

For calendar year 2018, or tax year beginning 01-01-2018, and ending 12-31-2018

Name of foundation LIFERAY FOUNDATION		A Employer identification number 35-2342014	
Number and street (or P.O. box number if mail is not delivered to street address) 1400 MONTEFINO AVENUE NO 100		Room/suite	
City or town, state or province, country, and ZIP or foreign postal code DIAMOND BAR, CA 91765		B Telephone number (see instructions) (626) 367-8598	
G Check all that apply <div><input type="checkbox"/> Initial return</div> <div><input type="checkbox"/> Initial return of a former public charity</div> <div><input type="checkbox"/> Final return</div> <div><input type="checkbox"/> Amended return</div> <div><input type="checkbox"/> Address change</div> <div><input type="checkbox"/> Name change</div>		D 1. Foreign organizations, check here 2. Foreign organizations meeting the 85% test, check here and attach computation	
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	
I Fair market value of all assets at end of year (from Part II, col (c), line 16) <b>\$ 4,395,444</b>	J Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis)	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here	

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions) )		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received (attach schedule)	1,200,100			
	2 Check <input type="checkbox"/> if the foundation is <b>not</b> required to attach Sch. B				
	3 Interest on savings and temporary cash investments	3,957	3,957	3,957	
	4 Dividends and interest from securities	21,798	21,798	21,798	
	5a Gross rents	123,036	123,036	123,036	
	b Net rental income or (loss) -4,092				
	6a Net gain or (loss) from sale of assets not on line 10	48			
	b Gross sales price for all assets on line 6a 48				
	7 Capital gain net income (from Part IV, line 2)		48		
	8 Net short-term capital gain			0	
	9 Income modifications				
	10a Gross sales less returns and allowances				
Operating and Administrative Expenses	b Less Cost of goods sold				
	c Gross profit or (loss) (attach schedule)				
	11 Other income (attach schedule)				
	12 Total. Add lines 1 through 11	1,348,939	148,839	148,791	
	13 Compensation of officers, directors, trustees, etc	63,046	0	0	63,046
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits	12,513	0	0	12,513
	16a Legal fees (attach schedule)	212	212	212	0
	b Accounting fees (attach schedule)	11,575	0	0	11,575
	c Other professional fees (attach schedule)	580	580	580	0
	17 Interest				
	18 Taxes (attach schedule) (see instructions)	31,517	26,654	26,654	4,863
	19 Depreciation (attach schedule) and depletion	54,751	53,548	53,548	
	20 Occupancy				
	21 Travel, conferences, and meetings	10,933	0	0	10,933
	22 Printing and publications				
	23 Other expenses (attach schedule)	74,320	44,931	44,931	29,389
	24 Total operating and administrative expenses. Add lines 13 through 23	259,447	125,925	125,925	132,319
	25 Contributions, gifts, grants paid	818,197			818,197
	26 Total expenses and disbursements. Add lines 24 and 25	1,077,644	125,925	125,925	950,516
	27 Subtract line 26 from line 12				
	a Excess of revenue over expenses and disbursements	271,295			
	b Net investment income (if negative, enter -0-)		22,914		
	c Adjusted net income (if negative, enter -0-)			22,866	

Part II Balance Sheets		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			
Assets	1	Cash—non-interest-bearing . . . . .	255,677	136,954	136,954		
	2	Savings and temporary cash investments . . . . .	1,291,808	1,220,657	1,220,657		
	3	Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____					
	4	Pledges receivable ▶ _____ Less allowance for doubtful accounts ▶ _____					
	5	Grants receivable . . . . .					
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) . . . . .					
	7	Other notes and loans receivable (attach schedule) ▶ _____ Less allowance for doubtful accounts ▶ _____					
	8	Inventories for sale or use . . . . .					
	9	Prepaid expenses and deferred charges . . . . .	207	207	207		
	10a	Investments—U S and state government obligations (attach schedule)					
	b	Investments—corporate stock (attach schedule) . . . . .					
	c	Investments—corporate bonds (attach schedule) . . . . .					
	11	Investments—land, buildings, and equipment basis ▶ _____ 2,101,296 Less accumulated depreciation (attach schedule) ▶ _____ 88,160	2,066,591	2,013,136	2,013,136		
	12	Investments—mortgage loans . . . . .					
	13	Investments—other (attach schedule) . . . . .					
	14	Land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____					
15	Other assets (describe ▶ _____)	508,988	1,021,846	1,024,490			
16	<b>Total assets</b> (to be completed by all filers—see the instructions Also, see page 1, item I)	4,123,271	4,392,800	4,395,444			
Liabilities	17	Accounts payable and accrued expenses . . . . .	1,552	498			
	18	Grants payable . . . . .					
	19	Deferred revenue . . . . .					
	20	Loans from officers, directors, trustees, and other disqualified persons					
	21	Mortgages and other notes payable (attach schedule) . . . . .					
	22	Other liabilities (describe ▶ _____)	4,812	4,100			
	23	<b>Total liabilities</b> (add lines 17 through 22) . . . . .	6,364	4,598			
Net Assets or Fund Balances	<b>Foundations that follow SFAS 117, check here ▶ <input checked="" type="checkbox"/></b> <b>and complete lines 24 through 26 and lines 30 and 31.</b>						
	24	Unrestricted . . . . .	4,116,907	4,388,202			
	25	Temporarily restricted . . . . .					
	26	Permanently restricted . . . . .					
	<b>Foundations that do not follow SFAS 117, check here ▶ <input type="checkbox"/></b> <b>and complete lines 27 through 31.</b>						
	27	Capital stock, trust principal, or current funds . . . . .					
	28	Paid-in or capital surplus, or land, bldg , and equipment fund					
	29	Retained earnings, accumulated income, endowment, or other funds					
30	<b>Total net assets or fund balances</b> (see instructions) . . . . .	4,116,907	4,388,202				
31	<b>Total liabilities and net assets/fund balances</b> (see instructions) .	4,123,271	4,392,800				

