10</b> Gross profit or (loss) from sales of inventory					
<b>11</b> Other revenue a					
b					
c					
d					
e					
<b>12</b> Subtotal Add columns (b), (d), and (e).			0		1,511,738
<b>13</b> Total. Add line 12, columns (b), (d), and (e).				13	1,511,738
(See worksheet in line 13 instructions to verify calculations.)					

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

## Part XVII

## **Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations**

1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

**a Transfers from the reporting foundation to a noncharitable exempt organization of**

(1) Cash. . . . .	1a(1)	No
(2) Other assets. . . . .	1a(2)	No

#### • Other transactions

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

in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received

**2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations

described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? . . . . .  Yes  No

**b** If "Yes," complete the following schedule

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

**Sign  
Here**

\* \* \* \* \*

2018-06-29

\* \* \* \* :

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

<b>Paid Preparer Use Only</b>	Print/Type preparer's name  SONJA MCCART	Preparer's Signature	Date  2018-06-30	Check if self-employed ► <input type="checkbox"/>	PTIN  P00493771
	Firm's name ► TALLEY LLP				Firm's EIN ► 81-3071614
	Firm's address ► 600 CITY PARKWAY WEST 650  ORANGE, CA 92868				Phone no (714) 867-2200

## Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation

(a) Name and address	(b) Title, and average hours per week (c) devoted to position	(d) Compensation (If not paid, enter -0-)	(e) Contributions to employee benefit plans and deferred compensation	Expense account, (f) other allowances
DOROTHY L FREY	SECRETARY-TREASURER/TRUSTEE 20 00	70,000	0	0
444 SOUTH FLOWER ST SUITE 1700 LOS ANGELES, CA 900712901	VICE PRESIDENT/TRUSTEE 20 00	10,000	0	0
BILLIE A FISCHER	PRESIDENT 20 00	100,000	0	0
444 SOUTH FLOWER ST SUITE 1700 LOS ANGELES, CA 900712901	VICE PRESIDENT/TRUSTEE 20 00	10,000	0	0
JAKI FISCHER	TRUSTEE 1 00	0	0	0
444 SOUTH FLOWER ST SUITE 1700 LOS ANGELES, CA 900712901				
WILLIAM CHRISTIAN				
444 SOUTH FLOWER ST SUITE 1700 LOS ANGELES, CA 900712901				

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a Paid during the year</b>				
ALLIANCE FOR CHILDREN'S RIGHTS 3333 WILSHIRE BLVD SUITE 550 LOS ANGELES, CA 90010			TO PROTECT THE RIGHTS OF IMPROVERISHED, ABUSED AND NEGLECTED CHILDREN PROVIDING FREE LEGAL SERVICES	2,000
ALZHEIMER'S GREATER LOS ANGELES 4221 WILSHIRE BLVD SUITE 550 LOS ANGELES, CA 90010			RESEARCH	2,000
ANIMALS RULE PLACEMENT FOUNDATION 305 N HARBOR BLVD SAN PEDRO, CA 90731			RESCUE STRAY, NEGLECTED, ABANDONED OR ABUSED DOGS	2,500
ARC OF SOUTHEAST LOS ANGELES COUNTY & ORANGE COUNTY 12049 WOODRUFF AVE DOWNEY, CA 90241			EMPLOYMENT CENTER FOR DEVELOPMENTALLY DISABLED	2,500
AZUSA PACIFIC UNIVERSITY 701 FOOTHILL BLVD PO BOX 7000 AZUSA, CA 91702			MAINTENANCE OF THE CARL E WYNN SCIENCE CENTER	60,000
<b>Total . . . . .</b>			►	1,145,582
<b>3a</b>				

