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2017

OMB No 1545-0052

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 <a href="www.irs.gov/form990pf">www.irs.gov/form990pf</a>.

Open to Public Inspection

								•
For	caler	ndar year 2017, or tax year beginning 09-01-20	017	, ar	ıd er	nding 08-31-	2018	
		indation RT E HANSEN				A Employer Id	entification numbe	r
		DUNDATION				76-0259279		
		street (or P O box number if mail is not delivered to street address BACON 253 N 1ST AVE	) Roor	m/suite		<b>B</b> Telephone nu	mber (see instructior	ıs)
-,						(920) 421-0923	•	
		, state or province, country, and ZIP or foreign postal code BAY, WI 54235				C If exemption	application is pending	g, check here
<b>5</b> 61						-		P
Gi Cr	еск аг	I that apply □ Initial return □ Initial return of a □ Final return □ Amended return		er public charity			ganizations, check he ganizations meeting	▶ ∟
		☐ Address change ☐ Name change					k here and attach cor	
H Ch	eck tv	pe of organization Section 501(c)(3) exempt private	found	ation			undation status was t n 507(b)(1)(A), chec	
	,	1 4947(a)(1) nonexempt charitable trust				under sectio	11 307(B)(1)(A), cliec	Killere - —
		xet value of all assets at end J Accounting method	□ c.	ash 🗹 Accru	al		ation is in a 60-month	
		rom Part II, col (c),				under sectio	n 507(b)(1)(B), checl	k here
		(Part I, column (d) must	t be on	cash basis )				
Pa	rt I	Analysis of Revenue and Expenses (The total	(a)	Revenue and	(b)	Net investment	(c) Adjusted net	(d) Disbursements for charitable
		of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions) )		expenses per books	(-,	income	income	purposes (cash basis only)
	1	Contributions, gifts, grants, etc , received (attach	1					(eas.: Basis e,)
		schedule)	-					
	2	Check ► ✓ If the foundation is <b>not</b> required to attach Sch B						
	3	Interest on savings and temporary cash investments		111		111	111	
	4	Dividends and interest from securities		35,365		35,365	35,365	
	5a	Gross rents						
	b	Net rental income or (loss)	-[					
KIE	6a	Net gain or (loss) from sale of assets not on line 10	%_]	42,434				
Revenue	b	Gross sales price for all assets on line 6a 306,344	4					
$\aleph$	7	Capital gain net income (from Part IV, line 2)				5,067		
	8	Net short-term capital gain						
	9	Income modifications						
	10a	Gross sales less returns and allowances						
	ь	Less Cost of goods sold						
	C	Gross profit or (loss) (attach schedule)						
	11	Other income (attach schedule)		77.040		40.543	25 476	
	12	Total. Add lines 1 through 11		77,910		40,543	35,476	
	13 14	Compensation of officers, directors, trustees, etc  Other employee salaries and wages						
۰.	15	Pension plans, employee benefits						
Se	16a	Legal fees (attach schedule)						
<u></u>	ь	Accounting fees (attach schedule)	9	1,289				
Administrative Expenses	c	Other professional fees (attach schedule)	9	8,807		8,807	8,807	
ΙΛe	17	Interest	<b>—</b>	,		<u> </u>	,	
:at	18	Taxes (attach schedule) (see instructions)	92	429				
<u> </u>	19	Depreciation (attach schedule) and depletion	<u> </u>					
Ξ	20	Occupancy						
Ă	21	Travel, conferences, and meetings						
Ē	22	Printing and publications						
5	23	Other expenses (attach schedule)						
Operating and	24	Total operating and administrative expenses.						
ber		Add lines 13 through 23		10,525		8,807	8,807	
ō	25	Contributions, gifts, grants paid		40,080				40,080
	26	Total expenses and disbursements. Add lines 24 and						
	27	25 Subtract line 36 from line 13	_	50,605		8,807	8,807	40,080
	27	Subtract line 26 from line 12  Excess of revenue over expenses and		27,305				
	а	disbursements		27,303				
	ь	Net investment income (if negative, enter -0-)				31,736		
	С	Adjusted net income(If negative, enter -0-)					26,669	
-or	raner	work Reduction Act Notice, see instructions.				Cat No. 11280)	Ear	m QQN_DF (2017

1,194,005

1,406,621

1,406,621

1,406,621

94,790

1,206,862

133,548

451

1,432,994

1,432,994

1,432,994 1,432,994

2

3

4

5

6

1,406,621

1,433,926

1,432,994

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27,305

932

1,590,323

133,548

1,816,004

### Less accumulated depreciation (attach schedule) 12 13 Investments—other (attach schedule) . . . . . . . . Land, buildings, and equipment basis 14 Less accumulated depreciation (attach schedule) (چە 480 15 Other assets (describe > \_ 16 Total assets (to be completed by all filers—see the instructions Also, see page 1, item I) 1,406,621 17 18

disqualified persons (attach schedule) (see instructions) . . . . .

Investments—U S and state government obligations (attach schedule)

Investments—corporate stock (attach schedule) . . . . . . . .

Investments—corporate bonds (attach schedule) . . . . . . . .