Part III Analysis of Changes in Net Assets or Fund Balances			
1	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	4,116,907
2	Enter amount from Part I, line 27a . . . . .	2	271,295
3	Other increases not included in line 2 (itemize) ▶ _____	3	0
4	Add lines 1, 2, and 3 . . . . .	4	4,388,202
5	Decreases not included in line 2 (itemize) ▶ _____	5	0
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .	6	4,388,202

**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 CAPITAL GAINS DIVIDENDS</b>	P		
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

(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> 48			48
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69

(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
<b>a</b>			48
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

<b>2</b> Capital gain net income or (net capital loss)	2	48
<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	3	0

**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?

☐ Yes ☒ No

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

**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))
2017	777,993	2,236,288	0.347895
2016	2,103,124	2,887,389	0.728383
2015	901,396	2,029,673	0.444109
2014	488,219	540,549	0.903191
2013	601,174	611,734	0.982738


<b>2</b> Total of line 1, column (d)	2	3.406316
<b>3</b> Average distribution ratio for the 5-year base period—divide the total on line 2 by 5 0, or by the number of years the foundation has been in existence if less than 5 years	3	0.681263
<b>4</b> Enter the net value of noncharitable-use assets for 2018 from Part X, line 5	4	2,526,051
<b>5</b> Multiply line 4 by line 3	5	1,720,905
<b>6</b> Enter 1% of net investment income (1% of Part I, line 27b)	6	229
<b>7</b> Add lines 5 and 6	7	1,721,134
<b>8</b> Enter qualifying distributions from Part XII, line 4	8	950,516

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)**

<b>1a</b>	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1 Date of ruling or determination letter _____ (attach copy of letter if necessary—see instructions)		
<b>b</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 . . . . .	<b>1</b>	458
<b>c</b>	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col (b)		
<b>2</b>	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<b>2</b>	0
<b>3</b>	Add lines 1 and 2. . . . .	<b>3</b>	458
<b>4</b>	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<b>4</b>	0
<b>5</b>	<b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0- . . . . .	<b>5</b>	458
<b>6</b>	Credits/Payments		
<b>a</b>	2018 estimated tax payments and 2017 overpayment credited to 2018	<b>6a</b>	0
<b>b</b>	Exempt foreign organizations—tax withheld at source . . . . .	<b>6b</b>	
<b>c</b>	Tax paid with application for extension of time to file (Form 8868) . . . . .	<b>6c</b>	0
<b>d</b>	Backup withholding erroneously withheld . . . . .	<b>6d</b>	0
<b>7</b>	Total credits and payments. Add lines 6a through 6d. . . . .	<b>7</b>	0
<b>8</b>	Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	<b>8</b>	0
<b>9</b>	<b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b> . . . . . <b>▶</b>	<b>9</b>	458
<b>10</b>	<b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b> . . . . . <b>▶</b>	<b>10</b>	
<b>11</b>	Enter the amount of line 10 to be <b>Credited to 2019 estimated tax</b> <b>▶</b> <b>Refunded</b> <b>▶</b>	<b>11</b>	

**Part VII-A Statements Regarding Activities**

	Yes	No
<b>1a</b> 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? . . . . .	<b>1a</b>	No
<b>b</b> Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? (see Instructions for definition). . . . . If the answer is "Yes" to <b>1a</b> or <b>1b</b> , attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities	<b>1b</b>	No
<b>c</b> Did the foundation file <b>Form 1120-POL</b> for this year? . . . . .	<b>1c</b>	No
<b>d</b> Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation <b>▶</b> \$ _____ 0 (2) On foundation managers <b>▶</b> \$ _____ 0		
<b>e</b> Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <b>▶</b> \$ _____ 0		
<b>2</b> Has the foundation engaged in any activities that have not previously been reported to the IRS? . . . . . If "Yes," attach a detailed description of the activities	<b>2</b>	No
<b>3</b> Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes . . . . .	<b>3</b>	No
<b>4a</b> Did the foundation have unrelated business gross income of \$1,000 or more during the year? . . . . .	<b>4a</b>	No
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .	<b>4b</b>	
<b>5</b> Was there a liquidation, termination, dissolution, or substantial contraction during the year? . . . . . If "Yes," attach the statement required by General Instruction T	<b>5</b>	No
<b>6</b> Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? . . . . .	<b>6</b>	No
<b>7</b> Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV . . . . .	<b>7</b>	Yes
<b>8a</b> Enter the states to which the foundation reports or with which it is registered (see instructions) <b>▶</b> CA _____		
<b>b</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? If "No," attach explanation .	<b>8b</b>	Yes
<b>9</b> 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 2018 or the taxable year beginning in 2018? See the instructions for Part XIV If "Yes," complete Part XIV . . . . .	<b>9</b>	Yes
<b>10</b> Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses  . . . . .	<b>10</b>	Yes