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<i>a Paid during the year</i>				
BET TZEDEK LEGAL SERVICES 3250 WILSHIRE BLVD 13TH FLOOR LOS ANGELES, CA 90010			LEGAL ASSISTANCE TO ALL ELIGIBLE NEEDY RESIDENTS THROUGHOUT L A	2,000
BIG BROTHERSBIG SISTERS OF ORANGE COUNTY 1801 E EDINGER AVE SUITE 101 SANTA ANA, CA 92705			PROGRAMS FOR AT-RISK CHILDREN	2,000
BLANKETS FOR SOLDIERS 4614 MAYOR DR TORRANCE, CA 90505			SUPPORT & PROVIDE COMFORT TO MEMBERS OF ARMED FORCES BY PROVIDING FLEECE BLANKETS	20,000
BLIND CHILDREN'S LEARNING CENTER 18542-B VANDERLIP AVE SANTA ANA, CA 92705			SERVICE TO THE BLIND	10,000
BOY SCOUTS OF AMERICA ORANGE COUNTY COUNCIL 1211 E DYER RD SANTA ANA, CA 92705			SCOUTING PROGRAMS AND SUPPORT FOR OUTDOOR EDUCATION CENTER	5,000
<b>Total . . . . .</b>				1,145,582
<b>3a</b>				

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a Paid during the year</b>				
BOYS & GIRLS CLUB OF BUENA PARK INC 7758 KNOTT AVE BUENA PARK, CA 90620			PROGRAMS FOR AT-RISK CHILDREN	2,000
BOYS & GIRLS CLUB OF LOS ANGELES HARBOR 1200 S CABRILLO AVE SAN PEDRO, CA 90731			PROGRAMS FOR AT-RISK CHILDREN	20,000
BOYS AND GIRLS CLUB OF SANTA ANA 250 N GOLDEN CIRCLE 104 SANTA ANA, CA 92705			PROGRAMS FOR AT-RISK CHILDREN	2,000
BOYS AND GIRLS CLUB OF THE WEST VALLEY 7245 REMMET AVE CANOGA PARK, CA 91303			PROGRAMS FOR AT-RISK CHILDREN	2,000
BOYS REPUBLIC 1907 BOYS REPUBLIC DR CHINO HILLS, CA 91709			YOUTH PROGRAMS AND TRANSITIONAL HOUSING	2,000
<b>Total . . . . .</b>				1,145,582
<b>3a</b>				

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<i>a Paid during the year</i>				
BROTHERS' HELPERS INC 215 FOOTHILL BLVD LA CANADA, CA 91011			MEAL PREPARATION AND DELIVERY TO THE POOR IN DOWNTOWN LOS ANGELES	2,000
C5 YOUTH FOUNDATION OF SOUTHERN 1334 S CENTRAL AVE LOS ANGELES, CA 90021			PROGRAMS FOR AT-RISK CHILDREN	5,000
CAMP RONALD MCDONALD FOR GOOD TIMES 1250 LYMAN PL LOS ANGELES, CA 90029			PROVIDES FUN-FILLED, MEDICALLY SUPERVISED, COST-FREE YEAR-ROUND CAMP PROGRAMS FOR CANCER PATIENTS	2,000
CAMPBELL CENTER (FORMERLY GLENDALE ASSOC FOR THE RETARDED) 6512 SAN FERNANDO RD GLENDALE, CA 91201			PROGRAMS FOR DEVELOPMENTALLY DISABLED ADULTS	3,000
CANCER SUPPORT COMMUNITY 200 E DEL MAR BLVD 118 PASADENA, CA 91106			SUPPORT AND KNOWLEDGE FOR CANCER PATIENTS	15,000
<b>Total . . . . .</b>				1,145,582
<b>3a</b>				

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a Paid during the year</b>				
CANINE COMPANIONS FOR INDEPENDENCE PO BOX 4568 OCEANSIDE, CA 920524568			ENHANCES THE LIVES OF PEOPLE WITH DISABILITIES BY PROVIDING ASSISTANCE DOGS	2,000
CARING HOUSE 2842 EL DORADO ST TORRANCE, CA 90503			GENERAL AND OPERATING EXPENSES	28,000
CASA 1505 E 17TH ST SUITE 214 SANTA ANA, CA 927058520			ADVOCATES FOR TROUBLED YOUTHS	10,000
CASA COLINA 255 E BONITA AVE PO BOX 6001 POMONA, CA 917696001			REHABILITATION CENTER FOR THE PHYSICALLY DISABLED AND INJURED	4,000
CASA OF LOS ANGELES 201 CENTRE PLAZA DR ROOM 1100 MONTEREY PARK, CA 917542142			MOBILIZE COMMUNITY VOLUNTEERS TO ADVOCATE FOR ABUSED AND NEGLECTED CHILDREN	10,000
<b>Total . . . . .</b>			►	1,145,582
<b>3a</b>				