Foundations that follow SFAS 117, check here

and complete lines 24 through 26 and lines 30 and 31.

Foundations that do not follow SFAS 117, check here ▶

Paid-in or capital surplus, or land, bldg, and equipment fund

Retained earnings, accumulated income, endowment, or other funds

Total net assets or fund balances (see instructions) . . . . .

Total liabilities and net assets/fund balances (see instructions) .

Total net assets or fund balances at beginning of year-Part II, column (a), line 30 (must agree with end-

Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30

Analysis of Changes in Net Assets or Fund Balances

Loans from officers, directors, trustees, and other disqualified persons

Mortgages and other notes payable (attach schedule). . . . . .

Total liabilities(add lines 17 through 22) . . . . . . . . . . . . .

Other notes and loans receivable (attach schedule)

Prepaid expenses and deferred charges . . . . . .

Investments—land, buildings, and equipment basis ▶ \_

Less allowance for doubtful accounts

7

8

9 10a

b

c 11

Assets

Liabilities

Balances

Fund 26

ō

Assets 27

Net 30

2

3

4

5

19

20

21

22

23

24

25

28 29

31 Part III Other liabilities (describe ▶\_

Unrestricted . . . . . .

and complete lines 27 through 31.

of-year figure reported on prior year's return)

Decreases not included in line 2 (itemize) ▶

Enter amount from Part I, line 27a . . . . . . . .

Other increases not included in line 2 (itemize) -

Permanently restricted . .

Temporarily restricted

Page 3

Part .	Capital Gains	and Losses for Tax on Invest	ment Income				
		<b>(a)</b> the kınd(s) of property sold (e g , re ehouse, or common stock, 200 shs		(b) How acquired P—Purchase D—Donation	/m/	(c) te acquired o , day, yr )	(d) Date sold (mo , day, yr )
1a							
_							
_							
_							
_	_	(f)		(g)		(1	<u> </u> h)
	(e) Gross sales price	Depreciation allowed	Cost or	other basis		Gain o	r (loss)
		(or allowable)	plus exp	ense of sale		(e) plus (f	) minus (g)
a b							
c d							
e e							
	omplete only for assets	s showing gain in column (h) and ow	ned by the foundation	on 12/31/69		,	1)
		(j)	nea by the loundation	(k)			<b>l)</b> h) gain minus
	(i) FMV as of 12/31/69	Adjusted basis		s of col (ı)	со		less than -0-) <b>or</b>
		as of 12/31/69	over co	l (j), if any		Losses (fre	om col (h))
<u>a</u>							
b							
С.							
d					-		
e				3		ı	
2	Capital gain net income	e or (net capital loss)	If gain, also enter in F If (loss), enter -0- in		}   2		5,067
3	Net short-term capital	gain or (loss) as defined in sections 1	1222(5) and (6)				
	2 .	rt I, line 8, column (c) (see instruction	ons) If (loss), enter -0	0-	1   _		
	ın Part I, line 8				} _ 3		
Part	V Qualification I	Under Section 4940(e) for Re	duced Tax on Net	Investment	Income	i	
		private foundations subject to the sec				·	
			יון ווס אמז למן הייטידילי	et investment in	.ome )		
section	n 4940(d)(2) applies, l	eave this part blank					_
		ne section 4942 tax on the distributal			od?	☐ Ye	es 🗹 No
		ot qualify under section 4940(e) Do					
1		nount in each column for each year,	see instructions before	e making any en	ries		
Base	(a) period years Calendar	(b)	(c)	ble was seems		(d) Distribution rati	0
year (	or tax year beginning in)	Adjusted qualifying distributions	Net value of noncharital		(col	(b) divided by c	(-//
	2016	48,484		1,599,673			0 030309
	2015	49,910		1,499,699			0 033280
	2014	40,550		1,598,606			0 025366
	2013	50,634 211,505		1,521,152 1,395,657			0 033287 0 151545
2 Т	otal of line 1, column (	' '			2		0 273787
	,	•		<u> </u>	_		0 2/3/0/
n	umber of years the four	ndation has been in existence if less	than 5 years 🔒 🐍	`´ <u> </u>	3		0 054757
		ncharitable-use assets for 2017 from	n Part X, line 5	<b>—</b>	4		1,769,905
				<u> </u>	5		96,915
		ent income (1% of Part I, line 27b)			6		317
	dd lines 5 and 6				7		97,232
		ions from Part XII, line 4 ,			в		40,080
3 A n 4 E 5 M	verage distribution ration umber of years the four nter the net value of no lultiply line 4 by line 3 nter 1% of net investm	o for the 5-year base period—divide to indation has been in existence if less of incharitable-use assets for 2017 from 	the total on line 2 by 5 than 5 years n Part X, line 5	5, or by the	3 4 5 6		0 054757 1,769,905 96,915 317

If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?.