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

<b>11</b>	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. . . . .	<b>11</b>		<b>No</b>
<b>12</b>	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. . . . .	<b>12</b>		<b>No</b>
<b>13</b>	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address <b>▶</b> N/A	<b>13</b>	<b>Yes</b>	
<b>14</b>	The books are in care of <b>▶</b> THE FOUNDATION Telephone no <b>▶</b> (626) 367-8598			

Located at **▶** 1400 MONTEFINO AVENUE NO 100 DIAMOND BAR CA ZIP+4 **▶** 91765

<b>15</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —check here . . . . . <b>▶</b> <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year . . . . . <b>▶</b> <b>15</b>		
<b>16</b>	At any time during calendar year 2018, 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? . . . . . See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes", enter the name of the foreign country <b>▶</b>	<b>16</b>	<b>Yes</b> <b>No</b>

**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.**

<b>1a</b>	During the year did the foundation (either directly or indirectly)		<b>Yes</b>	<b>No</b>
	(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 type="checkbox"/> Yes <input checked="" 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? ( <b>Exception.</b> 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>b</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. <b>▶</b> <input type="checkbox"/>	<b>1b</b>		
<b>c</b>	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 2018? . . . . .	<b>1c</b>		<b>No</b>
<b>2</b>	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))			
<b>a</b>	At the end of tax year 2018, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2018? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years <b>▶</b> 20____, 20____, 20____, 20____			
<b>b</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). . . . .	<b>2b</b>		
<b>c</b>	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 <b>▶</b> 20____, 20____, 20____, 20____			
<b>3a</b>	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>b</b>	If "Yes," did it have excess business holdings in 2018 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 2018). . . . .	<b>3b</b>		
<b>4a</b>	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	<b>4a</b>		<b>No</b>
<b>b</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 2018?	<b>4b</b>		<b>No</b>

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

<b>5a</b>	During the year did the foundation pay or incur any amount to		<b>Yes</b>	<b>No</b>
(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>b</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.		<b>5b</b>	
	Organizations relying on a current notice regarding disaster assistance check here.	<input type="checkbox"/>		
<b>c</b>	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? If "Yes," attach the statement required by Regulations section 53.4945–5(d)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>6a</b>	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>6b</b>	<b>No</b>
<b>b</b>	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870			
<b>7a</b>	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>7b</b>	
<b>b</b>	If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?			
<b>8</b>	Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment during the year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**

<b>1 List all officers, directors, trustees, foundation managers and their compensation. See instructions</b>				
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
See Additional Data Table				
<b>2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."</b>				
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				
<b>Total number of other employees paid over \$50,000.</b>				<b>0</b>

**Part VIII** **Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors** (*continued*)

**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
NONE		
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
<b>1</b> THE FOUNDATION WAS CREATED TO SUPPORT CHRISTIAN EVANGELISM, WORLD RELIEF, EDUCATION, SOCIAL WELFARE AND OTHER CHARITABLE PURPOSES. DURING 2018, THE FOUNDATION DONATED TO OVER 60 DIFFERENT NOT-FOR-PROFIT ORGANIZATIONS TO SUPPORT THEIR EXEMPT PURPOSE	950,516
<b>2</b>	
<b>3</b>	
<b>4</b>	

**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
<b>1</b>	
<b>2</b>	
All other program-related investments. See instructions.	
<b>3</b>	
Total. Add lines 1 through 3 . . . . .	0

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

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
<b>a</b>	Average monthly fair market value of securities.	<b>1a</b>	1,051,881
<b>b</b>	Average of monthly cash balances.	<b>1b</b>	1,512,638
<b>c</b>	Fair market value of all other assets (see instructions).	<b>1c</b>	0
<b>d</b>	<b>Total</b> (add lines 1a, b, and c).	<b>1d</b>	2,564,519
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	<b>1e</b>	0
<b>2</b>	Acquisition indebtedness applicable to line 1 assets.	<b>2</b>	0
<b>3</b>	Subtract line 2 from line 1d.	<b>3</b>	2,564,519
<b>4</b>	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	<b>4</b>	38,468
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4	<b>5</b>	2,526,051
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5.	<b>6</b>	126,303

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

<b>1</b>	Minimum investment return from Part X, line 6.	<b>1</b>	
<b>2a</b>	Tax on investment income for 2018 from Part VI, line 5.	<b>2a</b>	
<b>b</b>	Income tax for 2018 (This does not include the tax from Part VI).	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b.	<b>2c</b>	
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1.	<b>3</b>	
<b>4</b>	Recoveries of amounts treated as qualifying distributions.	<b>4</b>	
<b>5</b>	Add lines 3 and 4.	<b>5</b>	
<b>6</b>	Deduction from distributable amount (see instructions).	<b>6</b>	
<b>7</b>	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	<b>7</b>	

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

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
<b>a</b>	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.	<b>1a</b>	950,516
<b>b</b>	Program-related investments—total from Part IX-B.	<b>1b</b>	0
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.	<b>2</b>	
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the		
<b>a</b>	Suitability test (prior IRS approval required).	<b>3a</b>	
<b>b</b>	Cash distribution test (attach the required schedule).	<b>3b</b>	
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	<b>4</b>	950,516
<b>5</b>	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.	<b>5</b>	0
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4.	<b>6</b>	950,516