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a Paid during the year</b>				
CENTER FOR ALASKAN COASTAL STUDIES 708 SMOKEY BAY WAY HOMER, AK 99603			CARL E WYNN NATURE CENTER WILDLIFE PROJECT (\$100,000) SALARY SUPPLEMENT (\$10,000) HOMER HOME MAINTENANCE (\$25,000)	135,000
CHILDREN'S BUREAU OF SOUTHERN CALIFORNIA ORANGE COUNTY DIVISION 50 S ANAHEIM BLVD SUITE 241 ANAHEIM, CA 92805			PREVENTION AND TREATMENT OF ABUSED CHILDREN	5,000
CHILDREN'S HOSPITAL LOS ANGELES 4650 SUNSET BLVD 29 LOS ANGELES, CA 90027			PEDIATRIC MEDICAL PROGRAMS	15,000
CITRUS VALLEY HEALTH FOUNDATION 1115 S SUNSET BLVD WEST COVINA, CA 91790			HOSPITAL PROGRAMS - DESIGNATED ONLY FOR INTERCOMMUNITY MEDICAL CENTER AND QUEEN OF THE VALLEY MEDICAL CENTER	25,000
CITY OF HOPE 1055 WILSHIRE BLVD LOS ANGELES, CA 90017			CANCER RESEARCH	5,000
<b>Total . . . . .</b>				1,145,582
<b>3a</b>				

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a Paid during the year</b>				
COLETTE'S CHILDREN'S HOME 7372 PRINCE DR SUITE 106 HUNTINGTON BEACH, CA 92647			PROVIDE HOMELESS SINGLE WOMEN AND MOTHERS WITH CHILDREN A SAFE HOME	2,000
COMMUNITY SENIOR SERVICES 141 SPRING ST CLAREMONT, CA 91711			TO ENRICH THE LIVES OF OLDER ADULTS	2,000
CONVALESCENT AID SOCIETY 3255 E FOOTHILL BLVD PASADENA, CA 91107			PROVIDES FREE LOAN OF MEDICAL EQUIPMENT	2,000
DAVID AND MARGARET YOUTH & FAMILY SERVICE 1350 THIRD ST LA VERNE, CA 91750			ABUSED AND BATTERED SHELTER	10,000
DOWNTOWN WOMEN'S CENTER 442 S SAN PEDRO ST LOS ANGELES, CA 90013			HOUSING AND MEALS FOR HOMELESS WOMEN	2,000
<b>Total . . . . .</b>			►	1,145,582
<b>3a</b>				

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a Paid during the year</b>				
EXCEPTIONAL CHILDREN'S FOUNDATION 8740 WASHINGTON BLVD CULVER CITY, CA 90232			PROVIDES SERVICES TO CHILDREN AND ADULTS WHO ARE CHALLENGED WITH DEVELOPMENTAL LEARNING	3,500
EXCEPTIONAL MINDS 13400 RIVERSIDE DR SUITE 211 SHERMAN OAKS, CA 91423			PROGRAM FOR AMERICANS WITH AUTISM	2,000
FOOD BANK OF SOUTHERN CALIFORNIA 1444 SAN FRANCISCO AVE LONG BEACH, CA 90813			FOOD FOR THE POOR	5,000
FOOD ON FOOT 9663 SANTA MONICA BLVD 743 BEVERLY HILLS, CA 90210			PROVIDES THE POOR AND HOMELESS OF LOS ANGELES WITH MEALS, CLOTHING, JOB OPPORTUNITIES & ASSISTANCE IN TRANSITION TO EMPLOYMENT	2,000
FOOTHILL FAMILY SERVICE 2500 E FOOTHILL BLVD SUITE 300 PASADENA, CA 91107			EMPOWER CHILDREN AND FAMILIES TO OVERCOME CHALLENGES AND ACHIEVE SUCCESS IN RELATIONSHIPS, SCHOOL, ETC	2,000
<b>Total . . . . .</b>			►	1,145,582
<b>3a</b>				