7b

	Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees,
Dowt VIII	information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees,
Lair Attt	and Contractors

List all officers, directors, truste	es. f	oundation managers ar	d their compensation	(see instructions).	
(a) Name and address	Title, a		(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
REBECCA HANSEN	SECY & ASST 000 00		0	0	
8 CARDINAL DR ITHACA, NY 14850	000	00			
ALEXANDER E HANSEN		SIDENT	0	0	(
3463 VOSBURG ST	000	00			
PASADENA, CA 91107 LAURIE H SAXTON	VP &	ASST TR	0	0	,
506 CEDAR HILL DR	000		0	O	`
SAN RAFAEL, CA 94903					
MARJORIE S SCHULTZ	ASS <sup>1</sup>	T SECRETA 00	0	0	(
3401 LOUISIANA ST SUITE 380					
HOUSTON, TX 77002  Compensation of five highest-pa	id o	mplayaas (athar than th	acco included on line 1	_coo instructions) If no	o ontor "NONE "
(a) Name and address of each employee p. more than \$50,000		Title, and average hours per week	(c) Compensation	Contributions to employee benefit plans and deferred	Expense account,  (e) other allowances
NONE		(-,		(d) compensation	
NONE		+			
		†			
		1			
Total number of other employees paid ov  3 Five highest-paid independent of					-u
3 Five highest-paid independent of (a) Name and address of each person			· ·	e of service	(c) Compensation
NONE	ii pui	a more than \$50,000	(3) 1)	0 01 0011100	(c) compensation
			1		
			_		
			-		
			†		
<b>Fotal</b> number of others receiving over \$5	0,000	) for professional services			
Part IX-A Summary of Direct					
List the foundation's four largest direct charitable				nation such as the number of	Expenses
organizations and other beneficiaries served, cor	feren	ces convened, research papers	s produced, etc		Expenses
1					
2					
3					
<u></u>					
4					
Down TV D	D	alated Turretments	(222 mateurations)		
Part IX-B Summary of Progra  Describe the two largest program-related inv		elated Investments	<u> </u>	and 2	Amount
1 N/A	esune	ents made by the roundation d	uning the tax year on inles i	anu z	Amount
2					
All other program-related investments	See	instructions			
3					
<b>Fotal.</b> Add lines 1 through 3 .	•			· · · · · · · •	

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

3a 3h

4

5

40.080

40,080

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Amounts set aside for specific charitable projects that satisfy the

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

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

Adjusted qualifying distributions. Subtract line 5 from line 4. . . . . . . . . .

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

3

4

5

**b** Total for prior years

**b** From 2013. . . . c From 2014. . d From 2015. . . . e From 2016. . . . .

XII, line 4 🕨 \$

indicated below:

a From 2012. . . . .

4 Qualifying distributions for 2017 from Part

a Applied to 2016, but not more than line 2a **b** Applied to undistributed income of prior years (Election required—see instructions). . . . . c Treated as distributions out of corpus (Election 

**d** Applied to 2017 distributable amount. . . . e Remaining amount distributed out of corpus

same amount must be shown in column (a) )

**5** Excess distributions carryover applied to 2017

a Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income Subtract line 4b from line 2b . . . . . . . . . . . . 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. . . . . . d Subtract line 6c from line 6b Taxable amount e Undistributed income for 2016 Subtract line 4a from line 2a Taxable amount—see instructions . . . . . . . . . f Undistributed income for 2017 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2018 . . . . . 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) . . . . . . . . . 8 Excess distributions carryover from 2012 not

applied on line 5 or line 7 (see instructions) . . .

Subtract lines 7 and 8 from line 6a . . . . . .

9 Excess distributions carryover to 2018.

10 Analysis of line 9

a Excess from 2013. . . **b** Excess from 2014. . c Excess from 2015. . . . d Excess from 2016. . . e Excess from 2017. . .

(If an amount appears in column (d), the

6 Enter the net total of each column as

87,860

40.080

47,780

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Page 9

Part XIII Undistributed Income (see instructions)

1	Distributable amount for 2017 from Part XI, line 7	
2	Undistributed income, if any, as of the end of 2017	
а	Enter amount for 2016 only	

Excess distributions carryover, if any, to 2017

143.112

f Total of lines 3a through e. . . . . . . .

143.112

47,780

95,332

95.332

(a)

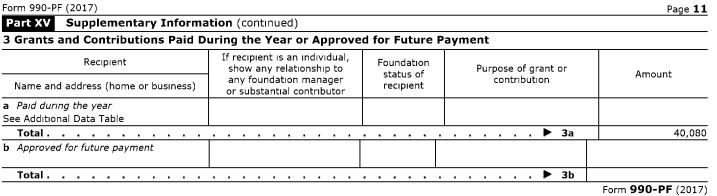
Corpus

(b)

Years prior to 2016

(c)