**Note:** 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 2017	(c) 2017	(d) 2018
<b>1</b> Distributable amount for 2018 from Part XI, line 7				
<b>2</b> Undistributed income, if any, as of the end of 2018				
<b>a</b> Enter amount for 2017 only. . . . .				
<b>b</b> Total for prior years 20____, 20____, 20____				
<b>3</b> Excess distributions carryover, if any, to 2018				
<b>a</b> From 2013. . . . .				
<b>b</b> From 2014. . . . .				
<b>c</b> From 2015. . . . .				
<b>d</b> From 2016. . . . .				
<b>e</b> From 2017. . . . .				
<b>f</b> Total of lines 3a through e. . . . .				
<b>4</b> Qualifying distributions for 2018 from Part XII, line 4 ▶ \$ _____				
<b>a</b> Applied to 2017, but not more than line 2a				
<b>b</b> Applied to undistributed income of prior years (Election required—see instructions). . . . .				
<b>c</b> Treated as distributions out of corpus (Election required—see instructions). . . . .				
<b>d</b> Applied to 2018 distributable amount. . . . .				
<b>e</b> Remaining amount distributed out of corpus				
<b>5</b> Excess distributions carryover applied to 2018 (If an amount appears in column (d), the same amount must be shown in column (a) )				
<b>6 Enter the net total of each column as indicated below:</b>				
<b>a</b> Corpus Add lines 3f, 4c, and 4e Subtract line 5				
<b>b</b> Prior years' undistributed income Subtract line 4b from line 2b . . . . .				
<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. . . . .				
<b>d</b> Subtract line 6c from line 6b Taxable amount—see instructions . . . . .				
<b>e</b> Undistributed income for 2017 Subtract line 4a from line 2a Taxable amount—see instructions . . . . .				
<b>f</b> Undistributed income for 2018 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2019 . . . . .				
<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). . . . .				
<b>8</b> Excess distributions carryover from 2013 not applied on line 5 or line 7 (see instructions). . . . .				
<b>9 Excess distributions carryover to 2019.</b> Subtract lines 7 and 8 from line 6a . . . . .				
<b>10</b> Analysis of line 9				
<b>a</b> Excess from 2014. . . . .				
<b>b</b> Excess from 2015. . . . .				
<b>c</b> Excess from 2016. . . . .				
<b>d</b> Excess from 2017. . . . .				
<b>e</b> Excess from 2018. . . . .				

**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 2018, enter the date of the ruling. . . . . 2008-06-23

**b** Check box to indicate whether the organization is a private operating foundation described in section ☒ 4942(j)(3) or ☐ 4942(j)(5)

	Tax year	Prior 3 years			(e) Total
	(a) 2018	(b) 2017	(c) 2016	(d) 2015	
<b>2a</b> Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed . . . . .	22,866	0	2,335	2,478	27,679
<b>b</b> 85% of line 2a . . . . .	19,436	0	1,985	2,106	23,527
<b>c</b> Qualifying distributions from Part XII, line 4 for each year listed . . . . .	950,516	777,993	2,103,147	901,396	4,733,052
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .	0	0	0	0	0
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c . . . . .	950,516	777,993	2,103,147	901,396	4,733,052
<b>3</b> Complete 3a, b, or c for the alternative test relied upon					
<b>a</b> "Assets" alternative test—enter					
<b>(1)</b> Value of all assets . . . . .	4,479,152	4,128,087	2,097,831	2,923,544	13,628,614
<b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i) . . . . .	4,479,152	4,128,087	2,097,831	2,923,337	13,628,407
<b>b</b> "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . . . .	84,202	74,543	96,246	67,656	322,647
<b>c</b> "Support" alternative test—enter					
<b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) . . . . .	1,200,100	2,301,532	1,822,092	3,086,845	8,410,569
<b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii). . . . .					0
<b>(3)</b> Largest amount of support from an exempt organization . . . . .					0
<b>(4)</b> Gross investment income . . . . .	148,887	74,997	2,335	2,478	228,697

**Part XV Supplementary Information (Complete this part only if the foundation 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. to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions.

**a** The name, address, and telephone number or email address of the person to whom applications should be addressed

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

**c** Any submission deadlines

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

**Part XV** **Supplementary Information** (continued)**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</b> <i>Paid during the year</i> See Additional Data Table				
<b>Total . . . . .</b>			<b>▶ 3a</b>	
<b>b</b> <i>Approved for future payment</i>				
<b>Total . . . . .</b>			<b>▶ 3b</b>	

Enter gross amounts unless otherwise indicated

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

[illegible]

## Part XVII

	Yes	No
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1a(1)	No
1a(2)	No

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<b>1b(1)</b>	<b>No</b>
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<b>1b(2)</b>	<b>No</b>
--------------	-----------

<b>1b(3)</b>		<b>No</b>
--------------	--	-----------

<b>1b(4)</b>		<b>No</b>
--------------	--	-----------

<b>1b(5)</b>		<b>No</b>
--------------	--	-----------

<b>1b(6)</b>		<b>No</b>
--------------	--	-----------

1c		No
----	--	----

value  
ue

[illegible]

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

described in section 501(c) (other than section 501(c)(3)) or in section 527? . . . . . ☐ Yes ☒ No

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

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

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign Here
\*\*\*\*\*
2019-11-14
\*\*\*\*\*
May the IRS discuss this return with the preparer shown

Signature of officer or trustee \_\_\_\_\_ Date \_\_\_\_\_ Title \_\_\_\_\_

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	Preparer's Signature	Date	Check if self-employed <input type="checkbox"/>	PTIN  P00554611
	GENE E LIM				
	Firm's name ▶ BEACH FREEMAN LIM & CLELAND LLP				Firm's EIN ▶ 56-2306396
	Firm's address ▶ 861 PARKVIEW DR N SUITE 200 EL SEGUNDO, CA 90245				Phone no (310) 447-1234