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a Paid during the year</b>				
FOOTHILL UNITY CENTER 415 W CHESTNUT MONROVIA, CA 91016			FOOD DISTRIBUTION TO THE NEEDY AND HUNGRY	5,000
FRESH START SURGICAL GIFTS 2011 PALOMAR RD SUITE 206 CARLSBAD, CA 92009			PROVIDES FREE RECONSTRUCTIVE SURGERIES & MEDICAL TREATMENTS TO DISADVANTAGED YOUTH WITH PHYSICAL DEFORMATIES	7,082
FRIENDS OF THE HOMER PUBLIC LIBRARY 500 HAZEL AVE HOMER, AK 99603			VOLUNTEER SUPPORT FOR LIBRARY PROGRAMS AND SERVICES	30,000
FRISTERS 17971 SKY PARK CIRCLE SUITE B IRVINE, CA 92614			SUPPORT AND EDUCATION TO YOUNG MOMS AGE 13-25	2,000
FVO SOLUTIONS 789 N FAIR OAKS AVE PASADENA, CA 91103			CREATE JOBS FOR PEOPLE WITH BARRIER EMPLOYMENTS	2,000
<b>Total . . . . .</b>				1,145,582
<b>3a</b>				

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a Paid during the year</b>				
GLENDALE EDUCATIONAL FOUNDATION 223 N JACKSON ST GLENDALE, CA 91206			SUPPORT GLENDALE UNIFIED SCHOOL DISTRICT	2,000
GLENDORA PUBLIC LIBRARY FRIENDS FOUNDATION 140 S GLENDORA AVE GLENDOORA, CA 91741			COMMUNITY LIBRARY	15,000
GUIDE DOGS FOR THE BLIND 350 LOS RANCHITOS RD SAN RAFAEL, CA 94903			EMPOWERS LIVES OF THE BLIND	53,500
GUIDE DOGS OF THE DESERT PO BOX 1692 PALM SPRINGS, CA 92263			PROVIDES TRAINED GUIDE DOGS FOR THE BLIND	3,500
HOPE HELPING OTHERS PREPARE FOR ETERNITY 11022 ACACIA PARKWAY SUITE C GARDEN GROVE, CA 92840			PROVIDES A MYRIAD OF SERVICES TO ABANDONED OR ABUSED WOMEN AND CHILDREN	2,000
<b>Total . . . . .</b>			►	1,145,582
<b>3a</b>				

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a Paid during the year</b>				
HAYNES FAMILY PROGRAMS 233 W BASELINE RD BOX 400 LA VERNE, CA 91750			HOME FOR ABUSED/AT-RISK CHILDREN	5,000
HEAR CENTER 301 E DEL MAR BLVD PASADENA, CA 91101			HELPS INDIVIDUALS WITH HEARING LOSS OR SPEECH AND LANGUAGE IMPAIRMENTS	2,000
HELPLINE YOUTH COUNSELING INC 12440 E FIRESTONE BLVD STE 1000 NORWALK, CA 90650			SERVICES TO YOUTH AND FAMILIES	2,000
HOMER SOCIETY OF NATURAL HISTORY INC PRATT MUSEUM 3779 BARTLETT ST HOMER, AK 99603			EDUCATIONAL PROGRAMS AND REMOTE CAMERA PROGRAM	40,000
HOUSE OF RUTH PO BOX 459 CLAREMONT, CA 91711			BATTERED WOMEN AND CHILDREN	2,000
<b>Total . . . . .</b>			►	1,145,582
<b>3a</b>				