2016



Enter gross amounts unless otherwise indicated		Unrelated bu	isiness income	Excluded by section	(e) Related or exempt	
_	service revenue	(a) Business code	(b) Amount	(c) Exclusion code	<b>(d)</b> Amount	function income (See instructions )
е						
_	and contracts from government agencies					
Intere	rship dues and assessments			14	111	
	ds and interest from securities			14	35,365	
Net ren	tal income or (loss) from real estate					
	financed property					
	ebt-financed property					
	ntal income or (loss) from personal property					
	r (loss) from sales of assets other than	+				
	ory			14	42,434	
	ome or (loss) from special events					
	profit or (loss) from sales of inventory					
otner r <b>h</b>	evenue <b>a</b>					
d		l l				
e					77,910	
e Subtota Total.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e)	lations )		13	77,910	
Subtota  Total.  (See wo		lations )			<u> </u>	77,910
e Subtota Total. (See wo	Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  Adstructions to verify calcul	lations ) <b>e Accomplish</b> income is reporto	ment of Exem	pt Purposes of Part XVI-A contribut	ted importantly to	
e Subtota Total. (See wo art XVI ne No.	al Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calculable  B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations ) <b>e Accomplish</b> income is reporto	ment of Exem	pt Purposes of Part XVI-A contribut	ted importantly to	
e Subtota Total. (See wo art XVI	al Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calculable  B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations ) e Accomplish income is reporte	ment of Exem	pt Purposes of Part XVI-A contribut	ted importantly to	
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e Subtota Total. (See wo art XVI	al Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calculable  B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations ) e Accomplish income is reporte	ment of Exem	pt Purposes of Part XVI-A contribut	ted importantly to	
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e Subtota Total. (See wo art XVI ne No.	al Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calculable  B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations ) e Accomplish income is reporte	ment of Exem	pt Purposes of Part XVI-A contribut	ted importantly to	
e Subtota Total. (See wo art XVI ne No.	al Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calculable  B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations ) e Accomplish income is reporte	ment of Exem	pt Purposes of Part XVI-A contribut	ted importantly to	
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e Subtota Total. (See wo art XVI ne No.	al Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calculable  B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations ) <b>e Accomplish</b> income is reporto	ment of Exem	pt Purposes of Part XVI-A contribut	ted importantly to	
e Subtota Total. (See wo art XVI ne No.	al Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calculable  B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations ) <b>e Accomplish</b> income is reporto	ment of Exem	pt Purposes of Part XVI-A contribut	ted importantly to	
e Subtota Total. (See wo art XVI ne No.	al Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calculable  B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations ) <b>e Accomplish</b> income is reporto	ment of Exem	pt Purposes of Part XVI-A contribut	ted importantly to	
e Subtota Total. (See wo art XVI ne No.	al Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calculable  B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations ) <b>e Accomplish</b> income is reporto	ment of Exem	pt Purposes of Part XVI-A contribut	ted importantly to	
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orm 990-PF (	<u> </u>							Pa	ge <b>13</b>
Part XVII	Information Re Exempt Organiz		ansfers To	and Transaction	ons and Relatio	onships With Nonc	haritable		
	ganization directly or inc Code (other than section						501	Yes	No
a Transfers	from the reporting found	dation to a no	ncharitable e	xempt organization	n of				
<b>(1)</b> Cash.							1a(1)		No
(2) Other	rassets						. 1a(2)		No
<b>b</b> Other tran	sactions								
<b>(1)</b> Sales	of assets to a nonchard	table exempt	organızatıon.				. 1b(1)		No
(2) Purch	ases of assets from a ne	oncharitable e	exempt organ	ization			. 1b(2)		No
	al of facilities, equipmen	•					. 1b(3)		No
	bursement arrangement						1b(4)		No
` .	s or loan guarantees						. 1b(5)		No
• •	mance of services or me	•	=				1b(6)		No
_	facilities, equipment, m wer to any of the above						1c		No
of the goo	ds, other assets, or serv nsaction or sharing arrar (b) Amount involved	rices given by ngement, show	the reporting w in column (	g foundation If the	e foundation receiv e goods, other ass	ed less than fair marke	et value ed	ngemen	nts
described	ndation directly or indire in section 501(c) of the omplete the following so (a) Name of organization	Code (other t	han section 5		ction 527?		. Yes	<b>✓</b>	No
	(a) Name of organization			(b) Type of organizati	1011	(c) Description o	relationship		
of m whic	er penalties of perjury, I ly knowledge and belief, th preparer has any know	ıt ıs true, cor							
Sign Here	*****			2019-01-08	*****		May the IRS di return with the prepa below		
' '	Signature of officer or tr	ustee		Date	Title		(see instr )?	<b>√</b> Yes □	□ <sub>No</sub>
I	Print/Type preparer's	name	Preparer's Sid	anature	Date	т	IN		
	, , , , , , , , , , , , , , , , , , , ,			<b>5</b>	Date	Check if self-	P01238	8087	
Paid	INGE ALVERSON BA	ACON			2019-01-08	2019-01-08 employed ▶ ✓			
Preparer Jse Only		ALVERSON B	ACON CPA		<u> </u>	Fil	rm's EIN ▶39	-19830	077
		3 N 1ST AVE S	STOP 1						
	STURGEON BAY, WI 542352500							) 421-0	0923

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	Foundation status of	Purpose of grant or contribution	Amount			
Name and address (home or business)	any foundation manager or substantial contributor	recipient					
a Paid during the year							
ACLU FOUNDATION 125 BROAD ST 18TH FLOOR 125 BROAD ST 18TH FLOOR NEW YORK, NY 10004	NONE	PUBLIC	SOCIAL JUSTICE	100			
ALZHEIMERS GREATER LA 4221 WILSHIRE BLVD 400 4221 WILSHIRE BLVD 400 LOS ANGELES, CA 90010	NONE	PUBLIC	WELLNESS	250			
BOYS & GIRLS CLUB OF DOOR COUNTY 55 S 3RD AVE 55 S 3RD AVE STURGEON BAY, WI 54235	NONE	PUBLIC	EDUCATION	10,000			