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

<b>(a) Name and address</b>	<b>Title, and average hours per week (b) devoted to position</b>	<b>(c) Compensation (If not paid, enter -0-)</b>	<b>(d) Contributions to employee benefit plans and deferred compensation</b>	<b>Expense account, (e) other allowances</b>
CHARLES MAY  283 HEATHCLIFF PL BREA, CA 92821	DIRECTOR OF OPERATIONS 12 00	0	0	0
DENNIS JU  436 N OXFORD AVE UNIT 106 LOS ANGELES, CA 90004				
BRIAN CHAN  362 TANGERINE PLACE BREA, CA 92823	BOARD MEMBER 1 00	0	0	0
BRYAN CHEUNG  163 S KINGSLEY DR LOS ANGELES, CA 90004				
EDWIN CHUNG  18543 DEVONSHIRE ST 142 NORTHRIDGE, CA 91324	BOARD MEMBER 1 00	0	0	0

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</b> <i>Paid during the year</i>				
AMERICAN CIVIL LIBERTIES UNION FOUNDATION 125 BROAD STREET 18TH FLOOR NEW YORK, NY 10004	NONE	PUBLIC CHARITY	COMMUNITY WELLNESS	100
AVANT MINISTRIES 10000 N OAK TRAFFICWAY KANSAS CITY, MO 64155	NONE	PUBLIC CHARITY	EVANGELISM	3,000
CALSTATE FULLERTON PHILANTHROPIC FOUNDATION 2600 NUTWOOD AVE FULLERTON, CA 92831	NONE	PUBLIC CHARITY	EDUCATIONAL	1,000
<b>Total . . . . . ▶ 3a</b>				818,197

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</b> <i>Paid during the year</i>				
CHOC CHILDREN'S FOUNDATION 1201 W LA VETA AVE ORANGE, CA 92868	NONE	PUBLIC CHARITY	METABOLIC RESEARCH	109,250
COMPASSION 12290 VOYAGER PARKWAY COLORADO SPRINGS, CO 80921	NONE	PUBLIC CHARITY	COMMUNITY WELLNESS	500
DESIRING GOD 2112 BROADWAY STREET NE STE 150 MINNEAPOLIS, MN 55413	NONE	PUBLIC CHARITY	EVANGELISM	25,000
<b>Total . . . . . ▶ 3a</b>				818,197



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</b> <i>Paid during the year</i>				
ETHNOS360312 W FIRST ST SANFORD, FL 32771	NONE	PUBLIC CHARITY	EDUCATIONAL	500
FRIENDS OF ADVENTURE IN MISSIONS 3812 GRANDVIEW DR CARROLLTON, TX 75007	NONE	PUBLIC CHARITY	POOR EMPOWERMENT, HEALTH SERVICES AND EDUCATION	23,500
HAMILTON JR WOMEN'S LEAGUE 350 N 2ND STREET HAMILTON, OH 45011	NONE	PUBLIC CHARITY	POOR EMPOWERMENT	5,000
<b>Total . . . . . ▶ 3a</b>				818,197

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</b> <i>Paid during the year</i>				
HANDS FOR VIETNAM 170-D EAST MAIN ST PMB 241 HENDERSONVILLE, TN 37075	NONE	PUBLIC CHARITY	PUBLIC HEALTH	500
HELPLIVE INCPO BOX 9684 BREA, CA 92821	NONE	PUBLIC CHARITY	PUBLIC HEALTH	500
HOPE HARVEST INTERNATIONAL PO BOX 721914 SAN DIEGO, CA 92172	NONE	PUBLIC CHARITY	COMMUNITY WELLNESS	1,000
<b>Total . . . . .</b> ► <b>3a</b>				818,197

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</b> <i>Paid during the year</i>				
HUCKLEBERRY YOUTH PROGRAM 3310 GEARY BLVD SAN FRANCISCO, CA 94118	NONE	PUBLIC CHARITY	EDUCATIONAL	500
INTERNATIONAL RESCUE COMMITTEE 122 EAST 42ND STREET NEW YORK, NY 10168	NONE	PUBLIC CHARITY	COMMUNITY WELLNESS	100
LIFEBRIDGEPO BOX 129 ASHBURN, VA 20146	NONE	PUBLIC CHARITY	COMMUNITY WELLNESS	470
<b>Total . . . . . ▶ 3a</b>				818,197

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</b> <i>Paid during the year</i>				
LITTLE TOKYO SERVICE CENTER 231 E THIRD STREET STE 6-106 LOS ANGELES, CA 90013	NONE	PUBLIC CHARITY	POOR EMPOWERMENT	500
OLIVE CREST 2130 EAST 4TH STREET STE 200 SANTA ANA, CA 92705	NONE	PUBLIC CHARITY	COMMUNITY WELLNESS	500
PESI555 CLYDE AVE MOUNTAIN VIEW, CA 94043	NONE	PUBLIC CHARITY	EVANGELISM	5,000
<b>Total . . . . . ▶ 3a</b>				818,197

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</b> <i>Paid during the year</i>				
PHILIP HAYDEN FOUNDATION 40335 WESTCHESTER RD E-115 TEMECULA, CA 92591	NONE	PUBLIC CHARITY	EDUCATIONAL	2,000
POMONA HOPE401 N GIBBS ST POMONA, CA 91767	NONE	PUBLIC CHARITY	EDUCATIONAL	3,000
RAHAB'S DAUGHTERS 181 S NORTHWEST HWY CARY, IL 60013	NONE	PUBLIC CHARITY	COMMUNITY WELLNESS	7,486
<b>Total . . . . .</b> ► <b>3a</b>				818,197