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a Paid during the year</b>				
HUNTINGTON HOSPITAL 100 W CALIFORNIA BLVD PASADENA, CA 91109			HOSPITAL PROGRAMS	5,000
JEWISH BIG BROTHERS & SISTERS 6505 WILSHIRE BLVD LOS ANGELES, CA 90048			PROGRAMS FOR AT-RISK CHILDREN	2,000
JEWISH FAMILY & CHILDREN'S SERVICES 3801 E WILLOW ST LONG BEACH, CA 90815			SOCIAL SERVICES AND HEALTH PROGRAMS	2,000
JOHN TRACY CLINIC 806 W ADAMS BLVD LOS ANGELES, CA 90007			PROVIDES SERVICES TO CHILDREN WITH HEARING LOSS	2,000
JOURNEY OUT (FORMERLY MARY MAGDALENE PROJECT) 7136 HASKELL AVE SUITE 125 VAN NUYS, CA 91406			PROVIDES SERVICES AND INTERVENTION FOR VICTIMS OF DOMESTIC TRAFFICKING & PROSTITUTION TO PROVIDE A NEW BEGINNING	3,000
<b>Total . . . . .</b>				1,145,582
<b>3a</b>				

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

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<b>a Paid during the year</b>				
KIPP LA PREP3601 E 1ST CT LOS ANGELES, CA 900632325			PREPARE LOW INCOME STUDENTS WITH SKILL, WORK HABITS AND TRAITS NECESSARY FOR SUCCESS IN SCHOOL	2,500
LA GOAL4911 OVERLAND BLVD CULVER CITY, CA 90230			EDUCATIONAL, VOCATIONAL, LIFE SKILLS, ARTS AND COUNSELING PROGRAMS	2,000
LA KITCHENP O BOX 31345 LOS ANGELES, CA 90031			PROVIDES FOOD TO HOMELESS	2,000
LAURA'S HOUSE 999 CORPORATE DR SUITE 225 LADERA RANCH, CA 92694			DOMESTIC VIOLENCE FOR CHILDREN	2,000
LOS ANGELES REGIONAL FOODBANK 1734 EAST 41ST STREET LOS ANGELES, CA 90058			FOODBANK FOR THE NEEDY	4,000
<b>Total . . . . .</b>			►	1,145,582
<b>3a</b>				

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

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Name and address (home or business)				
<b>a Paid during the year</b>				
MAMA'S KITCHEN 3960 HOME AVE SAN DIEGO, CA 92105			VOLUNTEER-DRIVEN ORGANIZATION WHO PREPARE AND DELIVER FOOD TO INDIVIDUALS AFFECTED BY AIDS AND CANCER	2,000
MARIPOSA WOMEN & FAMILY CENTER 812 W TOWN COUNTRY RD ORANGE, CA 92686			WOMEN'S MENTAL HEALTH AND SUBSTANCE ABUSE	2,000
NANCY YEARY WOMEN'S CANCER RESEARCH FOUNDATION 351 HOSPITAL RD SUITE 506 NEWPORT BEACH, CA 92663			WOMEN'S CANCER RESEARCH	3,500
NEW HORIZONS CAREGIVERS GROUP 3129 S HACIENDA BLVD 809 HACIENDA HEIGHTS, CA 91745			GENERAL EDUCATION FOR THE DISADVANTAGED	2,000
NEW VILLAGE GIRLS ACADEMY 147 N OCCIDENTAL BLVD LOS ANGELES, CA 90026			CHARTER HIGH SCHOOL FOR SEVERELY CHALLENGED AT-RISK GIRLS FROM DOWNTOWN L A	2,500
<b>Total . . . . . ►</b>				1,145,582
<b>3a</b>				

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

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Name and address (home or business)				
<b>a Paid during the year</b>				
OLIVE CREST ABUSED CHILDREN'S FOUNDATION 2130 E FOURTH ST SUITE 200 SANTA ANA, CA 92705			PROGRAM FOR ABUSED CHILDREN	10,000
OPERATION SAFE HOUSE 9685 HAYES ST RIVERSIDE, CA 92503			PROGRAMS FOR ABUSED CHILDREN	2,000
ORANGE COUNTY ARC 225 W CARL KARCHER WAY ANAHEIM, CA 928012499			CENTER FOR DEVELOPMENTALLY DISABLED	5,000
ORANGE COUNTY CHILD ABUSE PREVENTION CENTER 500 S MAIN SUITE 1100 ORANGE, CA 92868			CHILD ABUSE PROGRAMS	5,000
ORANGEWOOD CHILDREN'S FOUNDATION 1575 EAST 17TH STREET SANTA ANA, CA 92705			HOME FOR HOMELESS CHILDREN	15,000
<b>Total . . . . .</b>				1,145,582
<b>3a</b>				