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Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year **BRYN MAWR COLLEGE** NONE PUBLIC **EDUCATION** 10,000 101 N MERION AVE 101 N MERION AVE

BRYN MAWR, PA 19010				
CA STATE PARKS FOUNDATION 50 FRANCISCO ST 110 50 FRANCISCO ST 110 SAN FRANCISCO, CA 94133	NONE	PUBLIC	NATURE PRESERVATION	100
CARE1825 I STREET NW SUITE 3 1825 I STREET NW SUITE 3 WASHINGTON, DC 20006	NONE	PUBLIC	ANTI-POVERTY	500

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	Foundation status of	Purpose of grant or contribution	Amount			
Name and address (home or business)	any foundation manager or substantial contributor	recipient					
a Paid during the year							
CARLTON COLLEGE 1 NORTH COLLEGE ST 1 NORTH COLLEGE ST NORTHFIELD, MN 55057	NONE	PUBLIC	EDUCATION	50			
CORNELL UNIVERSITY 130 E SENECA ST SUITE 40 130 E SENECA ST SUITE 40 ITHACA, NY 14850	NONE	PUBLIC	EDUCATION	1,000			
DOCTORS WITHOUT BORDERS 333 7TH AVENUE 2ND FLOOR 333 7TH AVENUE 2ND FLOOR NEW YORK NY 10001	NONE	PUBLIC	WORLD HEALTH	500			

130 E SENECA ST SUITE 40 130 E SENECA ST SUITE 40 ITHACA, NY 14850	NONE	POBLIC	EDUCATION	1,000
DOCTORS WITHOUT BORDERS 333 7TH AVENUE 2ND FLOOR 333 7TH AVENUE 2ND FLOOR NEW YORK, NY 10001	NONE	PUBLIC	WORLD HEALTH	500

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	Foundation status of	Purpose of grant or contribution	Amount			
Name and address (home or business)	any foundation manager or substantial contributor	recipient					
a Paid during the year							
EARTHJUSTICE 50 CALIFORNIA ST SUITE 5 50 CALIFORNIA ST SUITE 5 SAN FRANCISCO, CA 94111	NONE	PUBLIC	NATURE PRESERVATION	150			
ENVIRONMENT CA RESEARCH & POLI 3435 WILSHIRE BLVD SUITE 3435 WILSHIRE BLVD SUITE LOS ANGELES, CA 90010	NONE	PUBLIC	ENVIRONMENT	100			
ENVIRONMENTAL DEFENSE FUND 257 PARK AVENUE SOUTH 257 PARK AVENUE SOUTH	NONE	PUBLIC	ENVIRONMENT	250			

SAN FRANCISCO, CA 94111				
ENVIRONMENT CA RESEARCH & POLI 3435 WILSHIRE BLVD SUITE 3435 WILSHIRE BLVD SUITE LOS ANGELES, CA 90010	NONE	PUBLIC	ENVIRONMENT	10
ENVIRONMENTAL DEFENSE FUND	NONE	PUBLIC	ENVIRONMENT	25

NEW YORK, NY 10010

#### Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year				
FEEDING AMERICA 35 EAST WACKER DR SUITE 35 EAST WACKER DR SUITE CHICAGO, IL 60601	NONE	PUBLIC	ANTI-POVERTY	250
HABITAT FOR HUMANITY	NONE	PUBLIC	ANTI-POVERTY	500

HABITAT FOR HUMANITY 410 N 14TH AVENUE 410 N 14TH AVENUE STURGEON BAY, WI 54235	NONE	PUBLIC	ANTI-POVERTY	
HATHAWAY SYCAMORES CHILD & FAM	NONE	PUBLIC	MENTAL HEALTH & WELFARE	;

STURGEON BAY, WI 54235				
HATHAWAY SYCAMORES CHILD & FAM SERV 210 S DELACEY AVENUE 210 S DELACEY AVENUE PASADENA. CA 91105	NONE	PUBLIC	MENTAL HEALTH & WELFARE	250

40,080

HATHAWAY SYCAMORES CHILD & FAM NONE PUBLIC MENTAL HEALTH & WELFARE	
SERV STEAMORES CHIEF & TANK	2
210 S DELACEY AVENUE	
210 S DELACEY AVENUE	
PASADENA, CA 91105	

Total .