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</b> <i>Paid during the year</i>				
SAMARITAN'S PURSEPO BOX 3000 BOONE, NC 28607	NONE	PUBLIC CHARITY	EVANGELISM	2,500
SAN FRANCISCO SHANGHAI ASSOCIATION 2515 SAN BRUNO AVE SAN FRANCISCO, CA 94134	NONE	PUBLIC CHARITY	POOR EMPOWERMENT	10,000
SO EASTERN INDIANA VOICES FOR CHILDREN 217 E MAIN ST MADISON, IN 47250	NONE	PUBLIC CHARITY	COMMUNITY WELLNESS	500
<b>Total . . . . . ▶ 3a</b>				818,197

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</b> <i>Paid during the year</i>				
SOLIDARITYPO BOX 220 PLACENTIA, CA 92871	NONE	PUBLIC CHARITY	EVANGELISM	1,100
STAND TO REASON1438 E 33RD ST SIGNAL HILL, CA 90755	NONE	PUBLIC CHARITY	EVANGELISM	100,000
THE NAVIGATORSPO BOX 6079 ALBERT LEA, MN 56007	NONE	PUBLIC CHARITY	EVANGELISM	3,000
<b>Total . . . . . ▶ 3a</b>				818,197

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</b> <i>Paid during the year</i>				
TOGETHER WE RISE 580 W LAMBERT RD A BREA, CA 92821	NONE	PUBLIC CHARITY	COMMUNITY WELLNESS	2,400
WORLD VISIONPO BOX 70102 TACOMA, WA 98481	NONE	PUBLIC CHARITY	NEPAL EARTHQUAKE RELIEF	4,460
ZOE INTERNATIONAL MINISTRIES PO BOX 221510 SANTA CLARITA, CA 91322	NONE	PUBLIC CHARITY	EVANGELISM	5,375
<b>Total . . . . .</b> ► <b>3a</b>				818,197



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</b> <i>Paid during the year</i>				
10000DEGREES 1650 LOS GAMOS DRIVE SUITE 110 SAN RAFAEL, CA 94903	NONE	PUBLIC CHARITY	COMMUNITY WELLNESS	151
AMERICAN HEART ASSOCIATION 7272 GREENVILLE AVE DALLAS, TX 75231	NONE	PUBLIC CHARITY	COMMUNITY WELLNESS	500
ASIAN YOUTH CENTER 100 WEST CLARY AVENUE SAN GABRIEL, CA 91776	NONE	PUBLIC CHARITY	COMMUNITY WELLNESS	500
<b>Total . . . . .</b> ► <b>3a</b>				818,197

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</b> <i>Paid during the year</i>				
BIG BROTHER BIG SISTERS OC 1801 E EDINGER AVE SUITE 101 SANTA ANA, CA 92705	NONE	PUBLIC CHARITY	POOR EMPOWERMENT	3,950
BLIND CHILDREN'S LEARNING CENTER 18542-B VANDERLIP AVE SANTA ANA, CA 92705	NONE	PUBLIC CHARITY	COMMUNITY WELLNESS	1,000
CHINO VALLEY COMMUNITY CHURCH 14601 PEYTON DRIVE CHINO HILLS, CA 91709	NONE	PUBLIC CHARITY	COMMUNITY WELLNESS	500
<b>Total . . . . .</b> ► <b>3a</b>				818,197

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</b> <i>Paid during the year</i>				
CORONA - NORCO SETTLEMENT HOUSE 507 S VICENTIA AVE CORONA, CA 92882	NONE	PUBLIC CHARITY	COMMUNITY WELLNESS	500
CROSSING BORDERS MINISTRY PO BOX 34 GLENVIEW, IL 60025	NONE	PUBLIC CHARITY	KOREA REFUGEE ASSISTANCE	10,000
DONORSCHOOSEORG 213 W 35TH STREET 2ND FLOOR EAST NEW YORK, NY 10001	NONE	PUBLIC CHARITY	EDUCATION	500
<b>Total . . . . . ▶ 3a</b>				818,197

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</b> <i>Paid during the year</i>				
DOWNS SYNDROME ASSOCIATION OF MEMPHIS 154 TIMBER CREEK DR 5 CORDOVA, TN 33018	NONE	PUBLIC CHARITY	EDUCATION	200
ELEVATION5985 E SETTLER COURT ANAHEIM, CA 92807	NONE	PUBLIC CHARITY	EDUCATION	500
EVANGELICAL FREE CHURCH OF DIAMOND BAR 3255 S DIAMOND BAR BLVD DIAMOND BAR, CA 91765	NONE	PUBLIC CHARITY	EVANGELISM	200,000
<b>Total . . . . . ▶ 3a</b>				818,197

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</b> <i>Paid during the year</i>				
EVERGREEN SGV 323 WORKMAN MILL RD LA PUENTE, CA 91746	NONE	PUBLIC CHARITY	EVANGELISM	975
EVERY WOMAN COUNTS 180 VARICK STREET SUITE 1116 NEW YORK, NY 10014	NONE	PUBLIC CHARITY	COMMUNITY WELLNESS	500
FAMILY PROMISE OF ORANGE COUNTY PO BOX 6225 ORANGE, CA 92863	NONE	PUBLIC CHARITY	PSYCHOLOGICAL CARE	250
<b>Total . . . . .</b> ► <b>3a</b>				818,197