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Name and address (home or business)				
<b>a Paid during the year</b>				
OUR HOUSE 1950 SAWTELLE BLVD SUITE 255 LOS ANGELES, CA 90025			PROVIDES GRIEF SUPPORT, SERVICES, EDUCATION AND RESOURCES	5,000
PF BRESEE FOUNDATION 184 S BIMINI PL LOS ANGELES, CA 90004			COMMUNITY & YOUTH DEVELOPMENT, HEALTH SERVICES & URBAN LEADERSHIP TRAINING	2,000
POPS PRATT MUSEUM PO BOX 2305 HOMER, AK 99603			SUPPORTS THE PRATT MUSEUM	60,000
PEDIATRIC THERAPY NETWORK 1815 W 213TH ST TORRANCE, CA 90501			PROVIDES OCCUPATIONAL, PHYSICAL AND SPEECH THERAPY TO CHILDREN	25,000
PEPPERMINT RIDGE 825 MAGNOLIA AVE CORONA, CA 917193129			RESIDENTIAL PROGRAM FOR DEVELOPMENT DISABLED IN MEMORY OF WESLEY E BELLWOOD	63,000
<b>Total . . . . .</b>			►	1,145,582
<b>3a</b>				

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Name and address (home or business)				
<b>a Paid during the year</b>				
PEPPERMINT RIDGE825 MAGNOLIA AVE CORONA, CA 917193129			WYNN HOME REPAIR FUND PRIMARILY FOR REMODELING ALL OF THE BATHROOMS ALSO WYNN HOME RECREATIONAL FUND	72,000
PETER MICHAEL FOUNDATION 1 GATE SIX ROAD BLDG B SUITE 201 SAUSALITO, CA 94965			TOOLS AND TECHNOLOGIES FOR THE IDENTIFICATION, TREATMENT & EXPANSION OF PROSTATE CANCER	2,000
PROJECT ACCESS 3900 BIRCH ST SUITE 113 NEWPORT BEACH, CA 92660			HEALTH, EDUCATION AND SOCIAL SERVICES SERVING FAMILIES LIVING IN LOW INCOME HOUSING	2,000
PROJECT DIGNITY 12020 CHAPMAN AVE PMB257 GARDEN GROVE, CA 92840			PHYSICAL, EMOTIONAL AND SPIRITUAL ASSITANCE TO THE HOMELESS	2,000
PROVIDENCE SPEECH AND HEARING CENTER 1301 PROVIDENCE AVE ORANGE, CA 92868			SPECIALIZED PROGRAMS ADDRESSING AUDITORY, SPEECH AND LANGUAGE	2,000
<b>Total . . . . .</b>				1,145,582
<b>3a</b>				

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

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Name and address (home or business)				
<b>a Paid during the year</b>				
RANCHO SANTA ANA BOTANIC GARDEN AT CLAREMONT 1500 N COLLEGE AVE CLAREMONT, CA 917113157			FOR USE IN IRRIGATION IMPROVEMENTS AND GENERAL IMPROVEMENTS	20,000
SHAWLPO BOX 948 SAN PEDRO, CA 90733			RESIDENCE, SUBSTANCE ABUSE AND RELATED TREATMENTS FOR HOMELESS WOMEN	20,000
SANCTUARY OF HOPEPO BOX 431038 LOS ANGELES, CA 90043			SUPPORTS EMANCIPATED FOSTER YOUTH	2,000
SCHOOL ON WHEELSPO BOX 23371 VENTURA, CA 930023371			EDUCATION OPPORTUNITIES FOR HOMELESS CHILDREN	2,000
SECOND HARVEST FOOD DISTRIBUTION CENTER OF ORANGE COUNTY 8014 MAXINE WAY IRVINE, CA 92618			PROGRAMS TO FEED THE HUNGRY	7,500
<b>Total . . . . .</b>			►	1,145,582
<b>3a</b>				