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient Foundation Purpose of grant or If recipient is an individual, Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year HEIFER INTERNATIONAL NONE PUBLIC. ANTI-POVERTY 500 1 WORLD AVENUE 1 WORLD AVENUE LITTLE ROCK, AR 72202

			1	
HUNTINGTON LIBRARY1151 OXFORD RD 1151 OXFORD RD SAN MARINO, CA 91108	NONE	PUBLIC	EDUCATION	630
KCETPO BOX 469028 PO BOX 469028 ESCONDIDO, CA 92046	NONE	PUBLIC	PUBLIC MEDIA	200

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Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year KCRW1900 PICO BLVD NONE PUBLIC PUBLIC MEDIA 200

SANTA MONICA, CA 90405				
KQED2601 MARIPOSA ST 2601 MARIPOSA ST	NONE	PUBLIC	PUBLIC MEDIA	

SAN FRANCISCO, CA 94111				
2601 MARIPOSA ST				
KQED2601 MARIPOSA ST	NONE	PUBLIC	PUBLIC MEDIA	

3a

SAN FRANCISCO, CA 94111				
KUSCPO BOX 7913 PO BOX 7913	NONE	PUBLIC	PUBLIC MEDIA	200
LOC ANCELES CA 04110				1

150

KUSCPO BOX 7913 PO BOX 7913 LOS ANGELES, CA 94110	NONE	PUBLIC	PUBLIC MEDIA	20
1				

LOS ANGELES, CA 94110				40.080
KUSCPO BOX 7913 PO BOX 7913	NONE	PUBLIC	PUBLIC MEDIA	200

Form 990PF Part XV Line 3 - Gran	ts 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	Purpose of grant or contribution	Amount
Name and address (home or business)		recipient		
a Paid during the year				
LA MISSION303 EAST 5TH ST 303 EAST 5TH ST LOS ANGELES, CA 90060	NONE	PUBLIC	ANTI-POVERTY	500
LA SALLE HIGH SCHOOL 3880 E SIERRA MADRE BLVD 3880 E SIERRA MADRE BLVD PASADENA, CA 91107	NONE	PUBLIC	EDUCATION	1,000
LAKE AVENUE COMMUNITY FOUNDATION 712 E VILLA ST	NONE	PUBLIC	EDUCATIONAL SUPPORT	500

LAKE AVENUE COMMUNITY FOUNDATION 712 E VILLA ST 712 E VILLA ST PASADENA, CA 91101  NONE PUBLIC EDUCATIONAL SUPPORT 500	3880 E SIERRA MADRE BLVD PASADENA, CA 91107				
	FOUNDATION 712 E VILLA ST 712 E VILLA ST	NONE	PUBLIC	EDUCATIONAL SUPPORT	500

Total . . . . . . . . .

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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	Foundation status of	Purpose of grant or contribution	Amount	
Name and address (home or business)	any foundation manager or substantial contributor	recipient			
a Paid during the year					
LOS ANGELES LGBT CENTER 1625 N SCHRADER BLVD 1625 N SCHRADER BLVD LOS ANGELES, CA 90028	NONE	PUBLIC	HEALTH & SOCIAL SERVICES	250	
MADD511 E JOHN CARPENTER FREE 511 E JOHN CARPENTER FREE IRVING, TX 75062	NONE	PUBLIC	HEALTH & SOCIAL SERVICES	250	
MERCY SHIPSPO BOX 2020 PO BOX 2020 GARDEN VALLEY, TX 75771	NONE	PUBLIC	WORLD HEALTH	500	

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year MOVE TO AMEND EDUCATION FUND NONE PUBLIC **EDUCATION** 150 PO BOX 188617 PO BOX 188617 SACRAMENTO, CA 95818 NICALE 400

FOUNDATI 1325 MASSACHUSETTS AVE NW 1325 MASSACHUSETTS AVE NW WASHINGTON, DC 20005	NONE	POBLIC	HEALTH & SOCIAL SERVICES	100
NATL LGBTQ TASK FORCE FOUNDATION 1325 MASSACHUSETTS AVE NW	NONE	PUBLIC	HEALTH & SOCIAL SERVICES	250

WASHINGTON, DC 20005				
NATL LGBTQ TASK FORCE FOUNDATION 1325 MASSACHUSETTS AVE NW 1325 MASSACHUSETTS AVE NW WASHINGTON, DC 20005	NONE	PUBLIC	HEALTH & SOCIAL SERVICES	

NATL LGBTQ TASK FORCE FOUNDATION	NONE	PUBLIC	HEALTH & SOCIAL SERVICES	
1325 MASSACHUSETTS AVE NW				
1325 MASSACHUSETTS AVE NW				
WASHINGTON, DC 20005				

Total.

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year OXFAM1101 17TH ST NW SUITE 13 NONE PUBLIC ANTI-POVERTY 500 1101 17TH ST NW SUITE 13 WASHINGTON, DC 20036

OXFAM1101 17TH ST NW SUITE 13 1101 17TH ST NW SUITE 13 WASHINGTON, DC 20036	NONE	PUBLIC	ANTI-POVERTY	250
OXFAM AMERICA 1101 17TH ST NW SUITE 13 1101 17TH ST NW SUITE 13 WASHINGTON, DC 20036	NONE	PUBLIC	ANTI-POVERTY	250

40.080

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year PBS SOUTHERN CALIFORNIA NONE PUBLIC: PUBLIC MEDIA 200 PO BOX 25113 PO BOX 25113