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</b> <i>Paid during the year</i>				
FULL COMPASS SYSTEMS LTD 9770 SILICON PRAIRIE PKWY MADISON, WI 53593	NONE	PUBLIC CHARITY	EDUCATIONAL	7,215
GIVING CHILDREN HOPE 8332 COMMONWEALTH AVE BUENA PARK, CA 90621	NONE	PUBLIC CHARITY	COMMUNITY WELLNESS	1,000
GLINTSPO BOX 962 WHEATON, IL 60187	NONE	PUBLIC CHARITY	PSYCHOLOGICAL CARE	3,000
<b>Total . . . . .</b> ► <b>3a</b>				818,197

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</b> <i>Paid during the year</i>				
HABITAT KEMANUSIAAN 2201 BROADWAY 4TH FLOOR OAKLAND, CA 94612	NONE	PUBLIC CHARITY	INDONESIA EARTHQUAKE RELIEF	1,250
HAMTRAMCK COMMUNITY INITIATIVE 3401 EVALINE HAMTRAMCK, MI 48212	NONE	PUBLIC CHARITY	COMMUNITY WELLNESS	500
IGNIS COMMUNITYPO BOX 570936 DALLAS, TX 75357	NONE	PUBLIC CHARITY	REHABILITATION CENTER	100,000
<b>Total . . . . . ▶ 3a</b>				818,197

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</b> <i>Paid during the year</i>				
INTERNATIONAL TEAMS 411 WEST RIVER ROAD ELGIN, IL 60123	NONE	PUBLIC CHARITY	EVANGELISM	550
JAPANESE EVANGELICAL MISSIONARY SOCIETY 948 E 2ND ST LOS ANGELES, CA 90012	NONE	PUBLIC CHARITY	EVANGELISM	3,000
JOYCORPSPO BOX 8696 FAYETTEVILLE, AR 72703	NONE	PUBLIC CHARITY	COMMUNITY WELLNESS	30,000
<b>Total . . . . . ▶ 3a</b>				818,197



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</b> <i>Paid during the year</i>				
LIVING HOPE COMMUNITY CHURCH 1215 W LAMBERT ROAD BREA, CA 92821	NONE	PUBLIC CHARITY	COMMUNITY WELLNESS	12,000
MASTER PROVISIONS 7725 FOUNDATION DR FLORENCE, KY 41042	NONE	PUBLIC CHARITY	COMMUNITY WELLNESS	250
MERCY CORPS45 SW ANKENY ST PORTLAND, OR 97204	NONE	PUBLIC CHARITY	INDONESIA EARTHQUAKE RELIEF	1,150
<b>Total . . . . . ▶ 3a</b>				818,197

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</b> <i>Paid during the year</i>				
RED BASKET1700 FARNAM ST OMAHA, NE 68102	NONE	PUBLIC CHARITY	PUBLIC HEALTH	24,015
RONALD MCDONALD HOUSE CHARITIES OF SOCAL 4560 FOUNDAIN AVENUE LOS ANGELES, CA 90029	NONE	PUBLIC CHARITY	COMMUNITY WELLNESS	1,000
SANFORD CRISIS PREGNANCY CENTER 1002 FRENCH AVENUE SANFORD, FL 32771	NONE	PUBLIC CHARITY	EDUCATIONAL & COMMUNITY WELLNESS	1,000
<b>Total . . . . . ▶ 3a</b>				818,197

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</b> <i>Paid during the year</i>				
SF 49ERS ACADEMY 2695 FORDHAM STREET EAST PALO ALTO, CA 94303	NONE	PUBLIC CHARITY	ADOLESCENT SERVICES	500
SOUTH JERSEY ROBITICS INC PO BOX 753 SWEDESBORO, NJ 08318	NONE	PUBLIC CHARITY	SPONSORSHIP	500
ST JUDES CHILDREN'S RESEARCH HOSPITAL 12365 LEWIS STREET STE 101 GARDEN GROVE, CA 92840	NONE	PUBLIC CHARITY	COMMUNITY WELLNESS	1,000
<b>Total . . . . .</b> ► <b>3a</b>				818,197

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</b> <i>Paid during the year</i>				
THE ARCHIBALD PROJECT 5116 PROVENCIAL DRIVE AUSTIN, TX 78724	NONE	PUBLIC CHARITY	EDUCATIONAL	500
VENICE JAPANESE COMMUNITY CENTER 12448 BRADDOCK DRIVE LOS ANGELES, CA 90066	NONE	PUBLIC CHARITY	COMMUNITY WELLNESS	500
WPCC-OBRIA16147 E WHITTIER BLVD WHITTIER, CA 90603	NONE	PUBLIC CHARITY	PUBLIC HEALTH	90,000
<b>Total . . . . . ▶ 3a</b>				818,197

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</b> <i>Paid during the year</i>				
ONE WORLD CHILDREN'S FUND 1012 TORNEY AVE SUITE 201 SAN FRANCISCO, CA 94129	NONE	PUBLIC CHARITY	YOUTH SERVICES	500
<b>Total . . . . . ▶ 3a</b>				818,197

**TY 2018 Accounting Fees Schedule****Name:** LIFERAY FOUNDATION**EIN:** 35-2342014

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
ACCOUNTING	11,575	0	0	11,575