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a Paid during the year</b>				
SHOES THAT FIT 1420 N CLAREMONT BLVD SUITE 107B CLAREMONT, CA 91711			SHOES AND CLOTHING FOR INDIGENT SCHOOL CHILDREN	2,000
ST ANNE'S 155 N OCCIDENTAL BLVD LOS ANGELES, CA 900264641			RESIDENTIAL PROGRAM TO PROVIDE A SAFE HOME DURING PREGNANCY AND FOLLOWING CHILDBIRTH FOR VULNERABLE YOUNG WOMEN AND THEIR BABIES	2,000
STAR INC PO BOX 1075 TORRANCE, CA 90505			RESTRICTED FUNDS - TO BE USED FOR THE 4TH HOME	80,000
THE ACHIEVABLE FOUNDATION 5901 GREEN VALLEY CIRCLE SUITE 320 CULVER CITY, CA 902306971			IMPROVE QUALITY OF LIFE OF UNDERSERVED CHILDREN AND ADULTS LIVING IN L A COUNTY WHO HAVE AUTISM & INTELLECTUAL DIASBILITIES	2,000
THE FOOTHILL PRESBYTERIAN HOSPITAL 250 S GRAND AVE GLENDOURA, CA 91741			HOSPITAL PROGRAMS	50,000
<b>Total . . . . .</b>				1,145,582
<b>3a</b>				

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Name and address (home or business)				
<b>a Paid during the year</b>				
THE GIVING SPIRIT 11908 MONTANA AVE 205 LOS ANGELES, CA 90049			ASSEMBLY & DISTRIBUTION OF DUFFEL BAG & BACKPACK SURVIVAL KITS TO HOMELESS POPULATION	2,000
THE RICHSTONE FAMILY CENTER 13620 CORDARY AVE HAWTHORNE, CA 90250			PREVENTING AND TREATING CHILD ABUSE	10,000
VISITING NURSE ASSOCIATION & HOSPICE OF SOUTHERN CALIFORNIA 150 W FIRST ST SUITE 270 CLAREMONT, CA 91711			PROVIDE CARE FOR THE ILL AND DISABLED IN THE COMMUNITY WHO ARE UNDER-INSURED AND/OR NOT COVERED AND HAVE NO MEANS TO PAY FOR CARE	2,000
WOMEN'S SHELTER OF LONG BEACH PO BOX 32107 LONG BEACH, CA 90802			ELIMINATES DOMESTIC VIOLENCE - MONEY TO BE APPLIED TO CHILDREN'S SERVICES PROGRAM	2,000
YOUNG & HEALTHY PO BOX 93397 PASADENA, CA 911093397			HEALTH CARE SERVICES FOR LOW INCOME AND UNDER OR UNINSURED CHILDREN	2,000
<b>Total . . . . .</b>			►	1,145,582
<b>3a</b>				

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

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Name and address (home or business)				
<b>a Paid during the year</b>				
A PLACE CALLED HOME 2830 S CENTRAL AVE LOS ANGELES, CA 90011			PROVIDES AT-RISK TEENAGERS SERVICES	4,000
ASELTINE SCHOOL4027 NORMAL ST SAN DIEGO, CA 92103			ASSIST K-12 STUDENTS WITH EMOTIONAL DISTURBANCES AND LEARNING DISABILITIES	2,000
BEACON LIGHT MISSION 3250 WILSHIRE BLVD 13TH FLOOR LOS ANGELES, CA 900101509			SERVICE HOMELESS IN SOUTH BAY	5,000
MEMORIAL MEDICAL CENTER FOUNDATION 2801 ATLANTIC AVE LONG BEACH, CA 908011428			IMPROVE THE HEALTH OF CHILDREN	5,000
NEIGHBORHOOD HOMEWORK HOUSE PO BOX 993 AZUSA, CA 91702			NEIGHBORHOOD BASED LEARNING CENTER FOR AT-RISK CHILDREN	2,000
<b>Total . . . . .</b>			►	1,145,582
<b>3a</b>				