SANTA ANA, CA 92779				
PFLAG1828 L ST NW SUITE 660 1828 L ST NW SUITE 660 WASHINGTON, DC 20036	NONE	PUBLIC	HEALTH & SOCIAL SERVICES	500
PFLAG1828 L ST NW SUITE 660 1828 L ST NW SUITE 660 WASHINGTON, DC 20036	NONE	PUBLIC	HEALTH & SOCIAL SERVICES	500

<u> </u>				i
PFLAG1828 L ST NW SUITE 660 1828 L ST NW SUITE 660 WASHINGTON, DC 20036	NONE	PUBLIC	HEALTH & SOCIAL SERVICES	5

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year PFLAG PASADENAPO BOX 125 NONE PUBLIC **HEALTH & SOCIAL SERVICES** 500 PO BOX 125 ALTADENA, CA 91003

PLANNED PARENTHOOD 123 WILLIAM ST 10TH FLOO 123 WILLIAM ST 10TH FLOO NEW YORK, NY 10038	NONE	PUBLIC	HEALTH	250
PLANNED PARENTHOOD 123 WILLIAM ST 10TH FLOO 123 WILLIAM ST 10TH FLOO NEW YORK, NY 10038	NONE	PUBLIC	HEALTH	100

40.080

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year POLYTECHNIC SCHOOL NONE PUBLIC **EDUCATION** 50 1030 E CALIFORNIA BLVD 1030 E CALTEORNIA BLVD

PASADENA, CA 91106				
PRINCETON THEOLOGICAL SEMINARY 64 MERCER ST 64 MERCER ST PRINCETON, NJ 08540	NONE	PUBLIC	EDUCATION	100
SALVATION ARMYPO BOX 269 PO BOX 269 ALEXANDRIA, VA 22313	NONE	PUBLIC	ANTI-POVERTY	500

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year SMILE TRAINPO BOX 96231 NONE PUBLIC HEALTH 500

PO BOX 96231 WASHINGTON, DC 20090				
SOUTHERN CAL PUBLIC RADIO KOCE 333 SOUTH HOPE ST SUITE 333 SOUTH HOPE ST SUITE	NONE	PUBLIC	PUBLIC MEDIA	200

333 SOUTH HOPE ST SUITE 333 SOUTH HOPE ST SUITE LOS ANGELES, CA 90071				
TECHNOSERVE 1120 19TH ST NW 8TH FLOO 1120 19TH ST NW 8TH FLOO WASHINGTON. DC 20036	NONE	PUBLIC	ANTI-POVERTY	250

2037111022220, 071 30071				
TECHNOSERVE 1120 19TH ST NW 8TH FLOO 1120 19TH ST NW 8TH FLOO WASHINGTON, DC 20036	NONE	PUBLIC	ANTI-POVERTY	250

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount contribution show any relationship to status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year THE CHANDLER SCHOOL NONE PUBLIC: **EDUCATION** 1.000 1005 ARMADA DR 1005 ARMADA DR PASADENA, CA 91103

THE CHANDLER SCHOOL 1005 ARMADA DR 1005 ARMADA DR PASADENA, CA 91103	NONE	PUBLIC	EDUCATION	50
THE CHANDLER SCHOOL 1005 ARMADA DR 1005 ARMADA DR	NONE	PUBLIC	EDUCATION	2,000

PASADENA, CA 91103

Total . 40,080

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year THE NATURE CONSERVANCY NONE PUBLIC: CONSERVATION 250 4245 FAIRFAX DR SUITE 10 4245 FAIRFAX DR SUITE 10 ARLINGTON, VA 22203 250 500

THE NAURE CONSERVANCY 4245 FAIRFAX DR SUITE 10 4245 FAIRFAX DR SUITE 10 ARLINGTON, VA 22203	NONE	PUBLIC	CONSERVATION	
TRUST FOR PUBLIC LAND 135 W GREEN ST 2ND FLOOR 135 W GREEN ST 2ND FLOOR	NONE	PUBLIC	CONSERVATION	

PASADENA, CA 91105

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year UNION RESCUE MISSION NONE PUBLIC **POVERTY** 500 545 SAN PEDRO ST 545 SAN PEDRO ST LOS ANGELES, CA 90013

UNION STATION PASADENA 825 E ORANGE GROVE BLVD 825 E ORANGE GROVE BLVD PASADENA, CA 91104	NONE	PUBLIC	ANTI-POVERTY	500
WILLIAMS COLLEGE75 PARK ST 75 PARK ST WILLIAMSTOWN, MA 01267	NONE	PUBLIC	EDUCATION	250

Total.