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

TY 2018 Depreciation Schedule

Name: LIFERAY FOUNDATION

EIN: 35-2342014

Depreciation Schedule

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
LAND	2017-05-24	630,000		L		0	0	0	
BUILDING	2017-05-24	1,470,000	33,409	SL	27 5000000000000	53,455	53,455	53,455	
FURNITURE & FIXTURES	2018-06-30	1,296		200DB	7 0000000000000	1,296	93	93	

**TY 2018 Investments - Land Schedule****Name:** LIFERAY FOUNDATION**EIN:** 35-2342014

<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>
LAND	630,000	0	630,000	
BUILDING	1,470,000	86,864	1,383,136	
FURNITURE & FIXTURES	1,296	1,296	0	



**TY 2018 Legal Fees Schedule****Name:** LIFERAY FOUNDATION**EIN:** 35-2342014

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
LEGAL FEES	212	212	212	0

## TY 2018 Other Assets Schedule

**Name:** LIFERAY FOUNDATION

**EIN:** 35-2342014

### Other Assets Schedule

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
MARKETABLE SECURITIES	508,988	1,021,846	1,024,490

# TY 2018 Other Expenses Schedule

**Name:** LIFERAY FOUNDATION

**EIN:** 35-2342014

## Other Expenses Schedule

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
SERVICE PROJECTS	25,892	0	0	25,892
MISCELLANEOUS	98	0	0	98
CONTRACTED SERVICE	300	0	0	300
PAYROLL PROCESSING FEES	540	0	0	540
BANK FEES	68	0	0	68
INSURANCE	1,578	0	0	1,578
WORKERS COMPENSATION	519	0	0	519
DUES & SUBSCRIPTIONS	2	0	0	2
POSTAGE	392	0	0	392
CLEANING EXPENSE	505	505	505	0

**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
LANDSCAPING	780	780	780	0
UTILITIES	8,625	8,625	8,625	0
INSURANCE	2,535	2,535	2,535	0
BANK CHARGES	36	36	36	0
MEALS	26	26	26	0
SUPPLIES	136	136	136	0
FACILITY MAINTENANCE	448	448	448	0
REPAIRS & MAINTENANCE	31,840	31,840	31,840	0

**TY 2018 Other Liabilities Schedule****Name:** LIFERAY FOUNDATION**EIN:** 35-2342014

Description	Beginning of Year - Book Value	End of Year - Book Value
CREDIT CARDS PAYABLE	712	0
SECURITY DEPOSIT	4,100	4,100

**TY 2018 Other Professional Fees Schedule****Name:** LIFERAY FOUNDATION**EIN:** 35-2342014

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
PROFESSIONAL FEES	580	580	580	0

**TY 2018 Substantial Contributors  
Schedule****Name:** LIFERAY FOUNDATION**EIN:** 35-2342014

Name	Address
FOR LIFE IOM LTD	TOP FLOOR 14 ATHOL STREET DOUGLAS IM
ZOE INTERNATIONAL MINISTRIES	PO BOX 221510 SANTA CLARITA, CA 91322
JUSTGIVE	PO BOX 300 SAN FRANCISCO, CA 94104

**TY 2018 Taxes Schedule****Name:** LIFERAY FOUNDATION**EIN:** 35-2342014

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
CALIFORNIA TAX	10	0	0	10
LICENSE AND REGISTRATION	150	0	0	150
PAYROLL TAX	4,703	0	0	4,703
PROPERTY TAX	25,834	25,834	25,834	0
STATE TAX	800	800	800	0
LICENSE & FEES	20	20	20	0



<b>Schedule B</b> (Form 990, 990-EZ, or 990-PF) <small>Department of the Treasury Internal Revenue Service</small>	<b>Schedule of Contributors</b>  ▶ <b>Attach to Form 990, 990-EZ, or 990-PF</b> ▶ Go to <u><a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a></u> for the latest information	OMB No 1545-0047
		<b>2018</b>
<b>Name of the organization</b> LIFERAY FOUNDATION		<b>Employer identification number</b> 35-2342014

**Organization type** (check one)

<b>Filers of:</b>	<b>Section:</b>
Form 990 or 990-EZ	<input type="checkbox"/> 501(c)( ) (enter number) organization
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	<input type="checkbox"/> 527 political organization
Form 990-PF	<input checked="" type="checkbox"/> 501(c)(3) exempt private foundation
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation
	<input type="checkbox"/> 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.  
**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub>% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year. . . . ▶ \$ \_\_\_\_\_

**Caution.** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

<b>Name of organization</b> LIFERAY FOUNDATION	<b>Employer identification number</b> 35-2342014
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**Part I** **Contributors** (See instructions) Use duplicate copies of Part I if additional space is needed

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ZOE INTERNATIONAL MINISTRIES 24337 MAIN ST NEWHALL, CA 91321	\$ 100,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
2	FOR LIFE IOM LTD TOP FLOOR 14 ATHOL STREET DOUGLAS ISLE OF MAN, UK	\$ 1,100,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
3	JUST GIVE PO BOX 300 SAN FRANCISCO, CA 94104	\$ 100	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
-		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
-		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
-		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )

Employer identification number

35-2342014

Part II	Noncash Property
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[illegible]

<b>Name of organization</b> LIFERAY FOUNDATION	<b>Employer identification number</b> 35-2342014
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<b>Part III</b>	<b>Exclusively</b> religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of <b>exclusively</b> religious, charitable, etc., contributions of <b>\$1,000 or less</b> for the year. (Enter this information once. See instructions.) ► \$ _____ Use duplicate copies of Part III if additional space is needed
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(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
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(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
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	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
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(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
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	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
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(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
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	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
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