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<i>a Paid during the year</i>				
VOLUNTEER CENTER SOUTH BAY-LONG BEACH 1230 CRAVENDS AVE TORRANCE, CA 90501			VOLUNTEER PROGRAM- OPERATION TEDDY BEAR TO HELP DISADVANTAGED CHILDREN	4,000
<b>Total . . . . .</b>			►	1,145,582
<b>3a</b>				

## TY 2017 Accounting Fees Schedule

**Name:** CARL E WYNN FOUNDATION

**EIN:** 95-6136231

## Accounting Fees Schedule

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
LEGAL AND PROFESSIONAL FEES	12,926	0		12,926

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Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.								
<b>TY 2017 Amortization Schedule</b>								
<b>Name:</b> CARL E WYNN FOUNDATION								
<b>EIN:</b> 95-6136231								
Description of Amortized Expenses	Date Acquired, Completed, or Expended	Amount Amortized	Deduction for Prior Years	Amortization Method	Current Year Amortization	Net Investment Income	Adjusted Net Income	Total Amount of Amortization
SOFTWARE	2014-03-20	127	116	36 00000000000	1.1	0		127

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

## **TY 2017 Depreciation Schedule**

**Name:** CARL E WYNN FOUNDATION

**EIN:** 95-6136231

Description of Property	Date Acquired	Cost or Other Basis	Prior Years' Depreciation	Computation Method	Rate / Life (# of years)	Current Year's Depreciation Expense	Net Investment Income	Adjusted Net Income	Cost of Goods Sold Not Included
COMPUTER EQUIPMENT	2014-03-20	1,045	744	200DB	5 00000000000	120	0		

## TY 2017 Investments Corporate Bonds Schedule

**Name:** CARL E WYNN FOUNDATION

**EIN:** 95-6136231

### Investments Corporate Bonds Schedule

Name of Bond	End of Year Book Value	End of Year Fair Market Value
FIXED INCOME - CORPORATE BONDS	8,152,486	8,058,541
FIXED INCOME - LONG TERM CD'S	42,027	40,374
FIXED INCOME - BOND FUNDS	1,338,739	1,343,536
FIXED INCOME - EXCHANGED TRADED FUNDS	1,482,039	1,735,168

## TY 2017 Investments Corporate Stock Schedule

**Name:** CARL E WYNN FOUNDATION

**EIN:** 95-6136231

<b>Name of Stock</b>	<b>End of Year Book Value</b>	<b>End of Year Fair Market Value</b>
EQUITIES	7,906,688	14,164,368
EQUITIES FUNDS	1,705,561	2,160,651
OTHERS - REITS, ETFS	300,969	498,489

**TY 2017 Land, Etc.  
Schedule****Name:** CARL E WYNN FOUNDATION**EIN:** 95-6136231

<b>Category / Item</b>	<b>Cost / Other Basis</b>	<b>Accumulated Depreciation</b>	<b>Book Value</b>	<b>End of Year Fair Market Value</b>
COMPUTER EQUIPMENT	1,045	864	181	
SOFTWARE	127	127	0	

## TY 2017 Other Expenses Schedule

**Name:** CARL E WYNN FOUNDATION**EIN:** 95-6136231**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
TELEPHONE	1,276	0		1,297
INSURANCE	1,575	0		1,575
POSTAGE	13	0		750
STATE FILING FEES	85	0		154
MISCELLANEOUS EXPENSES	1,787	0		1,787
OFFICE EXPENSES	608	0		608
AMORTIZATION	11	0		0

## TY 2017 Other Professional Fees Schedule

**Name:** CARL E WYNN FOUNDATION

**EIN:** 95-6136231

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
ADVISOR FEES	183,337	183,337		0

## TY 2017 Taxes Schedule

**Name:** CARL E WYNN FOUNDATION**EIN:** 95-6136231

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FOREIGN TAXES	4,919	3,082		0