3a

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

500

250

a Paid during the year				
WORLD VISIONPO BOX 9716 PO BOX 9716	NONE	PUBLIC	HEALTH	
EEDEDAL WAY WA OOOGS				

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

FEDERAL WAY, WA 98063				
WORLD WILDLIFE FUND 1250 24TH ST NW	NONE	PUBLIC	CONSERVATION	
A DEC DATH OF NIM				

WORLD WILDLIFE FUND	NONE	PUBLIC	CONSERVATION	
1250 24TH ST NW				
1250 24TH ST NW				
WASHINGTON, DC 20037				

1250 24TH ST NW 1250 24TH ST NW WASHINGTON, DC 20037			
		_	

Total		 	<u> </u>	40.080
WASHINGTON, DC 20037				
1250 24TH ST NW				i

Total	1	 <u> </u>	40.080
WASHINGTON, DC 20037	,		

efile GRAPHIC print - DO NOT PROCES	S As Filed D	ata -	D	LN: 93491009002029					
TY 2017 Accounting Fees Schedule									
Name: THE ROBERT E HANSEN									
	FAMILY FOUNDATION								
EI	<b>N:</b> 76-0259	279							
Accounting Fees Schedule									
Category A	mount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes					
ACCOUNTING FEES	1,289								

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

## TY 2017 Gain/Loss from Sale of Other Assets Schedule

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Name: THE ROBERT E HANSEN

FAMILY FOUNDATION

**EIN:** 76-0259279

Name	Date Acquired	How A cquired	Date Sold	Purchaser Name	Gross Sales Price	Basis	Basis Met hod	Sales Expenses	Total (net)	Accumulated Depreciation
AQR MANAGED FUTURES STRATEGY I	2017-09	PURCHASE	2018-04		32,840	32,365			475	
ISHARES CURR HEDGED MSCI EAFE	2017-04	PURCHASE	2018-04		55,227	51,950			3,277	
ISHARES MSCI JAPAN ETF	2018-04	PURCHASE	2018-07		20,708	21,914			-1,206	
SPDR S&P 500 ETF TRUST	2014-04	PURCHASE	2017-09		84,264	62,016			22,248	
VANGUARD GROWTH ETF	2014-04	PURCHASE	2017-10		13,326	9,080			4,246	
VANGUARD TOTAL INTL STOCK ETF	2017-04	PURCHASE	2018-07		42,343	38,806			3,537	
VANGUARD TOTAL INTL STOCK ETF	2017-09	PURCHASE	2018-07		20,551	20,745			-194	
VANGUARD VALUE ETF INDEX	2014-04	PURCHASE	2017-10		3,725	2,834			891	
VANGUARD VALUE ETF INDEX	2016-02	PURCHASE	2017-10		6,342	4,891			1,451	
WISDOMTREE TRUST JAPN HEDGE EQ	2017-04	PURCHASE	2018-04		21,951	19,309			2,642	

DLN: 93491009002029

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TY 2017 Investments Corpora	te Bonds Schedule	
•		
Name:	THE ROBERT E HANSEN	
	FAMILY FOUNDATION	
EIN:	76-0259279	

### 

JOHN HANCOCK SEAPORT I

82,110

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		_

## **TY 2017 Investments Corporate Stock Schedule**

Name: THE ROBERT E HANSEN

FAMILY FOUNDATION

TAMILITIONDATION					
<b>EIN:</b> 76-0259279					
Name of Stock	End of Year Book Value	End of Year Fair Market Value			
FIRST TRUST NORTH AMERICAN	46,885	51,921			
INVESCO ULTRA SHORT DURATION	83,866	51,921			
ISHARES CURR HEDGED MSCI EAFE					
SPDR S&P 500 ETF TRUST	41,344	65,610			
VANGUARD FTSE DEV MKTS	325,235	369,107			
VANGUARD FTSE EMERG MKTS	69,704	73,359			
VANGUARD GROWTH ETF	226,367	400,725			
VANGUARD SM CAP GROWTH ETF	44,759	71,794			
VANGUARD SM CAP VALUE ETF	51,542	75,113			
VANGUARD TOTAL INTL STOCK	63,542	63,193			
VANGUARD VALUE ETF INDEX	253,618	367,580			
WISDOMTREE TR JAPAN HEDGED EQ					

effile GRAPHIC print - DO NOT PROCESS	AS FIIED Data -	DLN: 93491009002029
TY 2017 Other Assets Schedu	le	
Name:	THE ROBERT E HANSEN	I

ofile CDADUIC print DO NOT DDOCESS

Description

Other Assets Schedule

PREPAID EXCISE TAX

**EIN:** 76-0259279

FAMILY FOUNDATION

Beginning of Year -End of Year - Book End of Year - Fair **Book Value** Value Market Value 451 480

DI N. 024040000000000

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 9349100900	2029	
TY 2017 Other Decreases Schedule					
Name:	THE ROBERT E	E HANSEN			
	FAMILY FOUND	DATION			
EIN:	76-0259279				
De	escription		Amount		
ASSET BASIS ADJUSTMENT				932	

efile GRAPHIC print - DO NOT PROCESS	S As Filed Data	-1	DLI	N: 93491009002029		
TY 2017 Other Professional Fees Schedule						
Name: THE ROBERT E HANSEN						
FAMILY FOUNDATION						
<b>EIN:</b> 76-0259279						
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable		

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INVESTMENT MGMT FEES	8,807	8,807	8,807	

efile GRAPHIC print - DO NOT PROCESS	As Filed Data	-	DLI	N: 93491009002029	
TY 2017 Taxes Schedule	<u>.                                      </u>			<u> </u>	
Name:	THE ROBERT	Γ E HANSEN			
ı	FAMILY FOU	FAMILY FOUNDATION			
EIN:	<b>1:</b> 76-0259279				
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes	
CY ESTIMATED EXCISE TAX PAID	429				